CHAPTER 6500. FAMILY LIVING HOMES

(Editor’s Note: See 49 Pa.B. 5777 (October 5, 2019) for a final-form rulemaking pertaining to this chapter. Master Transmittal No. 543 (February 2020) will contain the codified changes.)

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Authority
The provisions of this Chapter 6500 issued under Article X of the Human Services Code (62 P.S. §§ 1001—1080), unless otherwise noted.

Source
The provisions of this Chapter 6500 adopted August 9, 1991, effective November 8, 1991, 21 Pa.B. 3595, unless otherwise noted.

Cross References
This chapter cited in 55 Pa. Code § 51.14 (relating to residential habilitation service providers); 55 Pa. Code § 51.20 (relating to criminal history checks); 55 Pa. Code § 51.22 (relating to provisional hiring); 55 Pa. Code § 2380.182 (relating to development, annual update and revision of the ISP); 55 Pa. Code § 2390.152 (relating to development, annual update and revision of the ISP); 55 Pa. Code § 3800.3 (relating to exemptions); 55 Pa. Code § 6000.903 (relating to licensing applicability); 55 Pa. Code § 6000.1003 (relating to definitions); 55 Pa. Code § 6100.81 (relating to HCBS provider requirements); and 55 Pa. Code § 6100.445 (relating to locality of service location).

GENERAL PROVISIONS

§ 6500.1. Introduction.
Family living is based on the importance of enduring and permanent relationships as the foundation for learning life skills, developing self-esteem and learning to exist in interdependence with others; the opportunity for each individual with an intellectual disability to grow and develop to their fullest potential; the provision of individualized attention based on the needs of the individual with an intellectual disability; and the participation of the individual with an intellectual disability.
disability in everyday community activities. Family living offers an opportunity for an individual with an intellectual disability and a family to share their lives together.

Authority
The provisions of this § 6500.1 amended under Articles IX and X of the Human Services Code (62 P.S. §§ 901—922 and 1001—1088).

Source
The provisions of this § 6500.1 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial pages (361594) and (375743).

Cross References
This section cited in 55 Pa. Code § 6500.12 (relating to waivers).

§ 6500.2. Purpose.
The purpose of this chapter is to protect the health, safety and well-being of individuals with an intellectual disability, through the formulation, implementation and enforcement of minimum requirements for family living homes.

Authority
The provisions of this § 6500.2 amended under Articles IX and X of the Human Services Code (62 P.S. §§ 901—922 and 1001—1088).

Source
The provisions of this § 6500.2 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (375743).

Cross References
This section cited in 55 Pa. Code § 6500.12 (relating to waivers).

§ 6500.3. Applicability.
(a) This chapter applies to family living homes, except as provided in subsection (f).
(b) This chapter contains the minimum requirements that shall be met to obtain a certificate of compliance. A certificate of compliance shall be obtained prior to an individual with an intellectual disability living or receiving respite care in a family living home.
(c) This chapter applies to profit, nonprofit, publicly funded and privately funded family living homes.
(d) Each agency administering one or more family living homes shall have at least a sample of their homes inspected by the Department each year. Each new 6500-5

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family living home administered by an agency shall be inspected by the Department prior to an individual with an intellectual disability living or receiving respite care in the home. The certificate of compliance issued to an agency shall specify the location and maximum capacity of each family living home.

(e) A family living home that is not administered by an agency will be inspected by the Department each year.

(f) This chapter does not apply to the following:

1. Private homes of persons providing care to a relative with an intellectual disability.

2. A community home for individuals with an intellectual disability licensed by the Department in accordance with Chapter 6400 (relating to community homes for individuals with an intellectual disability).

3. A foster family care home licensed by the Office of Children, Youth and Families of the Department that serves only foster care children.

4. A home serving exclusively personal care home, drug and alcohol, mental health or domiciliary care residents.

5. A home providing room and board for one or two people with an intellectual disability who are 18 years of age or older and who need a yearly average of 30 hours or less direct training and assistance per week per home, from the agency, the county intellectual disability program or the family.

6. A home providing 90 or fewer calendar days of respite care per calendar year.

Authority

The provisions of this § 6500.3 amended under Articles IX and X of the Human Services Code (62 P.S.§§ 901—922 and 1001—1088).

Source

The provisions of this § 6500.3 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial pages (375743) to (375744).

Cross References

This section cited in 55 Pa. Code § 6500.4 (relating to definitions); and 55 Pa. Code § 6500.12 (relating to waivers).

§ 6500.4. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Agency—A person or legally constituted organization administering one or more family living homes.

Content discrepancy—A difference between what was determined at the ISP meeting by the plan team and what is documented in the written ISP.

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**Department**—The Department of Human Services of the Commonwealth.

**Direct service worker**—A person whose primary job function is to provide services to an individual who resides in the provider’s family living home.

**Documentation**—Written statements that accurately record details, substantiate a claim or provide evidence of an event.

**Family living home or home**—
(i) The private home of an individual or a family in which residential care is provided to one or two individuals with an intellectual disability, except as provided in § 6500.3(f) (relating to applicability).
(ii) The term does not include a home if there are more than two individuals, including respite care individuals, living in the home at any one time who are not family members or relatives of the family members.
(iii) If relatives of the individual live in the home, the total number of people living in the home at any one time who are not family members or relatives of the family members may not exceed four.

**ISP—Individual Support Plan**—The comprehensive document that identifies services and expected outcomes for an individual.

**Individual**—
(i) A person with an intellectual disability who resides, or receives residential respite care, in a family living home and who is not a relative of the owner of the family members.
(ii) The term does not include family members.

**Intellectual disability**—Subaverage general intellectual functioning which originates during the developmental period and is associated with impairment of one or more of the following:
(i) Maturation.
(ii) Learning.
(iii) Social adjustment.

**Outcomes**—Goals the individual and individual’s plan team choose for the individual to acquire, maintain or improve.

**Plan lead**—The family living specialist, when the individual is not receiving services through an SCO.

**Plan team**—The group that develops the ISP.

**Provider**—An entity or person that enters into an agreement with the Department to deliver a service to an individual.

**Relative**—A parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half brother, half sister, aunt, uncle, niece or nephew.

**Respite care**—Temporary family living care not to exceed 31 calendar days for an individual in a calendar year.

**SC—Supports coordinator**—An SCO employee whose primary job functions are to locate, coordinate and monitor services provided to an individual when the individual is receiving services from an SCO.
SCO—Supports coordination organization—A provider that delivers the services of locating, coordinating and monitoring services provided to an individual.

Services—Actions or assistance provided to the individual to support the achievement of an outcome.

Authority

The provisions of this § 6500.4 amended under Articles IX and X of the Human Services Code (62 P.S. §§ 901—922 and 1001—1088).

Source

The provisions of this § 6500.4 amended August 27, 2010, effective August 28, 2010, 40 Pa.B. 4935; amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial pages (375744) and (352227).

Cross References

This section cited in 55 Pa. Code § 6500.12 (relating to waivers).

GENERAL REQUIREMENTS

§ 6500.11. Licensure or approval of facilities and agencies.

The requirements specified in Chapter 20 (relating to licensure or approval of facilities and agencies) shall be met.

§ 6500.12. Waivers.

A waiver of a specific section, subsection or paragraph of this chapter may be requested by writing to the appropriate Deputy Secretary of the Department. A waiver will be considered if the following criteria are met.

1. The waiver does not jeopardize the health, safety or well-being of any of the individuals in the home.
2. The waiver is based on the best interests and needs of the individuals.
3. Noncompliance with the regulation is of greater benefit to the individuals than compliance with the regulation.
4. There is an alternative method for meeting the intent of the regulation.
5. There are special circumstances that make this home different from other homes complying with the regulation.
6. The waiver does not violate any other State regulation or statute.
7. The waiver is not requested for §§ 6500.1—6500.4 (relating to general provisions).
Authority

The provisions of this § 6500.12 amended under Articles IX and X of the Human Services Code (62 P.S.§§ 901—922 and 1001—1088).

Source

The provisions of this § 6500.12 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial pages (352227) to (352228).

§ 6500.13. Appeals.

(a) Appeals related to the Department’s licensure or waiver decisions shall be made in accordance with 2 Pa.C.S. §§ 501—508 and 701—704 (relating to the Administrative Agency Law) and 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure).

(b) Appeals related to the Department’s licensure or waiver decisions shall be made by filing a petition within 30 days after service of notice of the action.

(c) Subsection (b) supersedes the appeal period of 1 Pa. Code § 35.20 (relating to appeals from actions of the staff).

Source


The maximum capacity specified on the certificate of compliance may not be exceeded.

§ 6500.15. Responsibility for compliance.

(a) If an agency is the legal entity administering the family living home, the agency is responsible for compliance with this chapter.

(b) If the family living home is the legal entity, the family living home is responsible for compliance with this chapter.

§ 6500.16. Fire safety occupancy permit.

