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CHAPTER 2380. ADULT TRAINING FACILITIES

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Authority

The provisions of this Chapter 2380 amended under Articles IX and X of the Human Services Code (62 P.S. §§ 901—922 and 1001—1080), unless otherwise noted.

Source

The provisions of this Chapter 2380 adopted December 29, 1978, effective December 30, 1978, 8 Pa.B. 3820, unless otherwise noted.

Cross References

This chapter cited in 6 Pa. Code § 11.146 (relating to administration of medications); 55 Pa. Code § 52.15 (relating to provider records); 55 Pa. Code § 52.17 (relating to critical incident and risk management); 55 Pa. Code § 52.19 (relating to criminal history checks); 55 Pa. Code § 52.20 (relating to provisional hiring); 55 Pa. Code § 4305.11 (relating to exempt services); 55 Pa. Code § 6000.903 (relating to licensing applicability); 55 Pa. Code § 6100.81 (relating to HCBS provider requirements); 55 Pa. Code § 6100.444 (relating to size of service location); and 55 Pa. Code § 6100.445 (relating to locality of service location).

GENERAL PROVISIONS

§ 2380.1. Purpose.

The purpose of this chapter is to protect the health, safety and well-being of individuals with disabilities, through the formulation, implementation and enforcement of minimum requirements for the operation of adult training facilities.
§ 2380.2. Applicability.

(a) This chapter applies to adult training facilities, except as provided in subsection (f).

(b) This chapter contains the minimum requirements that shall be met to obtain a certificate of compliance. Each adult training facility will be inspected by the Department each year and shall obtain a certificate of compliance to operate or continue to operate.

(c) This chapter applies to profit, nonprofit, publicly-funded and privately-funded facilities.

(d) This chapter applies to adult training facilities operated on the grounds of or in a community residential rehabilitation mental health facility or a community home for individuals with an intellectual disability if permitted in accordance with Chapter 6400 (relating to community homes for individuals with an intellectual disability).

(e) This chapter applies to adult training facilities operated on the grounds of or in a non-State operated intermediate care facility for individuals with an intellectual disability, unless it is medically necessary or in the individual’s best interest to remain at home.

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

1. Older adult daily living centers as defined in the Older Adult Daily Living Centers Licensing Act (62 P.S. §§ 1511.1—1511.22), serving four or more adults who are 60 years of age or older or adults who are 59 years of age or younger but have a dementia-related disease, such as Alzheimer’s disease, as a primary diagnosis, but serving no more than three adults with disabilities who are 59 years of age or younger and who do not have a dementia-related disease as a primary diagnosis.

2. Vocational facilities as defined in Chapter 2390 (relating to vocational facilities).

3. Partial hospitalization facilities as defined in Chapter 5210 (relating to partial hospitalization).

4. Summer recreation programs, camping programs and socialization clubs.

5. Adult day care facilities located in nursing homes that serve only individuals who live in the nursing home.

6. Adult training facilities operated by the Department or the Department of Education.

7. Community homes for individuals with an intellectual disability licensed in accordance with Chapter 6400 and intermediate care facilities for
individuals with an intellectual disability licensed in accordance with Chapter 6600 (relating to intermediate care facilities for individuals with an intellectual disability) that provide day services in the same building in which the individuals live to individuals who remain at home because they are medically unable to attend a community day program or because it is in the individual’s best interest to remain at the home.

(8) Activities occurring at a location other than the facility and the facility grounds, during the time an individual is away from the facility.

Authority

The provisions of this § 2380.2 amended under Articles IX and X of the Human Services Code (62 P.S. §§ 901—922 and 1001—1088).

Source


§ 2380.3. Definitions.

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

**Adult**—A person 18 years of age or older.

**Adult training facility or facility**—A building or portion of a building in which services are provided to four or more individuals, who are 59 years of age or younger and who do not have a dementia-related disease as a primary diagnosis, for part of a 24-hour day, excluding care provided by relatives. Services include the provision of functional activities, assistance in meeting personal needs and assistance in performing basic daily activities.

**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 attends the facility.

**Fire safety expert**—A local fire department, fire protection engineer, State certified fire protection instructor, college instructor in fire science, county or State fire school, volunteer fire person trained by a county or State fire school or an insurance company loss control representative.

**Health care practitioner**—A person who is authorized to prescribe medications under a license, registration or certification by the Department of State.

**Individual**—An adult with disabilities who receives care in an adult training facility and who has developmental needs that require assistance to meet personal needs and to perform basic daily activities. Examples of adults with disabilities include adults who exhibit one or more of the following:

(i) A physical disability such as blindness, visual impairment, deafness, hearing impairment, speech or language impairment, or a physical handicap.

(ii) A mental illness.
(iii) A neurological disability such as cerebral palsy, autism or epilepsy.
(iv) An intellectual disability.
(v) A traumatic brain injury.

**Individual plan**—A coordinated and integrated description of activities and services for an individual.

**Restraint**—A physical, chemical or mechanical intervention used to control acute, episodic behavior that restricts the movement or function of the individual or a portion of the individual’s body, including an intervention approved as part of the individual plan or used on an emergency basis.

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

**Volunteer**—A person who is an organized and scheduled component of the service system and who does not receive compensation, but who provides a service through the facility that recruits, plans and organizes duties and assignments.

**Authority**

The provisions of this § 2380.3 amended under 201(2), 403(b), 403.1(a) and (b), Articles IX and X of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 901—922 and 1001—1088); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

**Source**


**Cross References**

This section cited in 55 Pa. Code § 2380.33 (relating to program specialist).

§ 2380.4. [Reserved].

**Source**


**GENERAL REQUIREMENTS**

§ 2380.11. Licensure or approval of facilities.

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

**Source**


(a) Appeals related to the Department’s approval or licensure 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 approval or licensure 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.

Source


(a) A facility shall have a valid firesafety occupancy permit listing the appropriate type of occupancy from the Department of Labor and Industry, 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.

(b) If the firesafety occupancy permit is withdrawn, restricted or revised, the facility shall notify the Department orally within 1 working day and in writing within 2 working days.

(c) If a building is structurally renovated or altered after the initial firesafety occupancy permit is issued, the facility shall have a new occupancy permit or written approval from the Department of Labor and Industry, 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.

Source
§ 2380.15. Wage and hour certificate.

If an individual is paid below minimum wage for work performed, the facility shall have a valid Federal or State wage and hour certificate authorizing payment of subminimum wages.

Source


§ 2380.16. 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 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.

Source


§ 2380.17. Incident report and investigation.

(a) The facility shall report the following incidents, alleged incidents and suspected incidents through the Department's information management system or on a form specified by the Department within 24 hours of discovery by a staff person:

(1) Death.
(2) A physical act by an individual in an attempt to complete suicide.
(3) Inpatient admission to a hospital.
(4) Abuse, including abuse to an individual by another individual.
(5) Neglect.
(6) Exploitation.
(7) An individual who is missing for more than 24 hours or who could be in jeopardy if missing for any period of time.
(8) Law enforcement activity that occurs during the hours of facility operation.
(9) Injury requiring treatment beyond first aid.
(10) Fire requiring the services of the fire department. This provision does not include false alarms.
(11) Emergency closure.

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(12) Theft or misuse of individual funds.
(13) A violation of individual rights.

(b) The facility shall report the following incidents, alleged incidents and suspected incidents through the Department’s information management system or on a form specified by the Department within 72 hours of discovery by a staff person:

(1) Use of a restraint.
(2) A medication error as specified in § 2380.127 (relating to medication errors), if the medication was ordered by a health care practitioner.