If the home is located outside the cities of Philadelphia, Scranton and Pittsburgh and is located in a multiple family dwelling, the home shall have a valid fire safety occupancy permit listing the appropriate type of occupancy from the Department of Labor and Industry. If the home is located in the cities of Philadelphia, Scranton or Pittsburgh, the home shall have a valid fire safety occupancy permit from the Department of Public Safety of the city of Pittsburgh, the Department of Licensing and Inspection of the city of Philadelphia or the Department of Community Development of the city of Scranton, if required by local codes.
§ 6500.17. Self-assessment of homes.

(a) If an agency is the legal entity for the family living home, the agency shall complete a self-assessment of each home the agency is licensed to operate within 3 to 6 months prior to the expiration date of the agency’s certificate of compliance, to measure and record compliance with this chapter.

(b) The agency shall use the Department’s licensing inspection instrument for this chapter to measure and record compliance.

(c) A copy of the agency’s self-assessment results and a written summary of corrections made shall be kept for at least 1 year.

§ 6500.18. Abuse.

Abuse of an individual is prohibited. Abuse is an act or omission of an act that willfully deprives an individual of rights or human dignity or which may cause or causes actual physical injury or emotional harm to an individual, such as striking or kicking an individual; neglect; rape, sexual molestation, sexual exploitation or sexual harassment of an individual; sexual contact between a family member or an agency staff person and an individual; restraining an individual without following the requirements in this chapter; financial exploitation of an individual; humiliating an individual; or withholding regularly scheduled meals.


Abuse or suspected abuse of an individual 17 years of age or younger shall be immediately reported to ChildLine at 1 (800) 932-0313.

§ 6500.20. Reporting of unusual incidents.

(a) An unusual incident is abuse or suspected abuse of an individual; injury, trauma or illness of an individual requiring inpatient hospitalization; suicide attempt by an individual; violation or alleged violation of an individual’s rights; an individual who is missing for more than 24 hours or could be in jeopardy if missing at all; misuse or alleged misuse of individual funds or property; outbreak of a serious communicable disease as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions); or an incident requiring the services of a fire department or law enforcement agency.

(b) Written policies and procedures on the prevention, reporting, investigation and management of unusual incidents shall be kept.

(c) Oral notification of the county intellectual disability program of the county in which the home is located, the funding agency if applicable, and the appropriate regional office of the Department shall be given within 24 hours after abuse or suspected abuse of an individual or an incident requiring the services of a fire department or law enforcement agency occurs.

(d) An investigation of the unusual incident shall be initiated and an unusual incident report shall be completed on a form specified by the Department. Copies
of the unusual incident report shall be sent to the county intellectual disability program of the county in which the home is located, the funding agency if applicable, and the appropriate regional office of the Department, within 72 hours after an unusual incident occurs.

(e) A copy of the final unusual incident report shall be sent to the county intellectual disability program of the county in which the home is located, the funding agency if applicable, and the appropriate regional office of the Department at the conclusion of the investigation.

(f) A copy of unusual incident reports relating to an individual shall be kept in the individual’s record.

(g) A copy of unusual incident reports relating to the home itself, such as those requiring the services of a fire department, shall be kept.

(h) The individual’s family or guardian shall be immediately notified in the event of an unusual incident relating to the individual, if appropriate.

Authority

The provisions of this § 6500.20 amended under Articles IX and X of the Human Services Code (62 P.S. §§ 901—922 and 1001—1088).

Source

The provisions of this § 6500.20 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial pages (352229) to (352230).

Cross References

This section cited in 55 Pa. Code § 6000.903 (relating to licensing applicability).

§ 6500.21. Reporting of deaths.

(a) A death report shall be completed on a form specified by the Department and sent to the county intellectual disability program of the county in which the home is located, the funding agency and the regional office of the Department, within 24 hours after a death of an individual occurs.

(b) An investigation shall be initiated and oral notification of the county intellectual disability program of the county in which the facility is located, the funding agency and the appropriate regional office of the Department shall be given within 24 hours after an unusual or unexpected death occurs.

(c) A copy of death reports shall be kept.

(d) The individual’s family or guardian shall be immediately notified of the death of an individual.
§ 6500.22. Incident record.
A record shall be kept of individual illnesses, seizures, acute emotional traumas and accidents requiring medical attention but not inpatient hospitalization, that occur at the home.

§ 6500.23. Criminal history record check.
(a) An application for a Pennsylvania criminal history record check shall be submitted to the State Police for individuals 18 years of age or older who reside in the home, prior to an individual living or receiving respite care in the home.
(b) If a person 18 years of age or older who resides in the home is not a Pennsylvania resident, an application for a Federal Bureau of Investigation (FBI) criminal history record check shall be submitted to the FBI in addition to the Pennsylvania criminal record check, prior to an individual living or receiving respite care in the home.
(c) The requirements in subsections (a) and (b) apply for any person 17 years of age or older who moves into the home and any person who reaches the age of 18 years, after the individual lives in the home.
(d) Pennsylvania and FBI criminal history record checks shall have been completed no more than 1 year prior to an individual living or receiving respite care in the home.
(e) A copy of the final reports received from the State Police, and the FBI if applicable, shall be kept.
(f) If the home serves primarily children, 23 Pa.C.S. §§ 6301—6384 (relating to Child Protective Services Law) applies.

§ 6500.24. Individual funds and property.
(a) There shall be a written policy that establishes procedures for the protection and adequate accounting of individual funds and property and for advising the individual concerning the use of funds and property.
(b) The policy may not prohibit or interfere with the individual’s right to manage the individual’s own finances.
(c) An individual’s funds and property shall be used for the individual’s benefit.
(d) An up-to-date financial and property record shall be kept for each individual that includes the following:
   (1) Personal possessions and funds received by or deposited with the family or agency.
   (2) Disbursements made to or for the individual.
(e) If the agency or family assumes the responsibility for an individual’s financial resources, the following shall be maintained for each individual:
   (1) A separate record of financial resources including the dates and amounts of deposits and withdrawals.
   (2) For a withdrawal when the individual is given the money directly, the record shall indicate that funds were given directly to the individual.
   (3) Documentation, by actual receipt or expense record, of each single purchase exceeding $15 made on behalf of the individual carried out by family members or agency staff.
(f) There may not be commingling of the individual’s personal funds with agency or household funds.
(g) There may not be borrowing of the individual’s personal funds by family members or agency staff.

INDIVIDUAL RIGHTS

§ 6500.31. Informing and encouraging exercise of rights.
   (a) Each individual, or the individual’s parent, guardian or advocate if appropriate, shall be informed of the individual’s rights upon admission and annually thereafter.
   (b) A statement signed and dated by the individual, or the individual’s parent, guardian or advocate if appropriate, acknowledging receipt of the information on individual rights upon admission and annually thereafter, shall be kept.
   (c) Each individual shall be encouraged to exercise the individual’s rights.

§ 6500.32. Rights.
   An individual may not be deprived of rights.

§ 6500.33. Rights of the individual.
   (a) An individual may not be neglected, abused, mistreated or subjected to corporal punishment.
   (b) An individual may not be required to participate in research projects.
   (c) An individual has the right to manage the individual’s personal financial affairs.
   (d) An individual has the right to participate in program planning that affects the individual.
   (e) An individual has the right to privacy in bedrooms, bathrooms and during personal care.
(f) An individual has the right to receive, purchase, have and use personal property.

(g) An individual has the right to receive scheduled and unscheduled visitors, communicate, associate and meet privately with the individual’s family and persons of the individual’s own choice.

(h) An individual has the right to reasonable access to a telephone and the opportunity to receive and make private calls, with assistance when necessary.

(i) An individual has the right to unrestricted mailing privileges.

(j) An individual who is of voting age shall be informed of the right to vote and shall be assisted to register and vote in elections.

(k) An individual has the right to practice the religion or faith of the individual’s choice.

(l) An individual has the right to be free from excessive medication.

(m) An individual may not be required to work at the home except for the upkeep of the individual’s bedrooms and in the upkeep of family areas and yard.

§ 6500.34. Civil rights.

(a) An individual may not be discriminated against because of race, color, religious creed, disability, handicap, ancestry, national origin, age or sex.

(b) Civil rights policies and procedures shall be developed and implemented. Civil rights policies and procedures shall include the following:

   (1) Nondiscrimination in the provision of services, admissions, placement, referrals and communication with non-English speaking and nonverbal individuals.

   (2) Physical accessibility and accommodation for individuals with physical disabilities.

   (3) The opportunity to lodge civil rights complaints.

   (4) Informing individuals of their right to register civil rights complaints.

STAFFING

§ 6500.41. Effective date of staff qualifications.

(a) Sections 6500.42(c) and 6500.43(c) (relating to chief executive officer; and family living specialist) apply to chief executive officers and family living specialists hired or promoted after November 8, 1991.

(b) Sections 6400.43(c) and 6400.44(c) as published as Chapter 9054 at 12 Pa.B. 384 (January 23, 1982) and which appeared in this title of the Pennsylvania Code at serial pages (133677) to (133678) apply to chief executive officers and family living specialists hired or promoted prior to November 8, 1991.

§ 6500.42. Chief executive officer.

(a) If an agency is the legal entity administering the home, there shall be one chief executive officer responsible for the family living program or agency.
The chief executive officer shall be responsible for the administration and general management of the agency, including the following:

1. Implementation of policies and procedures.
2. Admission and discharge of individuals.
3. Safety and protection of individuals.
4. Compliance with this chapter.

A chief executive officer shall have one of the following groups of qualifications:

1. A master’s degree or above from an accredited college or university and 2 years work experience in administration or the human services field.
2. A bachelor’s degree from an accredited college or university and 4 years work experience in administration or the human services field.

§ 6500.43. Family living specialist.

(a) There shall be a family living specialist for each individual.
(b) A family living specialist shall be assigned to no more than 8 homes.
(c) A family living specialist shall be responsible for a maximum of 16 people, including people served in other types of services.
(d) The family living specialist shall be responsible for the following:
   1. Coordinating and completing assessments.
   2. Providing the assessment as required under § 6500.151(f) (relating to assessment).
   3. Participating in the development of the ISP, including annual updates and revisions of the ISP.
   4. Attending the ISP meetings.
   5. Fulfilling the role of plan lead, as applicable, under §§ 6500.152 and 6500.156(f) and (g) (relating to development, annual update and revision of the ISP; and ISP review and revision).
   6. Reviewing the ISP, annual updates and revisions for content accuracy.
   7. Reporting content discrepancy to the SC, as applicable, and plan team members.
   8. Implementing the ISP as written.
   9. Supervising, monitoring and evaluating services provided to the individual.
   10. Reviewing, signing and dating the monthly documentation of an individual’s participation and progress toward outcomes.
   11. Reporting a change related to the individual’s needs to the SC, as applicable, and plan team members.
   12. Reviewing the ISP with the individual as required under § 6500.156.
   13. Documenting the review of the ISP as required under § 6500.156.
(14) Providing the documentation of the ISP review to the SC, as applicable, and plan team members as required under § 6500.156(d).

(15) Informing plan team members of the option to decline the ISP review documentation as required under § 6500.156(e).

(16) Recommending a revision to a service or outcome in the ISP as provided under § 6500.156(c)(4).

(17) Coordinating the services provided to an individual.

(18) Coordinating the support services for the family.

(19) Coordinating the training of direct service workers and the family in the content of health and safety needs relevant to each individual.

(20) Developing and implementing provider services as required under § 6500.158 (relating to provider services).

(e) A family living specialist shall have one of the following groups of qualifications:

(1) A master’s degree or above from an accredited college or university and 1 year work experience working directly with persons with an intellectual disability.

(2) A bachelor’s degree from an accredited college or university and 2 years work experience working directly with persons with an intellectual disability.

(3) An associate’s degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with persons with an intellectual disability.

(4) A high school diploma or general education development certificate and 6 years work experience working directly with persons with an intellectual disability.

Authority

The provisions of this § 6500.43 amended under Articles IX and X of the Human Services Code (62 P.S. §§ 901—922 and 1001—1088).

Source


Cross References

This section cited in 55 Pa. Code § 6500.41 (relating to effective date of staff qualifications).

§ 6500.44. Supervision.

(a) An individual may be left unsupervised for specified periods of time if the absence of direct supervision is consistent with the individual’s assessment and is
part of the individual’s ISP, as an outcome which requires the achievement of a higher level of independence.

(b) An individual requiring direct supervision may not be left under the supervision of a person under the age of 18.

(c) There shall be a family living specialist or designee accessible when the individual is in the home.

(d) Supervision as specified in the ISP shall be implemented as written when the supervision specified in the ISP is greater than required under subsections (a), (b) and (c).

(e) The staff qualifications and staff ratio as specified in the ISP shall be implemented as written, including when the staff ratio is greater than required under subsections (a), (b) and (c).

(f) An individual may not be left unsupervised solely for the convenience of the family or direct service worker.

Authority

The provisions of this § 6500.44 amended under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source


Cross References

This section cited in 55 Pa. Code § 6500.41 (relating to effective date of staff qualifications).

§ 6500.45. Training.

(a) The adult family member who will have primary responsibility for caring for and providing services to the individual shall have at least 24 hours of training related to intellectual disability, family dynamics, community participation, individual service planning and delivery, relationship building and the requirements specified in this chapter, prior to an individual living in the home.

(b) The primary caregiver shall be trained by an individual certified as a trainer by a hospital or other recognized health care organization, in first aid and Heimlich techniques prior to an individual living in the home and annually thereafter.

(c) The primary caregiver shall be trained and certified by an individual certified as a trainer by a hospital or other recognized health care organization, in cardiopulmonary resuscitation, if indicated by the medical needs of the individual, prior to the individual living in the home and annually thereafter.
§ 6500.46. Annual training.

(a) The adult family member who will have primary responsibility for caring for and providing services to the individual shall have at least 24 hours of training in the human services field annually.

(b) A family living specialist who is employed by an agency for more than 40 hours per month shall have at least 24 hours of training related to intellectual disability and the requirements specified in this chapter annually.

Authority

The provisions of this § 6500.46 amended under Articles IX and X of the Human Services Code (62 P.S. §§ 901—922 and 1001—1088).

Source

The provisions of this § 6500.46 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial pages (352235) to (352236).

Cross References

This section cited in 55 Pa. Code § 6500.201 (relating to exceptions for respite care); and 55 Pa. Code § 6500.202 (relating to exceptions for emergency respite care).

§ 6500.47. Record of training.

Records of preservice and annual training, including the training source, content, dates, length of training, copies of certificates received and persons attending shall be kept.

PHYSICAL SITE

§ 6500.61. Special accommodations.

(a) A home serving an individual with a physical disability, blindness, a visual impairment, deafness or a hearing impairment shall have accommodations
to ensure the safety and reasonable accessibility for entrance to, movement within and exit from the home based upon each individual’s needs.

(b) A home serving an individual with a physical disability, blindness, a visual impairment, deafness or a hearing impairment shall have adaptive equipment necessary for the individual to move about and function at the home.

§ 6500.62. Poisons.
(a) Poisonous materials shall be kept locked or made inaccessible to individuals.
(b) Poisonous materials may be kept unlocked and accessible to individuals if all individuals living in the home are able to safely use or avoid poisonous materials. Documentation of each individual’s ability to safely use or avoid poisonous materials shall be in each individual’s assessment.
(c) Poisonous materials shall be stored in their original, labeled containers.
(d) Poisonous materials shall be kept separate from food, food preparation surfaces and dining surfaces.

§ 6500.63. Heat sources.
(a) Heat sources, such as hot water pipes, fixed space heaters, hot water heaters, radiators, wood and coal burning stoves and fireplaces, exceeding 120°F that are accessible to individuals, shall be equipped with protective guards or insulation to prevent individuals from coming in contact with the heat source.
(b) Heat sources do not require guards or insulation if all individuals living in the home understand the danger of heat sources and have the ability to sense and move away from the heat source quickly. Documentation of each individual’s understanding and ability shall be in each individual’s assessment.

§ 6500.64. Sanitation.
(a) Clean conditions shall be maintained in all areas of the home.
(b) There may not be evidence of infestation of insects or rodents in the home.
(c) Trash shall be removed from the premises on a routine basis.

§ 6500.65. Ventilation.
Living areas, dining areas, individual bedrooms, kitchens and bathrooms shall be ventilated by at least one operable window or by mechanical ventilation.

§ 6500.66. Lighting.
Rooms, hallways, interior stairways, outside steps, outside doorways, porches, ramps and fire escapes, that are used by individuals shall be lighted to assure safety and to avoid accidents.
§ 6500.67. Surfaces.
Floors, walls, ceilings and other surfaces shall be free of hazards.

§ 6500.68. Running water.
(a) A home shall have hot and cold running water under pressure.
(b) Hot water temperatures in bathtubs and showers that are accessible to individuals may not exceed 120°F.
(c) Hot water temperatures in bathtubs and showers may exceed 120°F if all individuals in the home understand the danger of hot water and have the ability to sense and move away from the hot water quickly. Documentation of each individual’s understanding and ability shall be in each individual’s assessment.

§ 6500.69. Indoor temperature.
(a) The indoor temperature in individual bedrooms and family living areas may not be less than 62°F during nonsleeping hours while individuals are present in the home.
(b) The indoor temperature in individual bedrooms and family living areas may not be less than 55°F during sleeping hours.
(c) When the indoor temperature in individual bedrooms or family living areas exceeds 85°F, mechanical ventilation such as fans shall be used.
(d) If an individual’s medical needs indicate an indoor temperature that is different from that required under subsections (a)—(c), the medical recommendations for temperature shall be met.

§ 6500.70. Telephone.
A home shall have an operable telephone that is easily accessible.

§ 6500.71. Emergency telephone numbers.
Telephone numbers of the nearest hospital, police department, fire department, ambulance and poison control center shall be on or by each telephone in the home.

§ 6500.72. Screens, windows and doors.
(a) Windows, including windows in doors, shall be securely screened when windows or doors are open.
(b) Screens, windows and doors shall be in good repair.