(c) The individual and persons designated by the individual shall be notified within 24 hours of discovery of an incident relating to the individual.
(d) The facility shall keep documentation of the notification in subsection (c).
(e) The incident report, or a summary of the incident, the findings and the actions taken, redacted to exclude information about another individual and the reporter, unless the reporter is the individual who receives the report, shall be available to the individual and persons designated by the individual, upon request.
(f) The facility shall take immediate action to protect the health, safety and well-being of the individual following the initial knowledge or notice of an incident, alleged incident or suspected incident.

(g) The facility shall initiate an investigation of an incident, alleged incident or suspected incident within 24 hours of discovery by a staff person.

(h) A Department-certified incident investigator shall conduct the investigation of the following incidents:

(1) Death that occurs during the provision of service.
(2) Inpatient admission to a hospital as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.
(3) Abuse, including abuse to an individual by another individual.
(4) Neglect.
(5) Exploitation.
(6) Injury requiring treatment beyond first aid as a result of an accidental or unexplained injury or an injury caused by a staff person, another individual or during the use of a restraint.
(7) Theft or misuse of individual funds.
(8) A violation of individual rights.

(i) The facility shall finalize the incident report through the Department’s information management system or on a form specified by the Department within 30 days of discovery of the incident by a staff person unless the facility notifies the Department in writing that an extension is necessary and the reason for the extension.

(j) The facility shall provide the following information to the Department as part of the final incident report:

(1) Additional detail about the incident.
(2) The results of the incident investigation.
(3) Action taken to protect the health, safety and well-being of the individual.
(4) A description of the corrective action taken in response to an incident and to prevent recurrence of the incident.
(5) The person responsible for implementing the corrective action.
(6) The date the corrective action was implemented or is to be implemented.

Authority
The provisions of this § 2380.17 amended under sections 201(2), 403(b), 403.1(a) and (b), Articles IX and X of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 901—922 and 1001—1088); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

Cross References
This section cited in 55 Pa. Code § 2380.127 (relating to medication errors); and 55 Pa. Code § 6000.903 (relating to licensing applicability).

§ 2380.18. Incident procedures to protect the individual.
(a) In investigating an incident, the facility shall review and consider the following needs of the affected individual:
   (1) Potential risks.
   (2) Health care information.
   (3) Medication history and current medication.
   (4) Behavioral health history.
   (5) Incident history.
   (6) Social needs.
   (7) Environmental needs.
   (8) Personal safety.
(b) The facility shall monitor an individual’s risk for recurring incidents and implement corrective action, as appropriate.
(c) The facility shall work cooperatively with the individual plan team to revise the individual plan if indicated by the incident.

Authority
The provisions of this § 2380.18 amended under sections 201(2), 403(b), 403.1(a) and (b), Articles IX and X of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 901—922 and 1001—1088); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

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§ 2380.19 Incidence analysis.

(a) The facility shall complete the following for each confirmed incident:
   (1) Analysis to determine the cause of the incident.
   (2) Corrective action, if indicated.
   (3) A strategy to address the potential risks to the individual.

(b) The facility shall review and analyze incidents and conduct a trend analysis at least every 3 months.

(c) The facility shall identify and implement preventive measures to reduce:
   (1) The number of incidents.
   (2) The severity of the risks associated with the incident.
   (3) The likelihood of an incident recurring.

(d) The facility shall educate staff persons and the individual based on the circumstances of the incident.

(e) The facility shall monitor incident data and take actions to mitigate and manage risks.

Authority

The provisions of this § 2380.19 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


§ 2380.20 Criminal history record check.

(a) An application for a Pennsylvania criminal history record check shall be submitted to the State Police for prospective employees of the facility who will have direct contact with individuals, and for part-time and temporary staff persons who will have direct contact with individuals, within 5 working days after the person’s date of hire.

(b) If a prospective employee who will have direct contact with individuals resides outside of this Commonwealth, 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 history record check, within 5 working days after the person’s date of hire.
(c) Pennsylvania and FBI criminal history record checks shall have been completed no more than 1 year prior to the person’s date of hire.

(d) A copy of the final reports received from the State Police, and the FBI, if applicable, shall be kept.

Source


§ 2380.21. Individual rights.

(a) An individual may not be deprived of rights as provided under subsections (b)—(q).

(b) The facility shall educate, assist and provide the accommodation necessary for the individual to understand the individual’s rights.

(c) An individual may not be reprimanded, punished or retaliated against for exercising the individual’s rights.

(d) A court’s written order that restricts an individual’s rights shall be followed.

(e) A court-appointed legal guardian may exercise rights and make decisions on behalf of an individual in accordance with the conditions of guardianship as specified in the court order.

(f) An individual who has a court-appointed legal guardian, or who has a court order restricting the individual’s rights, shall be involved in decision-making in accordance with the court order.

(g) An individual has the right to designate persons to assist in decision-making and exercising rights on behalf of the individual.

(h) An individual may not be discriminated against because of race, color, creed, disability, religious affiliation, ancestry, gender, gender identity, sexual orientation, national origin or age.

(i) An individual has the right to civil and legal rights afforded by law, including the right to vote, speak freely, practice the religion of the individual’s choice and practice no religion.

(j) An individual may not be abused, neglected, mistreated, exploited, abandoned or subjected to corporal punishment.

(k) An individual shall be treated with dignity and respect.

(l) An individual has the right to make choices and accept risks.

(m) An individual has the right to refuse to participate in activities and services.

(n) An individual has the right to privacy of person and possessions.

(o) An individual has the right of access to and security of the individual’s possessions.
(p) An individual has the right to voice concerns about the services the individual receives.

(q) An individual has the right to participate in the development and implementation of the individual plan.

(r) An individual’s rights shall be exercised so that another individual’s rights are not violated.

(s) The facility shall assist the affected individuals to negotiate choices in accordance with the facility’s procedures for the individuals to resolve differences and make choices.

(t) An individual’s rights may only be modified in accordance with § 2380.185 (relating to content of the individual plan) to the extent necessary to mitigate a significant health and safety risk to the individual or others.

(u) The facility shall inform and explain individual rights and the process to report a rights violation to the individual, and persons designated by the individual, upon admission to the facility and annually thereafter.

(v) The facility shall keep a copy of the statement signed by the individual or the individual’s court-appointed legal guardian, acknowledging receipt of the information on individual rights.

Authority

The provisions of this § 2380.21 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


§ 2380.22. Grievance procedures.

The facility shall have written grievance procedures for individuals and their families and advocates, that assure investigation and resolution of complaints.

Source


§ 2380.23. [Reserved].

Source

§ 2380.24. [Reserved].

Source

§ 2380.25. [Reserved].

Source

§ 2380.26. Applicable statutes and regulations.

The facility shall comply with applicable Federal and State statutes and regulations and local ordinances.

Authority
The provisions of this § 2380.26 issued under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source
The provisions of this § 2380.26 adopted October 4, 2019, effective in 120 days, 49 Pa.B. 5777.

STAFFING

§ 2380.31. Effective date of staff qualifications.

The requirements in §§ 2380.32(c) and 2380.33(c) (relating to chief executive officer; and program specialist) apply for staff persons hired or promoted on or after April 16, 1993.

Source

§ 2380.32. Chief executive officer.

(a) There shall be one chief executive officer responsible for the facility.

(b) The chief executive officer shall be responsible for the administration and general management of the facility, 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.

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(c) 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 of work experience in administration or the human services field.
   (2) A bachelor’s degree from an accredited college or university and 4 years of work experience in administration or the human services field.

Source

Cross References
This section cited in 55 Pa. Code § 2380.31 (relating to effective date of staff qualifications).