§ 6500.73. Handrails.
An interior stairway exceeding two steps that is accessible to individuals, ramp and outside steps exceeding two steps, shall have a well-secured handrail.
§ 6500.74. **Nonskid surfaces.**
Interior stairs and outside steps that are accessible to individuals shall have a nonskid surface.

§ 6500.75. **Landings.**
(a) A landing shall be provided beyond each interior and exterior door that opens directly into a stairway.
(b) A landing shall be at least as wide as the stairs leading to the landing.

§ 6500.76. **Furniture.**
Furniture in individual bedrooms and family living areas shall be nonhazardous, clean and sturdy.

§ 6500.77. **First aid materials.**
Each home shall have antiseptic, an assortment of adhesive bandages, sterile gauze pads, tweezers, tape, scissors and syrup of Ipecac if any individual 4 years of age or younger, or an individual likely to ingest poisons, is served.

§ 6500.78. **Exterior conditions.**
(a) An outside walkway that is used by individuals shall be free from ice, snow, obstructions and other hazards.
(b) The yard and outside of the home shall be well maintained and free from unsafe conditions.

§ 6500.79. **Individual bedrooms.**
(a) An individual’s bedroom may not be located in basements. Any level from which there is a standard door leading from that level directly outside to grade level is not considered a basement.
(b) An individual sharing a bedroom shall have a minimum of 50 square feet of bedroom space, measured wall to wall, including space occupied by furniture. An individual with a single bedroom shall have a minimum of 60 square feet of bedroom space, measured wall to wall, including space occupied by furniture.
(c) A bedroom shall have at least one exterior window that permits a view of the outside.
(d) Bedroom windows shall have drapes, curtains, shades, blinds or shutters.
(e) Bedrooms shall have doors at all entrances for privacy.
(f) In bedrooms, each individual shall have the following:
   (1) A bed of size appropriate to the needs of the individual. Cots and portable beds are not permitted. Bunkbeds are not permitted for individuals 18 years of age or older.
   (2) A clean, comfortable mattress and solid foundation.
(3) Bedding, including a pillow, linens and blankets appropriate for the season.

(4) A chest of drawers.

(5) Closet or wardrobe space with clothing racks and shelves accessible to the individual.

(6) Beds and cribs, with solid sides over 12 inches high or with closed domes or tops, are not permitted.

(h) An individual 10 years of age or older may not be required to share a bedroom with a person of the opposite sex.

Cross References
This section cited in 55 Pa. Code § 6500.201 (relating to exceptions for respite care); and 55 Pa. Code § 6500.202 (relating to exceptions for emergency respite care).

§ 6500.80. Bathrooms.
(a) There shall be at least one toilet and one bathtub or shower in the home.

(b) Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

(c) At least one bathroom area shall have a sink, wall mirror, soap, toilet paper, individual clean paper or cloth towels and trash receptacle.

(d) An individual washcloth, bath towel and toothbrush shall be provided for each individual.

§ 6500.81. Kitchens.
(a) Each home shall have a kitchen area with a refrigerator, sink, cooking equipment and cabinets for storage.

(b) Utensils used for eating, drinking and preparation of food or drink shall be washed and rinsed after each use.

§ 6500.82. Laundry.
Individual bed linens, towels, washcloths and clothing shall be kept clean.

§ 6500.83. Swimming pools.
(a) An in-ground swimming pool shall be fenced with a gate that is locked when the pool is not in use.

(b) An aboveground swimming pool shall be made inaccessible to individuals when the pool is not in use.

(c) A swimming pool does not need to be locked or inaccessible if all individuals in the home understand water safety and can swim. Documentation of each individual’s understanding and ability shall be in each individual’s assessment.
§ 6500.84. Firearms.
  Firearms shall be kept unloaded in a locked cabinet. Ammunition shall be kept in a locked cabinet that is separate from firearms.

FIRE SAFETY

§ 6500.101. Unobstructed stairways, halls, doorways and exits.
  Stairways, halls, doorways and exits from rooms and from the home shall be unobstructed.

§ 6500.102. Flammable and combustible materials.
  Flammable and combustible supplies and equipment shall be utilized safely and stored away from heat sources.

§ 6500.103. Furnaces.
  Furnaces shall be cleaned at least annually. Written documentation of the cleaning shall be kept.

§ 6500.104. Portable space heaters.
  Portable space heaters defined as heaters that are not permanently mounted or installed, may not be used while individuals are in the home.

§ 6500.105. Wood and coal burning stoves.
  (a) The use of wood and coal burning stoves is permitted only if the stove is inspected and approved for safe installation by a fire safety expert. Written documentation of the inspection and approval shall be kept.
  (b) Wood and coal burning stoves, including chimneys and flues, shall be cleaned at least every year if used more frequently than once per week during the winter season. Written documentation of the cleaning shall be kept.

§ 6500.106. Fireplaces.
  (a) Fireplaces shall be securely screened or equipped with protective guards while in use.
  (b) Fireplace chimneys and flues shall be cleaned at least every year if used more frequently than once per week during the winter season. Written documentation of the cleaning shall be kept.

§ 6500.107. Smoke detectors.
  (a) A home shall have a minimum of one operable automatic smoke detector provided on each floor, including the basement and attic.
  (b) Smoke detectors shall be located in common areas or hallways.
(c) Smoke detectors shall be of a type approved by the Department of Labor and Industry or listed by Underwriters Laboratories.
(d) A smoke detector shall be tested each month to determine if the detector is operative.

§ 6500.108. Fire extinguishers.
(a) There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.
(b) Fire extinguishers with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in subsection (a).
(c) Fire extinguishers shall be listed by Underwriters Laboratories or approved by Factory Mutual Systems.
(d) A fire extinguisher shall be accessible.

§ 6500.109. Fire drills.
(a) A fire drill shall be held at least every 3 months, until all individuals demonstrate the ability to evacuate within 2 1/2 minutes, or within the period of time specified in writing within the past year by a fire safety expert, without family assistance, or with family assistance if the individual is never alone in the home. The fire safety expert may not be a family member or employe of the agency.
(b) A fire drill shall be held at least every 6 months if all individuals have the ability to evacuate as specified in subsection (a).
(c) Documentation of the individual’s ability to evacuate shall be specified in the individual’s assessment.
(d) A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route used, problems encountered and whether the smoke detector was operative.
(e) A fire drill shall be held during sleeping hours at least every 12 months.
(f) Alternate exit routes shall be used during fire drills.
(g) Fire drills shall be held on different days of the week and at different times of the day and night.
(h) Individuals shall evacuate to a designated meeting place outside the home during each fire drill.
(i) At least one smoke detector shall be set off during each fire drill.

Cross References
This section cited in 55 Pa. Code § 6500.201 (relating to exceptions for respite care); and 55 Pa. Code § 6500.202 (relating to exceptions for emergency respite care).
§ 6500.110. Fire safety training.
(a) A written fire safety training plan shall be developed for all family members and individuals including children.
(b) The training plan shall include training in general fire safety, evacuation procedures, responsibilities during fire drills, the designated meeting place outside the home, smoking safety procedures if any individuals or family members smoke in the home, the use of fire extinguishers and smoke detectors and notification of the local fire department as soon as possible after a fire is discovered.
(c) Family members and individuals, including children, shall be trained within 31 calendar days of an individual living in the home and retrained annually, in accordance with the training plan specified in subsection (a).
(d) A written record of fire safety training, including the content of the training and the individuals attending shall be kept.

PROGRAM

§ 6500.111. [Reserved].

Authority
The provisions of this § 6500.111 reserved under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source
The provisions of this § 6500.111 reserved August 27, 2010, effective August 28, 2010, 40 Pa.B. 4935. Immediately preceding text appears at serial pages (251488) to (251489).

Cross References

§ 6500.112. [Reserved].

Authority
The provisions of this § 6500.112 reserved under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

Cross References
This section cited in 55 Pa. Code § 6500.201 (relating to exceptions for respite care); and 55 Pa. Code § 6500.202 (relating to exceptions for emergency respite care).
§ 6500.113. [Reserved].

Authority
The provisions of this § 6500.113 reserved under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source
The provisions of this § 6500.113 reserved August 27, 2010, effective August 28, 2010, 40 Pa.B. 4935. Immediately preceding text appears at serial pages (251489) to (251490).

Cross References
This section cited in 55 Pa. Code § 6500.201 (relating to exceptions for respite care); and 55 Pa. Code § 6500.202 (relating to exceptions for emergency respite care).

§§ 6500.114 and 6500.115. [Reserved].

Authority
The provisions of these §§ 6500.114 and 6500.115 reserved under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

Cross References

§ 6500.116. [Reserved].

Authority
The provisions of this § 6500.116 reserved under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source
The provisions of this § 6500.116 reserved August 27, 2010, effective August 28, 2010, 40 Pa.B. 4935. Immediately preceding text appears at serial pages (251490) to (251491).

Cross References
This section cited in 55 Pa. Code § 6500.201 (relating to exceptions for respite care); and 55 Pa. Code § 6500.202 (relating to exceptions for emergency respite care).

§ 6500.117. [Reserved].

Authority
The provisions of this § 6500.117 reserved under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).
§ 6500.117. [Reserved].

Authority
The provisions of this § 6500.117 reserved under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

Cross References
This section cited in 55 Pa. Code § 6500.201 (relating to exceptions for respite care); and 55 Pa. Code § 6500.202 (relating to exceptions for emergency respite care).

§ 6500.118. [Reserved].

Authority
The provisions of this § 6500.118 reserved under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

HEALTH

§ 6500.121. Individual physical examination.
(a) An individual shall have a physical examination within 12 months prior to living in the home and annually thereafter.
(b) The physical examination shall be completed, signed and dated by a licensed physician, certified nurse practitioner or licensed physician’s assistant.
(c) The physical examination shall include:
(1) A review of previous medical history.
(2) A general physical examination.
(3) Immunizations for individuals 18 years of age or older as recommended by the United States Public Health Service, Centers for Disease Control, Atlanta, Georgia 30333.
(4) Vision and hearing screening for individuals 18 years of age or older, as recommended by the physician.
(5) Immunizations and screening tests for individuals 17 years of age or younger, as recommended by the Standards of Child Health Care of the American Academy of Pediatrics, Post Office Box 1034, Evanston, Illinois 60204.
(6) Tuberculin skin testing by Mantoux method with negative results every 2 years for individuals 1 year of age or older; or, if a tuberculin skin test is positive, an initial chest x-ray with results noted.
(7) A gynecological examination, including a breast examination and a Pap test for women 18 years of age or older, unless there is documentation from a licensed physician recommending no or less frequent gynecological examinations.
(8) A mammogram for women at least every 2 years for women 40 through 49 years of age and at least every year for women 50 years of age or older.
(9) A prostate examination for men 40 years of age or older.
(10) Specific precautions that must be taken if the individual has a communicable disease, to prevent spread of the disease to other individuals.
(11) An assessment of the individual’s health maintenance needs, medication regimen and the need for blood work at recommended intervals.
(12) Physical limitations of the individual.
(13) Allergies or contraindicated medications.
(14) Medical information pertinent to diagnosis and treatment in case of an emergency.
(15) Special instructions for the individual’s diet.
(d) Immunizations, vision and hearing screening and tuberculin skin testing may be completed, signed and dated by a registered nurse or licensed practical nurse instead of a licensed physician, certified nurse practitioner or licensed physician’s assistant.

Cross References

§ 6500.122. Dental care.
(a) An individual 17 years of age or younger, shall have a dental examination performed by a licensed dentist semiannually. Each individual 18 years of age or older shall have a dental examination performed by a licensed dentist annually.
(b) An individual who is using medication known to cause dental problems shall have a dental examination by a licensed dentist at intervals recommended by the dentist.
(c) A written record of the dental examination, including the date of the examination, dentist’s name, procedures completed and follow-up treatment recommended shall be kept.
(d) The dental examination shall include teeth cleaning or checking gums and dentures.
(e) Follow-up dental work indicated by the examination, such as treatment of cavities, shall be completed.

Cross References
This section cited in 55 Pa. Code § 6500.201 (relating to exceptions for respite care); and 55 Pa. Code § 6500.202 (relating to exceptions for emergency respite care).

(a) If an individual refuses routine medical or dental examination or treatment, the refusal and continued attempts to train the individual about the need for health care shall be documented in the individual’s record.

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(b) If an individual has a serious medical or dental condition, reasonable efforts shall be made to obtain consent from the individual or substitute consent in accordance with applicable law. See section 417(c) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4417(c)).

Authority

The provisions of this § 6500.123 amended under Articles IX and X of the Human Services Code (62 P.S. §§ 901—922 and 1001—1088).

Source

The provisions of this § 6500.123 amended June 17, 2016, effective June 18, 2016, 46 Pa.B. 3177. Immediately preceding text appears at serial page (352246).

§ 6500.124. Health services.

Health services, such as medical, nursing, pharmaceutical, dental, dietary and psychological services that are planned or prescribed for the individual shall be arranged for or provided.

§ 6500.125. Family physical examination.

(a) Family members and persons living in the home shall have a physical examination within 12 months prior to the individual living in the home.

(b) The physical examination documentation shall be completed, signed and dated by a licensed physician, certified nurse practitioner or licensed physician’s assistant.

(c) The physical examination shall include:

1. A general physical examination.

2. Tuberculin skin testing by Mantoux method with negative results every 2 years for family members 1 year of age or older; or, if a tuberculin skin test is positive, an initial chest X-ray with results noted. Tuberculin skin testing may be completed and certified in writing by a registered nurse or licensed practical nurse instead of a licensed physician.

3. A signed statement that the person is free of communicable diseases or specific precautions to be taken if the person has a communicable disease.

4. Information of medical problems which might interfere with the health of the individuals.

§ 6500.126. Communicable diseases.

(a) If an individual or family member has a serious communicable diseases as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions) or a medical problem which might interfere with the health, safety or well-being of the individuals, specific instructions and pre-
cautions to be taken for the protection of the individuals shall be specified in writing by a licensed physician.

(b) The physician’s written instructions and precautions shall be followed.

MEDICATIONS

§ 6500.131. Storage of medications.

(a) Prescription and nonprescription medications of individuals shall be kept in their original containers, except for medications of individuals who self-administer medications and keep their medications in personal daily or weekly dispensing containers.

(b) Prescription and potentially toxic nonprescription medications shall be kept in an area or container that is locked or made inaccessible to the individuals, unless it is documented in each individual’s assessment that each individual in the home can safely use or avoid toxic materials.

(c) Prescription and potentially toxic nonprescription medications stored in a refrigerator shall be kept in a separate locked container or made inaccessible to the individuals, unless it is documented in each individual’s assessment that each individual in the home can safely use or avoid toxic materials.

(d) Prescription and nonprescription medications of individuals shall be stored under proper conditions of sanitation, temperature, moisture and light.

(e) Discontinued prescription medications of individuals shall be disposed of in a safe manner.

§ 6500.132. Labeling of medications.

(a) The original container for prescription medications of individuals shall be labeled with a pharmaceutical label that includes the individual’s name, the name of the medication, the date the prescription was issued, the prescribed dose and the name of the prescribing physician.

(b) Nonprescription medications used by individuals shall be labeled with the original label.

§ 6500.132a. Labeling of medication—statement of policy.

Prescriptions for medications may be written by a certified registered nurse practitioner as authorized under 49 Pa. Code Chapter 18, Subchapter C (relating to certified registered nurse practitioners) and Chapter 21, Subchapter C (relating to certified registered nurse practitioners). The label on the original container must include the name of the prescribing practitioner.

Source

The provisions of this § 6500.132a adopted March 26, 2010, effective March 27, 2010, 40 Pa.B. 1644.
§ 6500.133. Use of prescription medications.
(a) A prescription medication shall only be used by the individual for whom the medication was prescribed.
(b) If a medication is prescribed to treat symptoms of a diagnosed psychiatric illness, there shall be a written protocol as part of the ISP to address the social, emotional and environmental needs of the individual related to the symptoms of the diagnosed psychiatric illness.
(c) If a medication is prescribed to treat symptoms of a diagnosed psychiatric illness, there shall be a review with documentation by a licensed physician at least every 3 months that includes the reason for prescribing the medication, the need to continue the medication and the necessary dosage.

Authority
The provisions of this § 6500.133 amended under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

§ 6500.133a. Use of prescription medications—statement of policy.
The review of documentation, including the reason for prescribing the medication, the need to continue the medication and the necessary dosage, may be conducted by a certified registered nurse practitioner (CRNP) as authorized under 49 Pa. Code Chapter 18, Subchapter C (relating to certified registered nurse practitioners) and Chapter 21, Subchapter C (relating to certified registered nurse practitioners) when the medication was prescribed by a CRNP.

Source
The provisions of this § 6500.133a adopted March 26, 2010, effective March 27, 2010, 40 Pa.B. 1644.

§ 6500.134. Medication log.
(a) A medication log listing the medications prescribed, dosage, time and date that prescription medications, including insulin, were administered, and the name of the person who administered the prescription medication or insulin shall be kept for each individual who does not self-administer medication.
(b) The information specified in subsection (a) shall be logged immediately after each individual’s dose of medication.
(c) A list of prescription medications, the prescribed dosage and the name of the prescribing physician shall be kept for each individual who self-administers medication.

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The medication log must identify the prescribing certified registered nurse practitioner (CRNP) when a medication was prescribed by a CRNP as authorized under 49 Pa. Code Chapter 18, Subchapter C (relating to certified registered nurse practitioners) and Chapter 21, Subchapter C (relating to certified registered nurse practitioners).

Source

The provisions of this § 6500.134a adopted March 26, 2010, effective March 27, 2010, 40 Pa.B. 1644.

§ 6500.135. Medication errors.

Documentation of medication errors and follow-up action taken shall be kept.

§ 6500.136. Adverse reaction.