§ 2380.33. Program specialist.
(a) At least 1 program specialist shall be assigned for every 30 individuals, regardless of whether they meet the definition of individual in § 2380.3 (relating to definitions).
(b) The program specialist shall be responsible for the following:
   (1) Coordinating the completion of assessments.
   (2) Participating in the individual plan process, development, team reviews and implementation in accordance with this chapter.
   (3) Providing and supervising activities for the individuals in accordance with the individual plans.
   (4) Supporting the integration of individuals in the community.
   (5) Supporting individual communication and involvement with families and friends.
(c) A program 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 of work experience working directly with persons with disabilities.
   (2) A bachelor’s degree from an accredited college or university and 2 years of work experience working directly with persons with disabilities.
   (3) An associate’s degree or 60 credit hours from an accredited college or university and 4 years of work experience working directly with persons with disabilities.

Authority
The provisions of this § 2380.33 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).
§ 2380.34. Direct service worker.

A direct service worker shall be responsible for the daily care, training and supervision of individuals.

Source


§ 2380.35. Staffing.

(a) A minimum of one direct service worker for every six individuals shall be physically present with the individuals at all times individuals are present at the facility, except while staff persons are attending meetings or training at the facility.

(b) While staff persons are attending meetings or training at the facility, a minimum of one staff person for every ten individuals shall be physically present with the individuals at all times individuals are present at the facility.

(c) A minimum of two staff persons shall be present with the individuals at all times.

(d) 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 plan, as an outcome which requires the achievement of a higher level of independence.

(e) The staff qualifications and staff ratio as specified in the individual plan 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 facility or the direct service worker.

Authority

The provisions of this § 2380.35 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

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§ 2380.36. Emergency training.

(a) Program specialists and direct service workers shall be trained before working with individuals in general fire safety, evacuation procedures, responsibilities during fire drills, the designated meeting place outside the facility or within the fire safe area in the event of an actual fire, smoking safety procedures if individuals or staff persons smoke at the facility, the use of fire extinguishers, smoke detectors and fire alarms, and notification of the local fire department as soon as possible after a fire is discovered.

(b) Program specialists and direct service workers shall be trained annually by a fire safety expert in the training areas specified in subsection (a).

(c) There shall be at least 1 staff person for every 18 individuals, with a minimum of 2 staff persons present at the facility at all times who have been trained by a person certified as a trainer by a hospital or other recognized health care organization, in first aid, Heimlich techniques and cardio-pulmonary resuscitation within the past year. If a staff person has formal certification from a hospital or other recognized health care organization that is valid for more than 1 year, the training is acceptable for the length of time on the certification.

Authority
The provisions of this § 2380.36 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source
The provisions of this § 2380.36 adopted January 15, 1993, effective January 16, 1993, 23 Pa.B. 343; amended October 4, 2019, effective in 120 days, 49 Pa.B. 5777. Immediately preceding text appears at serial pages (352093) and (259675).

§ 2380.37. Training records.

(a) Records of orientation and training, including the training source, content, dates, length of training, copies of certificates received and persons attending, shall be kept.

(b) The facility shall keep a training record for each person trained.

Authority
The provisions of this § 2380.37 issued under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).
§ 2380.38. Orientation.

(a) Prior to working alone with individuals, and within 30 days after hire, the following shall complete the orientation as described in subsection (b):

(1) Management, program, administrative and fiscal staff persons.
(2) Dietary, housekeeping, maintenance and ancillary staff persons, except for persons who provide dietary, housekeeping, maintenance or ancillary services and who are employed or contracted by the building owner and the licensed facility does not own the building.
(3) Direct service workers, including full-time and part-time staff persons.
(4) Volunteers who will work alone with individuals.
(5) Paid and unpaid interns who will work alone with individuals.
(6) Consultants and contractors who are paid or contracted by the facility and who will work alone with individuals, except for consultants and contractors who provide a service for fewer than 30 days within a 12-month period and who are licensed, certified or registered by the Department of State in a health care or social service field.

(b) The orientation must encompass the following areas:

(1) The application of person-centered practices, community integration, individual choice and supporting individuals to develop and maintain relationships.
(2) The prevention, detection and reporting of abuse, suspected abuse and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101—10225.5102), the Child Protective Services Law (23 Pa.C.S. §§ 6301—6386), the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704) and applicable protective services regulations.
(3) Individual rights.
(4) Recognizing and reporting incidents.
(5) Job-related knowledge and skills.

Authority

The provisions of this § 2380.38 issued under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

The provisions of this § 2380.38 adopted October 4, 2019, effective in 120 days, 49 Pa.B. 5777.

§ 2380.39. Annual training.

(a) The following shall complete 24 hours of training related to job skills and knowledge each year:

(1) Direct service workers.

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(2) Direct supervisors of direct service workers.
(3) Positions required by this chapter.
(b) The following shall complete 12 hours of training each year:
(1) Management, program, administrative and fiscal staff persons.
(2) Dietary, housekeeping, maintenance and ancillary staff persons, except for persons who provide dietary, housekeeping, maintenance or ancillary services and who are employed or contracted by the building owner and the licensed facility does not own the building.
(3) Consultants and contractors who are paid or contracted by the facility and who work alone with individuals, except for consultants and contractors who provide a service for fewer than 30 days within a 12-month period and who are licensed, certified or registered by the Department of State in a health care or social service field.
(4) Volunteers who work alone with individuals.
(5) Paid and unpaid interns who work alone with individuals.
(c) The annual training hours specified in subsections (a) and (b) must encompass the following areas:
(1) The application of person-centered practices, community integration, individual choice and supporting individuals to develop and maintain relationships.
(2) The prevention, detection and reporting of abuse, suspected abuse and alleged abuse in accordance with the Older Adults Protective Services Act (35 P.S. §§ 10225.101—10225.5102), the Child Protective Services Law (23 Pa.C.S. §§ 6301—6386), the Adult Protective Services Act (35 P.S. §§ 10210.101—10210.704) and applicable protective services regulations.
(3) Individual rights.
(4) Recognizing and reporting incidents.
(5) The safe and appropriate use of behavior supports if the person works directly with an individual.
(6) Implementation of the individual plan if the person works directly with an individual.

Authority

The provisions of this § 2380.39 issued under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

The provisions of this § 2380.39 adopted October 4, 2019, effective in 120 days, 49 Pa.B. 5777.

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§ 2380.41. [Reserved].

Source

§ 2380.42. [Reserved].

Source

§ 2380.43. [Reserved].

Source

§ 2380.44. [Reserved].

Source

PHYSICAL SITE

§ 2380.51. Special accommodations.
A facility serving one or more individuals 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 facility based upon each individual’s needs.

Source

§ 2380.52. Indoor floor space.
(a) There shall be at least 50 square feet of indoor floor space for each individual. Indoor floor space shall be measured wall to wall, including space occupied by equipment, temporary storage and furnishings. Space occupied by lavatories, dining areas, loading docks, kitchens, offices and first aid rooms may not
be included unless it is documented that the space is used for programming for at least 50% of each program day. Hallways and permanent storage space may not be included in the indoor floor space.

(b) The indoor floor space square footage requirements specified in subsection (a) apply to each separate program area and room within the facility.

Source


§ 2380.53. Poisons.

(a) Poisonous materials shall be kept locked or made inaccessible to individuals, when not in use.

(b) Poisonous materials shall be stored in their original, labeled containers.

(c) Poisonous materials shall be kept separate from food, food preparation surfaces and dining surfaces.
§ 2380.54. Heat sources.

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 an individual, shall be equipped with protective guards or insulation to prevent an individual from coming in contact with the heat source.

§ 2380.55. Sanitation.