If an individual has a suspected adverse reaction to a medication, the family shall notify the prescribing physician immediately. Documentation of adverse reactions shall be kept in the individual’s record.

§ 6500.136a. Adverse reaction—statement of policy.

Notification of an adverse reaction to a medication may be made to the prescribing certified registered nurse practitioner (CRNP) when the medication was prescribed by a CRNP as authorized under 49 Pa. Code Chapter 18, Subchapter C (relating to certified registered nurse practitioners) and Chapter 21, Subchapter C (relating to certified registered nurse practitioners).

Source

The provisions of this § 6500.136a adopted March 26, 2010, effective March 27, 2010, 40 Pa.B. 1644.

§ 6500.137. Administration of prescription medications and insulin injections.

(a) Prescription medications and insulin injections shall be administered according to the directions specified by a licensed physician, certified nurse practitioner or licensed physician’s assistant.

(b) An insulin injection administered by an individual or another person shall be premeasured by the individual or licensed medical personnel.

§ 6500.138. Medications training.

(a) Family members who administer prescription medications or insulin injections to individuals shall receive training by the individual’s source of health care about the administration, side effects and contraindications of the specific medication or insulin.
(b) Family members who administer insulin injections to individuals shall have completed and passed a diabetes patient education program that meets the National Standards for Diabetes Patient Education Programs of the National Diabetes Advisory Board, 7550 Wisconsin Avenue, Bethesda, Maryland 20205.

(c) Documentation of the training specified in subsections (a) and (b) shall be kept.

NUTRITION

§ 6500.141. Protection of food.
Food shall be protected from contamination while being stored and prepared.

§ 6500.142. Three meals a day.
At least three meals a day shall be available to the individuals.

§ 6500.143. Quantity of food.
The quantity of food served for each individual shall meet minimum daily requirements as recommended by the United States Department of Agriculture, unless otherwise recommended in writing by a licensed physician.

§ 6500.144. Food groups.
At least one meal each day shall contain at least one item from the dairy, protein, fruits and vegetables and grain food groups, unless otherwise recommended in writing by a licensed physician for individuals.

PROGRAM

§ 6500.151. Assessment.
(a) Each individual shall have an initial assessment within 1 year prior to or 60 calendar days after admission to the family living home and an updated assessment annually thereafter. The initial assessment must include an assessment of adaptive behavior and level of skills completed within 6 months prior to admission to the family living home.

(b) If the program specialist is making a recommendation to revise a service or outcome in the ISP as required under § 6500.156(c)(4) (relating to ISP review and revision), the individual shall have an assessment completed as required under this section.

(c) The assessment shall be based on assessment instruments, interviews, progress notes and observations.

(d) The family living specialist shall sign and date the assessment.

(e) The assessment must include the following information:

(1) Functional strengths, needs and preferences of the individual.

(2) The likes, dislikes and interest of the individual.
(3) The individual’s current level of performance and progress in the areas:
   (i) Acquisition of functional skills.
   (ii) Communication.
   (iii) Personal adjustment.
   (iv) Personal needs with or without assistance from others.
(4) The individual’s need for supervision.
(5) The individual’s ability to self-administer medications.
(6) The individual’s ability to safely use or avoid poisonous materials, when in the presence of poisonous materials.
(7) The individual’s knowledge of the danger of heat sources and ability to sense and move away quickly from heat sources which exceed 120° F and are not insulated.
(8) The individual’s ability to evacuate in the event of a fire.
(9) Documentation of the individual’s disability, including functional and medical limitations.
(10) A lifetime medical history.
(11) Psychological evaluations, if applicable.
(12) Recommendations for specific areas of training, programming and services.
(13) The individual’s progress over the last 365 calendar days and current level in the following areas:
   (i) Health.
   (ii) Motor and communication skills.
   (iii) Activities of residential living.
   (iv) Personal adjustment.
   (v) Socialization.
   (vi) Recreation.
   (vii) Financial independence.
   (viii) Managing personal property.
   (ix) Community integration.
(14) The individual’s knowledge of water safety and ability to swim.

(f) The program specialist shall provide the assessment to the SC, as applicable, and plan team members at least 30 calendar days prior to an ISP meeting for the development of the ISP, the annual update, and revision of the ISP under §§ 2380.182, 2390.152, 6400.182 and 6500.152 (relating to development, annual update and revision of the ISP).

Authority

The provisions of this § 6500.151 issued under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

§ 6500.152. Development, annual update and revision of the ISP.

(a) An individual shall have one ISP.

(b) When an individual is not receiving services through an SCO, the family living program specialist shall be the plan lead when one of the following applies:

(1) The individual resides at a family living home licensed under this chapter.

(2) The individual resides at a family living home licensed under this chapter and attends a facility licensed under Chapter 2380 or 2390 (relating to adult training facilities; and vocational facilities).

(c) The plan lead shall be responsible for developing and implementing the ISP, including annual updates and revisions.

(d) The plan lead shall develop, update and revise the ISP according to the following:

(1) The ISP shall be initially developed, updated annually and revised based upon the individual’s current assessments as required under §§ 2380.181, 2390.151, 6400.181 and 6500.151 (relating to assessment).

(2) The initial ISP shall be developed within 90 calendar days after the individual’s admission date to the family living home.

(3) The ISP, annual updates and revisions shall be documented on the Department-designated form located in the Home and Community Services Information System (HCSIS) and also on the Department’s web site.

(4) An invitation shall be sent to plan team members at least 30 calendar days prior to an ISP meeting.

(5) Copies of the ISP, including annual updates and revisions under § 6500.156 (relating to ISP review and revision), shall be sent as required under § 6500.157 (relating to copies).

Authority

The provisions of this § 6500.152 issued under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

§ 6500.153. Content of the ISP.

The ISP, including annual updates and revisions under § 6500.156 (relating to ISP review and revision) must include the following:

1. Services provided to the individual and expected outcomes chosen by the individual and individual’s plan team.

2. Services provided to the individual to increase community involvement, including volunteer or civic-minded opportunities and membership in National or local organizations as required under § 6500.158 (relating to provider services).

3. Current status in relation to an outcome and method of evaluation used to determine progress toward that expected outcome.

4. A protocol and schedule outlining specified periods of time for the individual to be without direct supervision, if the individual’s current assessment states the individual may be without direct supervision and if the individual’s ISP includes an expected outcome which requires the achievement of a higher level of independence. The protocol must include the current level of independence and the method of evaluation used to determine progress toward the expected outcome to achieve the higher level of independence.

5. A protocol to address the social, emotional and environmental needs of the individual, if medication has been prescribed to treat symptoms of a diagnosed psychiatric illness.

6. A protocol to eliminate the use of restrictive procedures, if restrictive procedures are utilized, and to address the underlying causes of the behavior which led to the use of restrictive procedures including the following:
   (i) An assessment to determine the causes or antecedents of the behavior.
   (ii) A protocol for addressing the underlying causes or antecedents of the behavior.
   (iii) The method and time line for eliminating the use of restrictive procedures.
   (iv) A protocol for intervention or redirection without utilizing restrictive procedures.

7. Assessment of the individual’s potential to advance in the following:
   (i) Residential independence.
   (ii) Community involvement.
   (iii) Vocational programming.
(iv) Competitive community-integrated employment.

Authority
The provisions of this § 6500.153 issued under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

§ 6500.154. Plan team participation.
(a) The plan team shall participate in the development of the ISP, including the annual updates and revision under § 6500.156 (relating to ISP review and revision).

(1) A plan team shall include as its members the following:
   (i) The individual.
   (ii) A program specialist or family living specialist, as applicable, from each provider delivering a service to the individual.
   (iii) A direct service worker who works with the individual from each provider delivering services to the individual.
   (iv) Any other person the individual chooses to invite.

(2) If the following have a role in the individual’s life, the plan team may also include as its members, as applicable, the following:
   (i) Medical, nursing, behavior management, speech, occupational or physical therapy specialists.
   (ii) Additional direct service workers who work with the individual from each provider delivering a service to the individual.
   (iii) The individual’s parent, guardian or advocate.

(b) At least three plan team members, in addition to the individual, if the individual chooses to attend, shall be present for the ISP, annual update and ISP revision meeting.

(c) Plan team members who attend a meeting under subsection (b) shall sign and date the signature sheet.

Authority
The provisions of this § 6500.154 issued under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

§ 6500.155. Implementation of the ISP.
(a) The ISP shall be implemented by the ISP’s start date.

(b) The ISP shall be implemented as written.
§ 6500.156. ISP review and revision.

(a) The family living specialist shall complete an ISP review of the services and expected outcomes in the ISP specific to the family living home licensed under this chapter with the individual every 3 months or more frequently if the individual’s needs change, which impacts the services as specified in the current ISP.

(b) The family living specialist and individual shall sign and date the ISP review signature sheet upon review of the ISP.

(c) The ISP review must include the following:

(1) A review of the monthly documentation of an individual’s participation and progress during the prior 3 months toward ISP outcomes supported by services provided by the family living home licensed under this chapter.