(a) Clean and sanitary conditions shall be maintained in the facility.
(b) There may not be evidence of infestation of insects or rodents in the facility.
(c) Trash shall be removed from the premises at least once per week.
(d) Trash in bathroom, dining, kitchen and first aid areas shall be kept in covered, cleanable receptacles that prevent the penetration of insects and rodents.
(e) Trash outside the facility shall be kept in closed receptacles that prevent the penetration of insects and rodents.
(f) A facility that is not connected to a public sewer system shall have a written sanitation approval for its sewage system by the sewage enforcement official for the municipality in which the facility is located.
(g) A facility that is not connected to a public sewer system shall have written documentation that the sewage system is checked for sludge, and pumped if necessary, at least every 4 years.

§ 2380.56. Ventilation.

Program areas, dining areas, kitchens, bathrooms and first aid rooms shall be ventilated by operable windows or mechanical ventilation such as fans or air conditioning.
§ 2380.57. Lighting.
Rooms, hallways, interior stairways, outside steps, interior and outside doorways, porches, ramps and fire escapes shall be lighted to assure safety and to avoid accidents.

Source

§ 2380.58. Surfaces.
(a) Floors, walls, ceilings and other surfaces shall be in good repair.
(b) Floors, walls, ceilings and other surfaces shall be free of hazards.
(c) If the facility serves an individual who ingests paint or paint substances, the facility shall test all layers of paint in areas that are accessible to individuals, for lead content. If the testing shows lead content exceeding .06%, all paint shall be completely stripped and recovered with lead free paint or securely encased with other lead free material. Documentation of the lead paint testing and results shall be kept.

Source

§ 2380.59. Running water.
(a) The facility shall have hot and cold running water under pressure in bathrooms and kitchen areas.
(b) Hot water temperatures in areas accessible to individuals may not exceed 120°F.
(c) A facility that is not connected to a public water system shall have a coliform water test by a Department of Environmental Resources certified laboratory stating that the water is safe for drinking purposes at least every 3 months. Written certification of the water test shall be kept.

Source

§ 2380.60. Indoor temperature.
(a) Indoor temperature shall be at least 65°F when individuals are in the facility.
(b) Whenever indoor temperature exceeds 85°F, mechanical ventilation such as fans shall be used.
§ 2380.61. Telephone.

The facility shall have an operable, noncoin-operated telephone with an outside line that is easily accessible to individuals and staff persons.

§ 2380.62. Emergency telephone numbers.

Telephone numbers of the nearest hospital, police department, fire department, ambulance and poison control center shall be posted on or by each telephone in the facility with an outside line.

§ 2380.63. Screens, windows and doors.

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

§ 2380.64. Handrails and railings.

(a) Each ramp, and interior stairway and outside steps exceeding two steps shall have a well-secured handrail.
(b) Each porch that has over an 18-inch drop shall have a well-secured railing.

§ 2380.65. Nonskid surfaces.

Interior stairs and outside steps shall have a nonskid surface.
§ 2380.66. 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.
(c) A landing shall be at least 3 feet in length.

§ 2380.67. Furniture and equipment.
(a) Furniture and equipment shall be nonhazardous, clean and sturdy.
(b) Furniture and equipment shall be appropriate for the age, size and disabilities of the individuals.

§ 2380.68. Storage of personal belongings.
Space shall be provided for hanging hats and coats and storing personal belongings.

§ 2380.69. Bathrooms.
(a) There shall be one toilet for every 18 individuals served at one time.
(b) There shall be one sink for every 24 individuals served at one time.
(c) For facilities with individuals who have a physical disability, at least one toilet and one sink shall be constructed so that individuals with physical handicaps have access and use. The toilet shall be large enough to allow for transfer from a wheelchair to the toilet and to accommodate the individual and a staff person.
(d) If the facility serves 18 or more individuals at one time, there shall be separate bathrooms for men and women.
(e) Each bathroom shall have a wall mirror, soap, toilet paper, covered trash receptacle and individual clean paper towels or air hand dryer.
§ 2380.70. First aid.
(a) The facility shall have a first aid area that is separated by partition or privacy screen from program areas.
(b) The first aid area shall have a bed or cot, a blanket, a pillow and a first aid kit.
(c) Each floor of the facility shall have a first aid kit accessible to staff persons.
(d) First aid kits shall contain antiseptic, an assortment of adhesive bandages, sterile gauze pads, a thermometer or other temperature gauging equipment, tweezers, tape and scissors.
(e) A first aid manual shall be kept with each first aid kit.

Source

§ 2380.71. Elevators.
If an elevator is present in the facility, there shall be a valid certificate of operation from the Department of Labor and Industry.

Source

§ 2380.72. Exterior conditions.
(a) Outside walkways shall be free from ice, snow, obstructions and other hazards.
(b) The outside of the building and the facility grounds shall be well maintained, in good repair and free from unsafe conditions.

Source

FIRESAFETY

§ 2380.81. Exits.
Each building in which the facility operates shall have a minimum of two exits leading directly to the outside.
§ 2380.82. Unobstructed egress.

Stairways, halls, doorways, aisles, passageways and exits from rooms and from the building shall be unobstructed.

Source


§ 2380.83. Evacuation procedures.

(a) There shall be written emergency evacuation procedures that include individual and staff responsibilities, means of transportation, an emergency shelter location and an evacuation diagram specifying directions for egress in the event of an emergency.

(b) An evacuation diagram shall be posted in all areas of the facility.

Source


§ 2380.84. Firesafety inspection.

The facility shall have an annual onsite firesafety inspection by a firesafety expert. Documentation of the date, source and results of the firesafety inspection shall be kept.

Source


§ 2380.85. Flammable and combustible materials.

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

Source


§ 2380.86. Portable space heaters.

Portable space heaters, defined as heaters that are not permanently mounted or installed, are not permitted in any room including offices.
§ 2380.87. Fire alarms.
(a) There shall be an operable fire alarm system that is audible throughout the building.
(b) If one or more individuals or staff persons are not able to hear the fire alarm system, the fire alarm system shall be equipped so that each person who is not able to hear the alarm shall be alerted in the event of a fire.
(c) If the fire alarm is inoperative, arrangements for repair shall be made within 24 hours and the repairs completed within 4 working days of the time the fire alarm was found to be inoperative.
(d) There shall be a written procedure for firesafety monitoring in the event the fire alarm is inoperative.
(c) 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 fire alarm was operative.

(d) Individuals shall be able to evacuate the entire building, or to a fire safe area designated in writing within the past year by a firesafety expert, within 2 1/2 minutes or within the period of time specified in writing within the past year by a firesafety expert. A fire safe area is an area that is accessible from the facility by two different routes and that is separated from other areas of the building by a minimum of 1-hour rated wall and door assemblies. Two fire safe areas in different directions of travel from the facility are acceptable. The firesafety expert may not be an employe of the facility or of the legal entity of the facility.

(e) Alternate exit routes shall be used during fire drills.

(f) Fire drills shall be held on different days of the week and at different times of the day.

(g) Individuals shall evacuate to a designated meeting place outside the building or within the fire safe area during each fire drill.

(h) A fire alarm shall be set off during each fire drill.

Source

§ 2380.90. Exit signs.
(a) Signs bearing the word “EXIT” in plain, legible letters shall be placed at exits.

(b) If the exit or way to reach the exit is not immediately visible to the individuals, access to exits shall be marked with visible signs indicating the direction of travel.

Source

§ 2380.91. Firesafety training for individuals.
(a) An individual shall be instructed in the individual’s primary language or mode of communication, upon initial admission and reinstructed annually in general firesafety, evacuation procedures, responsibilities during fire drills, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, and smoking safety procedures if individuals smoke at the facility.

(b) If an individual is medically or functionally unable to participate in the firesafety training, the facility shall keep documentation specifying why the individual could not participate.

(c) A written record of firesafety training, including the content of the training and individuals attending, shall be kept.
§ 2380.92. Smoking safety procedures.
(a) If smoking is permitted at the facility, there shall be written smoking safety procedures.
(b) Written smoking safety procedures shall be followed.

§ 2380.93. [Reserved].

§ 2380.101. [Reserved].

§ 2380.102. [Reserved].

§ 2380.103. [Reserved].
§ 2380.104—2380.105. [Reserved].

Authority

The provisions of these §§ 2380.104—2380.105 reserved under sections 911 and 1021 of the Public Welfare Code (62 P. S. §§ 911 and 1021).

Source


§ 2380.106. [Reserved].

Authority

The provisions of this § 2380.106 reserved under sections 911 and 1021 of the Public Welfare Code (62 P. S. §§ 911 and 1021).

Source


§§ 2380.107—2380.108. [Reserved].

Authority

The provisions of these §§ 2380.107—2380.108 reserved under sections 911 and 1021 of the Public Welfare Code (62 P. S. §§ 911 and 1021).

Source


HEALTH

§ 2380.111. Individual physical examination.

(a) Each individual shall have a physical examination within 12 months prior to admission and annually thereafter.

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

(c) The physical examination shall include:

(1) A review of previous medical history.

(2) A general physical examination.
(3) Immunizations as recommended by the United States Public Health Service, Centers for Disease Control, Atlanta, Georgia 30333.

(4) Vision and hearing screening, as recommended by the physician.

(5) Tuberculin skin testing with negative results every 2 years; or, if the tuberculin skin test is positive, an initial chest X-ray with results noted.

(6) Specific precautions that shall be taken if the individual has a serious communicable disease as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions) to the extent that confidentiality laws permit reporting, to prevent the spread of the disease to other individuals.

(7) An assessment of the individual’s health maintenance needs, medication regimen and the need for blood work at recommended intervals.

(8) Physical limitations of the individual.

(9) Allergies or contraindicated medication.

(10) Medical information pertinent to diagnosis and treatment in case of an emergency.

(11) Special instructions for an individual’s diet.

(d) Immunizations, vision and hearing screening and tuberculin skin testing may be completed, signed and dated by a registered nurse or a licensed practical nurse instead of a licensed physician, certified nurse practitioner or certified physician’s assistant.

Source

§ 2380.112. Refusal of examination.
If an individual refuses a routine medical examination, the refusal shall be documented in the individual’s record.

Source

§ 2380.113. Staff physical examination.
(a) A staff person who comes into direct contact with the individuals or who prepares or serves food, for more than 5 days in a 6-month period, including temporary, substitute and volunteer staff persons, shall have a physical examination within 12 months prior to employment and every 2 years thereafter.

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

(c) The physical examination shall include:

(1) A general physical examination.

(2) Tuberculin skin testing with negative results every 2 years; or, if the tuberculin skin test is positive, an initial chest X-ray with results noted. Tuber-
culin skin testing may be completed and certified in writing by a registered nurse or a licensed practical nurse instead of a licensed physician, certified nurse practitioner or certified physician’s assistant.

(3) A signed statement that the person is free of serious communicable diseases as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions) to the extent that confidentiality laws permit reporting, or that the person has a serious communicable disease as defined in § 27.2 to the extent that confidentiality laws permit reporting, but is able to work in the facility if specific precautions are taken that will prevent spread of disease to individuals.

(4) Information of medical problems which might interfere with the safety or health of the individuals.

Source

§ 2380.114. Communicable diseases.

(a) If a staff person or volunteer has a serious communicable disease as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions) to the extent that confidentiality laws permit reporting, or a medical problem which might interfere with the health, safety or well-being of the individuals, written authorization from a licensed physician is required for the person to be present at the facility.

(b) Written authorization from a licensed physician shall include a statement that the person will not pose a serious threat to the health, safety or well-being of the individuals and specific instructions and precautions to be taken for the protection of the individuals at the facility.

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

Source

§ 2380.115. Emergency medical plan.

The facility shall have a written emergency medical plan listing the following:

(1) The hospital or source of health care that will be used in an emergency.

(2) The method of transportation to be used.

(3) An emergency staffing plan.

Source
MEDICATIONS

§ 2380.121. Self-administration.

(a) The facility shall provide an individual who has a prescribed medication with assistance, as needed, for the individual’s self-administration of the medication.

(b) Assistance in the self-administration of medication includes helping the individual to remember the schedule for taking the medication, offering the individual the medication at the prescribed times, opening a medication container and storing the medication in a secure place.

(c) The facility shall provide or arrange for assistive technology to assist the individual to self-administer medications.

(d) The individual plan must identify if the individual is unable to self-administer medications.

(e) To be considered able to self-administer medications, an individual shall do all of the following:

(1) Recognize and distinguish the individual’s medication.

(2) Know how much medication is to be taken.

(3) Know when the medication is to be taken. Assistance may be provided by staff persons to remind the individual of the schedule and to offer the medication at the prescribed times as specified in subsection (b).

(4) Take or apply the individual’s own medication with or without the use of assistive technology.

Authority

The provisions of this § 2380.121 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


§ 2380.122. Medication administration.

(a) A facility whose staff persons are qualified to administer medications as specified in subsection (b) may provide medication administration for an individual who is unable to self-administer the individual’s prescribed medication.

(b) A prescription medication that is not self-administered shall be administered by one of the following:

(1) A licensed physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse, licensed paramedic or other health care professional who is licensed, certified or registered by the Department of State to administer medications.

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(2) A person who has completed the medication administration course requirements as specified in § 2380.129 (relating to medication administration training) for the medication administration of the following:

(i) Oral medications.
(ii) Topical medications.
(iii) Eye, nose and ear drop medications.
(iv) Insulin injections.
(v) Epinephrine injections for insect bites or other allergies.
(vi) Medications, injections, procedures and treatments as permitted by applicable statutes and regulations.

(c) Medication administration includes the following activities, based on the needs of the individual:

(1) Identify the correct individual.
(2) Remove the medication from the original container.
(3) Prepare the medication as ordered by the prescriber.
(4) Place the medication in a medication cup or other appropriate container, or into the individual’s hand, mouth or other route as ordered by the prescriber.
(5) If indicated by the prescriber’s order, measure vital signs and administer medications according to the prescriber’s order.
(6) Injection of insulin and injection of epinephrine in accordance with this chapter.

Authority
The provisions of this § 2380.122 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

Cross References
This section cited in 55 Pa. Code § 2380.129 (relating to medication administration training).

§ 2380.122a. Labeling of medications—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 § 2380.122a adopted March 26, 2010, effective March 27, 2010, 40 Pa.B. 1644.
§ 2380.123. Storage and disposal of medications.

(a) Prescription and nonprescription medications shall be kept in their original labeled containers. Prescription medications shall be labeled with a label issued by a pharmacy.

(b) A prescription medication may not be removed from its original labeled container in advance of the scheduled administration.

(c) If insulin or epinephrine is not packaged in an individual dose container, assistance with or the administration of the injection shall be provided immediately upon removal of the medication from its original labeled container.

(d) Prescription medications and syringes, with the exception of epinephrine and epinephrine auto-injectors, shall be kept in an area or container that is locked.

(e) Epinephrine and epinephrine auto-injectors shall be stored safely and kept easily accessible at all times. The epinephrine and epinephrine auto-injectors shall be easily accessible to the individual if the epinephrine is self-administered or to the staff person who is with the individual if a staff person will administer the epinephrine.

(f) Prescription medications stored in a refrigerator shall be kept in an area or container that is locked.

(g) Prescription medications shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer’s instructions.

(h) Prescription medications that are discontinued or expired shall be destroyed in a safe manner according to applicable Federal and State statutes and regulations.