(2) A review of each section of the ISP specific to the family living home licensed under this chapter.

(3) The family living specialist shall document a change in the individual’s needs, if applicable.

(4) The family living specialist shall make a recommendation regarding the following, if applicable:

(i) The deletion of an outcome or service to support the achievement of an outcome which is no longer appropriate or has been completed.

(ii) The addition of an outcome or service to support the achievement of an outcome.

(iii) The modification of an outcome or service to support the achievement of an outcome in which no progress has been made.

(5) If making a recommendation to revise a service or outcome in the ISP, the family living specialist shall complete a revised assessment as required under § 6500.151(b) (relating to assessment).

(d) The family living specialist shall provide the ISP review documentation, including recommendations if applicable, to the SC, as applicable, and plan team members within 30 calendar days after the ISP review meeting.

(e) The family living specialist shall notify the plan team members of the option to decline the ISP review documentation.

(f) If a recommendation for a revision to a service or outcome in the ISP is made, the plan lead as applicable, under §§ 2380.182(b) and (c), 2390.152(b) and (c), 6400.182(b) and (c), 6500.152(b) and (c) (relating to development, annual

Authority
The provisions of this § 6500.155 issued under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source
update and revision of the ISP), shall send an invitation for an ISP revision meeting to the plan team members within 30 calendar days of receipt of the recommendation.

(g) A revised service or outcome in the ISP shall be implemented by the start date in the ISP as written.

Authority
The provisions of this § 6500.156 issued under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

Cross References
This section cited in 55 Pa. Code § 6500.43 (relating to family living specialist); 55 Pa. Code § 6500.151 (relating to assessment); 55 Pa. Code § 6500.152 (relating to development, annual update and revision of the ISP); 55 Pa. Code § 6500.153 (relating to content of the ISP); 55 Pa. Code § 6500.154 (relating to plan team participation); and 55 Pa. Code § 6500.182 (relating to content of records).

A copy of the ISP, including the signature sheet, shall be provided to plan team members within 30 calendar days after the ISP, annual update and ISP revision meetings.

Authority
The provisions of this § 6500.157 issued under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

Cross References
This section cited in 55 Pa. Code § 6500.152 (relating to development, annual update and revision of the ISP).

§ 6500.158. Provider services.
(a) The family living home shall provide services including assistance, training and support for the acquisition, maintenance or improvement of functional skills, personal needs, communication and personal adjustment.

(b) The family living home shall provide opportunities to the individual for participation in community life, including volunteer or civic-minded opportunities and membership in National or local organizations.
(c) The family living home shall provide services to the individual as specified in the individual’s ISP.

(d) The family living home shall provide services that are age and functionally appropriate to the individual.

Authority

The provisions of this § 6500.158 issued under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source


Cross References

This section cited in 55 Pa. Code § 6500.43 (relating to family living specialist); and 55 Pa. Code § 6500.153 (relating to content of the ISP).

§ 6500.159. Day services.

(a) Day services such as employment, education, training, volunteer, civic-minded and other meaningful opportunities shall be provided to the individual.

(b) Day services and activities shall be provided at a location other than the family living home where the individual lives, unless one of the following exists:

(1) There is written annual documentation by a licensed physician that it is medically necessary for the individual to complete day services at the family living home.

(2) There is written annual documentation by the plan team that it is in the best interest of the individual to complete day services at the family living home.

Authority

The provisions of this § 6500.159 issued under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source


§ 6500.160. Recreational and social activities.

(a) The family living home shall provide recreational and social activities, including volunteer or civic-minded opportunities and membership in National or local organizations at the following locations:

(1) The family living home.

(2) Away from the family living home.

(b) Time away from the family living home may not be limited to time in school, work or vocational, developmental and volunteer facilities.

6500-40
(c) Documentation of recreational and social activities shall be kept in the individual’s record.

Authority
The provisions of this § 6500.160 issued under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

RESTRICTIVE PROCEDURES

§ 6500.161. Definition of restrictive procedures.
A restrictive procedure is a practice that limits an individual’s movement, activity of function; interferes with an individual’s ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behavior that the individual would not engage in given freedom of choice.

§ 6500.162. Written policy.
A written policy that defines the prohibition or use of specific types of restrictive procedures, describes the circumstances in which restrictive procedures may be used, the persons who may authorize the use of restrictive procedures, a mechanism to monitor and control the use of restrictive procedures, and a process for the individual and family to review the use of restrictive procedures shall be kept.

§ 6500.163. Appropriate use of restrictive procedures.
(a) A restrictive procedure may not be used as retribution, for the convenience of the family, as a substitute for the program or in a way that interferes with the individual’s developmental program.
(b) For each incident requiring restrictive procedures:
   (1) Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.
   (2) A restrictive procedure may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried but have failed.

§ 6500.164. Restrictive procedure review committee.
(a) If restrictive procedures are used, there shall be a restrictive procedure review committee.
(b) The restrictive procedure review committee shall include a majority of persons who do not provide direct services to the individual.

6500-41
(c) The restrictive procedure review committee shall establish a time frame for review and revision of the restrictive procedure plan, not to exceed 6 months between reviews.

(d) A written record of the meetings and activities of the restrictive procedure review committee shall be kept.

Cross References
This section cited in 55 Pa. Code § 6500.174 (relating to emergency use of exclusion and manual restraints).

§ 6500.165. Restrictive procedure plan.

(a) For each individual for whom restrictive procedures may be used, a restrictive procedure plan shall be written prior to the use of restrictive procedures.

(b) The restrictive procedure plan shall be developed and revised with the participation of the family living specialist, the family, the interdisciplinary team as appropriate and other professionals as appropriate.

(c) The restrictive procedure plan shall be reviewed, and revised if necessary, according to the time frame established by the restrictive procedure review committee, not to exceed 6 months.

(d) The restrictive procedure plan shall be reviewed, approved, signed and dated by the chairperson of the restrictive procedure review committee and the family living specialist, prior to the use of a restrictive procedure, whenever the restrictive procedure plan is revised and at least every 6 months.

(e) The restrictive procedure plan shall include:

1. The specific behavior to be addressed and the suspected antecedent or reason for the behavior.
2. The single behavioral outcome desired stated in measurable terms.
3. Methods for modifying or eliminating the behavior, such as changes in the individual’s physical and social environment, changes in the individual’s routine, improving communications, teaching skills and reinforcing appropriate behavior.
4. Types of restrictive procedures that may be used and the circumstances under which the procedures may be used.
5. A target date for achieving the outcome.
6. The amount of time the restrictive procedure may be applied, not to exceed the maximum time periods specified in this chapter.
7. Physical problems that require special attention during the use of restrictive procedures.
8. The name of the person responsible for monitoring and documenting progress with the plan.

(f) The restrictive procedure plan shall be implemented as written.
(g) Copies of the restrictive procedure plan shall be kept in the individual’s record.

Cross References
This section cited in 55 Pa. Code § 6500.174 (relating to emergency use of exclusion and manual restraints).

§ 6500.166. Training.
(a) If a restrictive procedure is used, there shall be at least one person available when restrictive procedures are used who has completed training within the past 12 months in the use of and ethics of using restrictive procedures including the use of alternate positive approaches.

(b) Persons responsible for developing, implementing or managing a restrictive procedure plan shall be trained in the use of the specific techniques or procedures that are used.

(c) If manual restraint or exclusion is used, persons responsible for developing, implementing or managing a restrictive procedure plan shall have experienced the use of the specific techniques or procedures directly on themselves.

(d) Documentation of the training program provided, including the persons trained, dates of training, description of training and training source shall be kept.

§ 6500.167. Seclusion.
Seclusion, defined as placing an individual in a locked room, is prohibited. A locked room includes a room with any type of door locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.

§ 6500.168. Aversive conditioning.
The use of aversive conditioning, defined as the application, contingent upon the exhibition of maladaptive behavior, of startling, painful or noxious stimuli, is prohibited.

§ 6500.169. Chemical restraints.
(a) A chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of an individual.

(b) Administration of a chemical restraint is prohibited except for the administration of drugs ordered by a licensed physician on an emergency basis.

(c) If a chemical restraint is administered as specified in subsection (b) the following apply:

(1) Prior to each incidence of administering a drug on an emergency basis, a licensed physician has examined the individual and has given a written order to administer the drug.
Prior to each readministration of a drug on an emergency basis, a licensed physician has examined the individual and has ordered readministration of the drug.

(d) If a chemical restraint is administered as specified in subsection (c) the following apply:
   (1) The individual’s vital signs shall be monitored at least once each hour.
   (2) The physical needs of the individual shall be met promptly.
   (3) A Pro Re Nata (PRN) order for controlling acute, episodic behavior is prohibited.

(e) A drug ordered by a licensed physician as part of an ongoing program of medication is not a chemical restraint.

(f) A drug ordered by a licensed physician for a specific, time-limited stressful event or situation to assist the individual to control the individual’s behavior, is not a chemical restraint.

(g) A drug ordered by a licensed physician as pretreatment prior to medical or dental examination or treatment is not a chemical restraint.