(i) This section does not apply for an individual who self-administers medication and stores the medication on the individual’s person or in the individual’s private property, such as a purse or backpack.

Authority

The provisions of this § 2380.123 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


§ 2380.124. [Reserved].

Authority

The provisions of this § 2380.124 reserved under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

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 § 2380.124a adopted March 26, 2010, effective March 27, 2010, 40 Pa.B. 1644.

§ 2380.125. Prescription medications.

(a) A prescription medication shall be prescribed in writing by an authorized prescriber.

(b) A prescription order shall be kept current.

(c) A prescription medication shall be administered as prescribed.

(d) A prescription medication shall be used only by the individual for whom the prescription was prescribed.

(e) Changes in medication may only be made in writing by the prescriber or, in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by a health care professional who is licensed, certified or registered by the Department of State to accept oral orders. The individual’s medication record shall be updated as soon as a written notice of the change is received.

(f) If a medication is prescribed to treat symptoms of a diagnosed psychiatric illness, there shall be a written protocol as part of the individual plan to address the social, emotional and environmental needs of the individual related to the symptoms of the psychiatric illness.

Authority

The provisions of this § 2380.125 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

§ 2380.126. Medication record.

(a) A medication record shall be kept, including the following for each individual for whom a prescription medication is administered:

1. Individual’s name.
2. Name of the prescriber.
3. Drug allergies.
4. Name of medication.
5. Strength of medication.
6. Dosage form.
7. Dose of medication.
8. Route of administration.
10. Administration times.
11. Diagnosis or purpose for the medication, including pro re nata.
12. Date and time of medication administration.
13. Name and initials of the person administering the medication.
14. Duration of treatment, if applicable.
15. Special precautions, if applicable.
16. Side effects of the medication, if applicable.

(b) The information in subsection (a)(12) and (13) shall be recorded in the medication record at the time the medication is administered.

(c) If an individual refuses to take a prescribed medication, the refusal shall be documented on the medication record. The refusal shall be reported to the prescriber as directed by the prescriber or if there is harm to the individual.

(d) The directions of the prescriber shall be followed.

Authority

The provisions of this § 2380.126 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


§ 2380.126a. 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).
§ 2380.127. Medication errors.

(a) Medication errors include the following:
   (1) Failure to administer a medication.
   (2) Administration of the wrong medication.
   (3) Administration of the wrong dose of medication.
   (4) Failure to administer a medication at the prescribed time, which exceeds more than 1 hour before or after the prescribed time.
   (5) Administration to the wrong person.
   (6) Administration through the wrong route.
   (7) Administration while the individual is in the wrong position.
   (8) Improper preparation of the medication.

(b) Documentation of medication errors, follow-up action taken and the prescriber’s response, if applicable, shall be kept in the individual’s record.

(c) A medication error shall be reported as an incident as specified in § 2380.17(b) (relating to incident report and investigation).

(d) A medication error shall be reported to the prescriber under any of the following conditions:
   (1) As directed by the prescriber.
   (2) If the medication is administered to the wrong person.
   (3) If there is harm to the individual.

Authority

The provisions of this § 2380.127 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


Cross References

This section cited in 55 Pa. Code § 2380.17 (relating to incident report and investigation).

§ 2380.128. Adverse reaction.

(a) If an individual has a suspected adverse reaction to a medication, the facility shall immediately consult a health care practitioner or seek emergency medical treatment.

(b) An adverse reaction to a medication, the health care practitioner’s response to the adverse reaction and the action taken shall be documented.
Authority

The provisions of this § 2380.128 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


§ 2380.129. Medication administration training.

(a) A staff person who has successfully completed a Department-approved medication administration course, including the course renewal requirements, may administer medications, injections, procedures and treatments as specified in § 2380.122 (relating to medication administration).

(b) A staff person may administer insulin injections following successful completion of both:

   (1) The medication administration course specified in subsection (a).
   (2) A Department-approved diabetes patient education program within the past 12 months.

(c) A staff person may administer an epinephrine injection by means of an auto-injection device in response to anaphylaxis or another serious allergic reaction following successful completion of both:

   (1) The medication administration course specified in subsection (a).
   (2) Training within the past 24 months relating to the use of an auto-injection epinephrine injection device provided by a professional who is licensed, certified or registered by the Department of State in the health care field.

(d) A record of the training shall be kept, including the person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Authority

The provisions of this § 2380.129 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


Cross References

This section cited in 55 Pa. Code § 2380.122 (relating to medication administration).
§ 2380.131. Dining area.
(a) The facility shall have a dining area for lunches and breaks. The dining area may be a program area as long as the area is not used for purposes of programming and dining at the same time.
(b) The dining area shall be clean and sanitary.
(c) The dining area shall have a sufficient number of tables and chairs to accommodate the maximum number of individuals scheduled for lunch or break at any one time.

Source

§ 2380.132. Food provided or arranged for by the facility.
If the facility provides or arranges for meals for individuals, the following requirements apply:
(1) Written daily menus shall be prepared and posted in a location visible to the individuals.
(2) Menus shall be posted at least 1 program day prior to the menu date.
(3) Menus shall be followed.
(4) Written menus shall be retained for at least 2 months.
(5) At least one complete meal shall be provided if the individual is at the facility for 4 or more hours. If an individual is at the facility for more than 6 hours, a nutritional snack shall also be provided.
(6) Each meal served shall contain at least one item from the dairy, protein, fruits and vegetables and grain food groups, unless medically contraindicated for an individual.
(7) The quantity of food served at each meal shall contain at least one-third of the minimum daily requirements as recommended by the United States Department of Agriculture.
(8) A prescribed diet for an individual with a medically restricted diet shall be followed. A written record of the prescribed diet shall be kept.
(9) Cold food shall be kept at or below 45°F. Hot food shall be kept at or above 140°F. Frozen food shall be kept at or below 0°F.
(10) Food shall be protected from contamination while being stored, prepared, served and transported. Food shall be stored in sealed containers.
(11) Uneaten food from a person’s dish or from family style serving dishes may not be served again or used in the preparation of other meals.
(12) Utensils used for eating, drinking, preparation and serving of food or drink shall be washed after each use by a mechanical dishwasher or by a method approved by the Department of Environmental Resources.
(13) Mechanical dishwashers shall use hot water temperatures exceeding 140°F in the wash cycle and 180°F in the final rinse cycle or shall be of a chemical sanitizing type approved by the National Sanitation Foundation.

(14) Mechanical dishwashers shall be operated in accordance with the manufacturer’s instructions.

Source

RESTRICTIVE PROCEDURES

§ 2380.151. Definition of restrictive procedures.

A restrictive procedure is a practice that does one or more of the following:

(1) Limits an individual’s movement, activity or function.
(2) Interferes with an individual’s ability to acquire positive reinforcement.
(3) Results in the loss of objects or activities that an individual values.
(4) Requires an individual to engage in a behavior that the individual would not engage in given freedom of choice.

Source

§ 2380.152. Written policy.

The facility shall develop and implement 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 staff persons who may authorize the use of restrictive procedures and a mechanism to monitor and control the use of restrictive procedures.

Authority
The provisions of this § 2380.152 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

§ 2380.153. Appropriate use of restrictive procedures.

(a) A restrictive procedure may not be used as retribution, for the convenience of staff persons, as a substitute for a program or in a way that interferes with the individual’s developmental program.

(b) For each incident requiring a restrictive procedure:
(1) Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than a restrictive procedure.

(2) A restrictive procedure may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried but have failed.

Source

§ 2380.154. Human rights team.
(a) If a restrictive procedure is used, the facility shall use a human rights team. The facility may use a county mental health and intellectual disability program human rights team that meets the requirements of this section.

(b) The human rights team shall include a professional who has a recognized degree, certification or license relating to behavioral support, who did not develop the behavior support component of the individual plan.

(c) The human rights team shall include a majority of persons who do not provide direct services to the individual.

(d) A record of the human rights team meetings shall be kept.

Authority
The provisions of this § 2380.154 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

Cross References
This section cited in 55 Pa. Code § 2380.155 (relating to behavior support component of the individual plan); and 55 Pa. Code § 2380.168 (relating to emergency use of a physical restraint).

§ 2380.155. Behavior support component of the individual plan.
(a) For each individual for whom a restrictive procedure may be used, the individual plan shall include a component addressing behavior support that is reviewed and approved by the human rights team in § 2380.154 (relating to human rights team), prior to use of a restrictive procedure.

(b) The behavior support component of the individual plan shall be reviewed and revised as necessary by the human rights team, according to the time frame established by the team, not to exceed 6 months between reviews.

(c) The behavior support component of the individual plan shall include:

(1) The specific behavior to be addressed.

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(2) An assessment of the behavior, including the suspected reason for the behavior.

(3) The outcome desired.

(4) A target date to achieve the outcome.

(5) Methods for facilitating positive behaviors such as changes in the individual’s physical and social environment, changes in the individual’s routine, improving communications, recognizing and treating physical and behavior health conditions, voluntary physical exercise, redirection, praise, modeling, conflict resolution, de-escalation and teaching skills.

(6) Types of restrictive procedures that may be used and the circumstances under which the procedures may be used.

(7) The amount of time the restrictive procedure may be applied.

(8) The name of the staff person responsible for monitoring and documenting progress with the behavior support component of the individual plan.

(d) If a physical restraint will be used or if a restrictive procedure will be used to modify an individual’s rights in § 2380.185(6) (relating to content of the individual plan) the behavior support component of the individual plan shall be developed by a professional who has a recognized degree, certification or license relating to behavioral support.

Authority

The provisions of this § 2380.155 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


Cross References

This section cited in 55 Pa. Code § 2380.168 (relating to emergency use of a physical restraint).

§ 2380.156. Staff training.

(a) A staff person who implements or manages a behavior support component of an individual plan shall be trained in the use of the specific techniques or procedures that are used.

(b) If a physical restraint will be used, the staff person who implements or manages the behavior support component of the individual plan shall have experienced the use of the physical restraint directly on the staff person.

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

Authority

The provisions of this § 2380.156 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

§ 2380.157. [Reserved].

Authority

The provisions of this § 2380.157 reserved under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


§ 2380.158. [Reserved].

Authority

The provisions of this § 2380.158 reserved under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


§ 2380.159. [Reserved].

Authority

The provisions of this § 2380.159 reserved under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

The provisions of this § 2380.159 adopted January 15, 1993, effective January 16, 1993, 23 Pa.B. 343; reserved October 4, 2019, effective in 120 days, 49 Pa.B. 5777. Immediately preceding text appears at serial pages (352107) to (352108).

§ 2380.160. [Reserved].

Authority

The provisions of this § 2380.160 reserved under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


§ 2380.161. [Reserved].

Authority

The provisions of this § 2380.161 reserved under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

§ 2380.162. [Reserved].

Authority
The provisions of this § 2380.162 reserved under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source
The provisions of this § 2380.162 adopted January 15, 1993, effective January 16, 1993, 23 Pa.B. 343; reserved October 4, 2019, effective in 120 days, 49 Pa.B. 5777. Immediately preceding text appears at serial pages (352109) to (352110).

§ 2380.163. [Reserved].

Authority
The provisions of this § 2380.163 reserved under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

§ 2380.164. [Reserved].

Authority
The provisions of this § 2380.164 reserved under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

§ 2380.165. [Reserved].

Authority
The provisions of this § 2380.165 reserved under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

§ 2380.166. Prohibited procedures.
The following procedures are prohibited:

(1) Seclusion, defined as involuntary confinement of an individual in a room or area from which the individual is physically prevented or verbally directed from leaving. Seclusion includes physically holding a door shut or using a foot pressure lock.

(2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli.

(3) Pressure-point techniques, defined as the application of pain for the purpose of achieving compliance. A pressure-point technique does not include a clinically-accepted bite release technique that is applied only as long as necessary to release the bite.
(4) A chemical restraint, defined as use of a drug for the specific and exclusive purpose of controlling acute or episodic aggressive behavior. A chemical restraint does not include a drug ordered by a health care practitioner or dentist for the following use or event:
   (i) Treatment of the symptoms of a specific mental, emotional or behavioral condition.
   (ii) Pretreatment prior to a medical or dental examination or treatment.
   (iii) An ongoing program of medication.
   (iv) A specific, time-limited stressful event or situation to assist the individual to control the individual’s own behavior.

(5) A mechanical restraint, defined as a device that restricts the movement or function of an individual or portion of an individual’s body. A mechanical restraint includes a geriatric chair, a bedrail that restricts the movement or function of the individual, handcuffs, anklets, wristlets, camisole, helmet with fasteners, muffins and mitts with fasteners, restraint vest, waist strap, head strap, restraint board, restraining sheet, chest restraint and other similar devices. A mechanical restraint does not include the use of a seat belt during movement or transportation. A mechanical restraint does not include a device prescribed by a health care practitioner for the following use or event:
   (i) Post-surgical or wound care.
   (ii) Balance or support to achieve functional body position, if the individual can easily remove the device or if the device is removed by a staff person immediately upon the request or indication by the individual, and if the individual plan includes periodic relief from the device to allow freedom of movement.
   (iii) Protection from injury during a seizure or other medical condition, if the individual can easily remove the device or if the device is removed by a staff person immediately upon the request or indication by the individual, and if the individual plan includes periodic relief from the device to allow freedom of movement.

Authority
The provisions of this § 2380.166 issued under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source
The provisions of this § 2380.166 adopted October 4, 2019, effective in 120 days, 49 Pa.B. 5777.

§ 2380.167. Physical restraint.
(a) A physical restraint, defined as a manual method that restricts, immobilizes or reduces an individual’s ability to move the individual’s arms, legs, head or other body parts freely, may only be used in the case of an emergency to prevent an individual from immediate physical harm to the individual or others.
(b) Verbal redirection, physical prompts, escorting and guiding an individual are permitted.
(c) A prone position physical restraint is prohibited.
(d) A physical restraint that inhibits digestion or respiration, inflicts pain, causes embarrassment or humiliation, causes hyperextension of joints, applies pressure on the chest or joints or allows for a free fall to the floor is prohibited.
(e) A physical restraint may not be used for more than 30 cumulative minutes within a 2-hour period.
§ 2380.167. Emergency use of a physical restraint.
If a physical restraint is used on an unanticipated, emergency basis, §§ 2380.154 and 2380.155 (relating to human rights team; and behavior support component of the individual plan) do not apply until after the restraint is used for the same individual twice in a 6-month period.

Authority
The provisions of this § 2380.167 adopted October 4, 2019, effective in 120 days, 49 Pa.B. 5777.

§ 2380.168. Access to or the use of an individual's personal property.
(a) Access to or the use of an individual’s personal funds or property may not be used as a 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. The following consent provisions apply unless there is a court-ordered restitution:
   (1) A separate written consent is required for each incidence of restitution.
   (2) Consent shall be obtained in the presence of the individual or a person designated by the individual.
   (3) The facility may not coerce the individual to provide consent.

Authority
The provisions of this § 2380.168 issued under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source
The provisions of this § 2380.168 adopted October 4, 2019, effective in 120 days, 49 Pa.B. 5777.