(h) A drug self-administered by an individual is not a chemical restraint.

(i) If a drug is administered in accordance with subsection (b), (e), (f) or (g), there shall be training for the individual aimed at eliminating or reducing the need for the drug in the future.

(j) Documentation of compliance with subsections (b)—(h) shall be kept.

§ 6500.170. Mechanical restraints.

(a) A mechanical restraint is a device used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual’s body. Examples of mechanical restraints include anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices.

(b) The use of a mechanical restraint is prohibited except for use of helmets, mitts and muffs to prevent self-injury on an interim basis not to exceed 3 months after an individual is admitted to the home.

(c) If a mechanical restraint is used as specified in subsection (b), the following apply:
   (1) The use of a mechanical restraint may not exceed 2 hours, unless a licensed physician examines the individual and gives written orders to continue use of the restraint. Reexamination and new orders by a licensed physician are required for each 2-hour period the restraint is continued. If a restraint is removed for a purpose other than for movement and reused within 24 hours after the initial use of the restraint, it is considered continuation of the initial restraint.
   (2) A licensed physician shall be notified immediately after a mechanical restraint is used.
   (3) The restraint shall be checked for proper fit at least every 15 minutes.
(4) The physical needs of the individual shall be met promptly.
(5) The restraint shall be removed completely for at least 10 minutes during every 2 hours the restraint is used, unless the individual is sleeping.
(6) There shall be training for the individual aimed at eliminating or reducing the need for the restraint in the future.
(7) Documentation of compliance with subsections (b) and paragraphs (1)—(6) shall be kept.
(d) A device used to provide support for functional body position or proper balance and a device used for medical treatment, such as sand bags to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support or a helmet for prevention of injury during seizure activity, are not considered mechanical restraints.

§ 6500.171. Use of personal funds and property.
(a) An individual’s personal funds or property may not be used as reward or punishment.
(b) An individual’s personal funds or property may not be used as payment for damages unless the individual consents to make restitution for the damages.

(a) Manual restraint is defined as a physical hands-on technique that lasts more than 30 seconds, used to control acute, episodic behavior that restricts the movement or functions of an individual or portion of an individual’s body such as basket holds and prone or supine containment.
(b) Manual restraint shall be used only when necessary to protect the individual from injuring himself or others.
(c) Manual restraint shall be used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from injuring himself or others.
(d) An individual shall be released from the manual restraint within the time specified in the restrictive procedure plan not to exceed 30 minutes within any 2 hour period.

§ 6500.173. Exclusion.
(a) Exclusion is the removal of an individual from the individual’s immediate environment and restricting the individual alone to a room or area. If a family member remains with the individual it is not exclusion.
(b) Exclusion shall be used only when necessary to protect the individual from self-injury or injury to others.
(c) Exclusion shall only occur when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from self-injury or injury to others.
(d) An individual shall be permitted to return to routine activity within the time specified in the restrictive procedure plan not to exceed 60 minutes within a 2-hour period.

(e) Exclusion may not be used for an individual more than 4 times within a 24-hour period.

(f) An individual in exclusion shall be monitored continually.

(g) A room or area used for exclusion shall be a routine living space with at least 40 square feet of indoor floor space.

If exclusion or manual restraints are used on an unanticipated, emergency basis, §§ 6500.164 and 6500.165 (relating to restrictive procedure review committee; and restrictive procedure plan) do not apply until after the exclusion or manual restraint is used for the same individual twice in a 6-month period.

§ 6500.175. Restrictive procedure records.
A record of each use of a restrictive procedure documenting the specific behavior addressed, methods of intervention used to address the behavior, the date and time the restrictive procedure was used, the specific procedures followed, the person who used the restrictive procedure, the duration of the restrictive procedure and the individual’s condition following the removal from the restrictive procedure shall be kept in the individual’s record.

§ 6500.176. Notification.
The individual’s day service facility shall be sent copies of the restrictive procedure plan and revisions of the plan. Documentation of transmittal of the restrictive procedure plan shall be kept.

INDIVIDUAL RECORDS

§ 6500.181. Emergency information.
(a) Emergency information for an individual shall be easily accessible at the home.

(b) Emergency information for an individual shall include the following:
(1) The name, address, telephone number and relationship of a designated person to be contacted in case of emergency.
(2) The name, address and telephone number of the individual’s physician or source of health care.
(3) The name, address and telephone number of the person able to give consent for emergency medical treatment, if applicable.
(4) A copy of the individual’s most recent annual physical examination.
§ 6500.182. Content of records.

(a) A separate record shall be kept for each individual.

(b) Entries in an individual’s record must be legible, dated and signed by the person making the entry.

(c) Each individual’s record must include the following information:

(1) Personal information, including:
   (i) The name, sex, admission date, birthdate and Social Security number.
   (ii) The race, height, weight, color of hair, color of eyes and identifying marks.
   (iii) The language or means of communication spoken or understood by the individual and the primary language used in the individual’s natural home, if other than English.
   (iv) The religious affiliation.
   (v) The next of kin.
   (vi) A current, dated photograph.

(2) Unusual incident reports relating to the individual.

(3) Physical examinations.

(4) Dental examinations.

(5) Assessments as required under § 6500.151 (relating to assessment).

(6) A copy of the invitation to:
   (i) The initial ISP meeting.
   (ii) The annual update meeting.
   (iii) The ISP revision meeting.

(7) A copy of the signature sheet for:
   (i) The initial ISP meeting.
   (ii) The annual update meeting.
   (iii) The ISP revision meeting.

(8) A copy of the current ISP.

(9) Documentation of ISP reviews and revisions under § 6500.156 (relating to ISP review and revision), including the following:
   (i) ISP review signature sheets
   (ii) Recommendations to revise the ISP.
   (iii) ISP revisions.
   (iv) Notices that the plan team member may decline the ISP review documentation.
   (v) Requests from plan team members to not receive the ISP review documentation.

(10) Content discrepancy in the ISP, the annual updates or revisions under § 6500.156.

(11) Restrictive procedure protocols related to the individual.

(12) Restrictive procedure records related to the individual.
Recreational and social activities provided to the individual.

Copies of psychological evaluations and assessments of adaptive behavior, as necessary.

Authority
The provisions of this § 6500.182 amended under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

Cross References
This section cited in 55 Pa. Code § 6500.183 (relating to record information kept at the home); 55 Pa. Code § 6500.201 (relating to exceptions for respite care); and 55 Pa. Code § 6500.202 (relating to exceptions for emergency respite care).

§ 6500.183. Record location.
Copies of the most current record information required in § 6500.182(c)(1)—(14) (relating to individual records) shall be kept in the family living home.

Authority
The provisions of this § 6500.183 amended under sections 911 and 1021 of the Public Welfare Code (62 P.S. §§ 911 and 1021).

Source

§ 6500.184. Record retention.
(a) Information in the individual’s record shall be kept for at least 4 years or until any audit or litigation is resolved.

(b) Individual records shall be retained for at least 4 years following the individual’s departure or until any audit or litigation is resolved.

§ 6500.185. Access.
The individual, and the individual’s parent, guardian or advocate, shall have access to the records and to information in the records. If the family living specialist documents, in writing, that disclosure of specific information constitutes a substantial detriment to the individual or that disclosure of specific information will reveal the identity of another individual or breach the confidentiality of persons who have provided information upon an agreement to maintain their confidentiality, that specific information identified may be withheld.
Written consent of the individual, or the individual’s parent or guardian if the individual is 17 years of age or younger or legally incompetent, is required for the release of information, including photographs, to persons not otherwise authorized to receive it.

EMERGENCY PLACEMENT

§ 6500.191. Exceptions.
(a) Emergency placement is placement prior to which 2 weeks or less notice is given to the home and agency.
(b) If an emergency placement occurs, the following sections shall be met within 31 calendar days after the individual is living in the home:
   (1) Section 6500.111 (relating to assessment).
   (2) Section 6500.121 (relating to individual physical examination).

§ 6500.192. Other requirements.
Other requirements in this chapter apply for emergency placements.

RESPITE CARE

§ 6500.201. Exceptions for respite care.
The following sections do not apply for individuals receiving respite care:
   (1) Sections 6500.45 and 6500.46 (relating to training; and annual training).
   (2) Section 6500.79 (relating to individual bedrooms).
   (3) Section 6500.109 (relating to fire drills).
   (4) Sections 6500.111—6500.117.
   (5) Section 6500.122 (relating to dental care).
   (6) Section 6500.182(c)(4), (5) and (6) (relating to individual records).

(a) Emergency respite care is respite care placement prior to which 2 weeks or less notice is given to the home and agency.
(b) The following sections do not apply for individuals receiving emergency respite care:
   (1) Sections 6500.45 and 6500.46 (relating to training; and annual training).
   (2) Section 6500.79 (relating to individual bedrooms).
   (3) Section 6500.109 (relating to fire drills).
   (4) Sections 6500.111—6500.117.
§ 6500.203. Other requirements.

Other requirements in this chapter apply for respite care and emergency respite care.