§ 2380.169. Emergency information.
(a) Emergency information for individuals shall be easily accessible at the facility.
(b) Emergency information for each individual shall include:
   (1) The name, address, telephone number and relationship of a designated person to be contacted in case of an 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.

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§ 2380.172. Individual records.
(a) A separate record shall be kept for each individual.
(b) Entries in an individual’s record shall be legible, dated and signed by the person making the entry.

§ 2380.173. Content of records.
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) Religious affiliation.
   (v) A current, dated photograph.
2. Incident reports related to the individual.
3. Physical examinations.
4. Assessments as required under § 2380.181 (relating to assessment).
5. Individual plan documents as required by this chapter.
6. Copies of psychological evaluations, if applicable.

Authority
The provisions of this § 2380.173 amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

Cross References
This section cited in 55 Pa. Code § 2380.174 (relating to record location).

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§ 2380.174. Record location.
(a) The record information required in § 2380.173(1) (relating to content of records) shall be kept at the facility.
(b) The most current copies of record information required in § 2380.173(2)—(11) shall be kept at the facility.
(c) The record information required in § 2380.173(2)—(11), that is not current shall be kept at the facility or at the facility’s administrative office.

Authority
The provisions of this § 2380.174 amended under sections 911 and 1021 of the Public Welfare Code (62 P. S. §§ 911 and 1021).

Source

§ 2380.175. 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 kept for at least 4 years following the individual’s departure or until any audit or litigation is resolved.

Source

§ 2380.176. Access.
(a) Individual records shall be kept locked when they are unattended.
(b) The individual, and the individual’s parent, guardian or advocate, shall have access to the records and to information in the records. If the interdisciplinary team 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.

Source

§ 2380.177. Release of information.
Written consent of the individual, or the individual’s parent or guardian if the individual is incompetent, is required for the release of information, including photographs, to persons not otherwise authorized to receive it.
PROGRAM

§ 2380.181. Assessment.

(a) Each individual shall have an initial assessment within 1 year prior to or 60 calendar days after admission to the facility and an updated assessment annually thereafter.

(b) If the program specialist is making a recommendation to revise a service or outcome in the individual plan, 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 program 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 interests of the individual, including vocational and employment interests.
   (3) The individual’s current level of performance and progress in the following 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, vocational programming and competitive community-integrated employment.
   (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) Personal adjustment.
(iv) Socialization.
(v) Recreation.
(vi) Community-integration.

(14) The individual’s knowledge of water safety and ability to swim.

(f) The program specialist shall provide the assessment to the individual plan team members at least 30 calendar days prior to the individual plan meeting.

Authority
The provisions of this § 2380.181 issued under sections 911 and 1021 of the Human Services Code (62 P.S. §§ 911 and 1021); amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source
The provisions of this § 2380.181 adopted August 27, 2010, effective August 28, 2010, 40 Pa.B. 4935; amended October 4, 2019, effective in 120 days, 49 Pa.B. 5777. Immediately preceding text appears at serial pages (352113) to (352114) and (381387).

Cross References
This section cited in 55 Pa. Code § 2380.173 (relating to content of records).

§ 2380.182. Development, annual update and revision of the individual plan.

(a) The program specialist shall coordinate the development of the individual plan, including revisions, with the individual and the individual plan team.

(b) The initial individual plan shall be developed based on the individual assessment within 90 days of the individual’s date of admission to the facility.

(c) The individual plan shall be initially developed, revised annually and revised when an individual’s needs change based upon a current assessment.

(d) The individual and persons designated by the individual shall be involved and supported in the initial development and revisions of the individual plan.

Authority
The provisions of this § 2380.182 issued under sections 911 and 1021 of the Human Services Code (62 P.S. §§ 911 and 1021); amended under sections 201(2), 403(b), 403.1(a) and (b), Articles IX and X of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 901—922 and 1001—1088); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source
§ 2380.183. Individual plan team.
(a) The individual plan shall be developed by an interdisciplinary team, including the following:
   (1) The individual.
   (2) Persons designated by the individual.
   (3) The individual’s direct service workers.
   (4) The program specialist.
   (5) The program specialist for the individual’s residential program, if applicable.
   (6) Other specialists such as health care, behavior management, speech, occupational and physical therapy as appropriate for the individual’s needs.
(b) At least three members of the individual plan team, in addition to the individual and persons designated by the individual, shall be present at a meeting at which the individual plan is developed or revised.
(c) The list of persons who participated in the individual plan meeting shall be kept.

Authority
The provisions of this § 2380.183 issued under sections 911 and 1021 of the Human Services Code (62 P.S. §§ 911 and 1021); amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source
The provisions of this § 2380.183 adopted August 27, 2010, effective August 28, 2010, 40 Pa.B. 4935; amended October 4, 2019, effective in 120 days, 49 Pa.B. 5777. Immediately preceding text appears at serial pages (381388) and (352117).

§ 2380.184. Individual plan process.
The individual plan process shall:
   (1) Provide information and support to ensure that the individual directs the individual plan process to the extent possible.
   (2) Enable the individual to make choices and decisions.
   (3) Reflect what is important to the individual to ensure that services are delivered in a manner reflecting individual preferences and ensuring the individual’s health, safety and well-being.
   (4) Occur timely at intervals, times and locations of choice and convenience to the individual and to persons designated by the individual.
   (5) Be communicated in clear and understandable language.
   (6) Reflect cultural considerations of the individual.
   (7) Include guidelines for solving disagreements among the individual plan team members.
   (8) Include a method for the individual to request updates to the individual plan.

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Authority

The provisions of this § 2380.184 issued under sections 911 and 1021 of the Human Services Code (62 P.S. §§ 911 and 1021); amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source

The provisions of this § 2380.184 adopted August 27, 2010, effective August 28, 2010, 40 Pa.B. 4935; amended October 4, 2019, effective in 120 days, 49 Pa.B. 5777. Immediately preceding text appears at serial pages (352117) to (352118).

§ 2380.185. Content of the individual plan.

The individual plan, including revisions, must include the following:

1. The individual’s strengths, functional abilities and service needs.
2. The individual’s preferences related to relationships, communication, community participation, employment, health care, wellness and education.
3. The individual’s desired outcomes.
4. Services to assist the individual to achieve desired outcomes.
5. Risks to the individual’s health, safety or well-being, behaviors likely to result in immediate physical harm to the individual or others and risk mitigation strategies, if applicable.
6. Modification of individual rights as necessary to mitigate significant health and safety risks to the individual or others, if applicable.

Authority

The provisions of this § 2380.185 issued under sections 911 and 1021 of the Human Services Code (62 P.S. §§ 911 and 1021); amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


Cross References

This section cited in 55 Pa. Code § 2380.21 (relating to individual rights); and 55 Pa. Code § 2380.155 (relating to behavior support component of the individual plan).

§ 2380.186. Implementation of the individual plan.

The facility shall implement the individual plan, including revisions.

Authority

The provisions of this § 2380.186 issued under sections 911 and 1021 of the Human Services Code (62 P.S. §§ 911 and 1021); amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).
§ 2380.187. [Reserved].

Authority

The provisions of this § 2380.187 issued under sections 911 and 1021 of the Human Services Code (62 P.S. §§ 911 and 1021); reserved under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source


§ 2380.188. Facility services.

(a) The facility 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 facility shall provide opportunities and support to the individual for participation in community life, including work opportunities.

(c) The facility shall provide services to the individual as specified in the individual plan.

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

Authority

The provisions of this § 2380.188 issued under sections 911 and 1021 of the Human Services Code (62 P.S. §§ 911 and 1021); amended under sections 201(2), 403(b), 403.1(a) and (b), 911 and 1021 of the Human Services Code (62 P.S. §§ 201(2), 403(b), 403.1(a) and (b), 911 and 1021); and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)).

Source