

CHAPTER 5320. REQUIREMENTS FOR LONG-TERM STRUCTURED RESIDENCE LICENSURE

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Authority

The provisions of this Chapter 5320 issued under section 1021 of the Human Services Code (62 P.S. § 1021), unless otherwise noted.

Source

The provisions of this Chapter 5320 adopted March 1, 1996, effective March 2, 1996, 26 Pa.B. 867, unless otherwise noted.

Cross References

This chapter cited in 55 Pa. Code § 6000.1003 (relating to definitions); and 55 Pa. Code § 6100.2 (relating to applicability).

Subchapter A. GENERAL PROVISIONS

- Sec.
- 5320.1. Scope.
- 5320.2. Policy.
- 5320.3. Definitions.

§ 5320.1. Scope.

This chapter establishes minimum standards for the operation of LTSRs for individuals with serious mental illness. See §§ 5320.31 and 5320.32(1)(2) (relating to admission criteria; and admission authorization) for information pertaining to admission criteria and authorization. This chapter is applicable only to counties affected by the closure or consolidation of a State mental hospital, or where a county/State hospital integrated project has been approved by the Department or where operation of LTSRs are included in an approved county plan.

§ 5320.2. Policy.

An LTSR is a highly structured therapeutic residential mental health treatment facility designed to serve persons 18 years of age or older who are eligible for hospitalization but who can receive adequate care in an LTSR. Admission is limited to individuals who require the services described in this chapter. Admission

may occur voluntarily under section 201 of the act (50 P.S. § 7201) or involuntarily under section 304, 305 or 306 of the act (50 P.S. §§ 7304—7306).

§ 5320.3. Definitions.

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

Act—The Mental Health Procedures Act (50 P.S. §§ 7101—7503).

CPR—Cardio-Pulmonary Resuscitation.

County administrator—The person appointed or designated to carry out the duties specified in section 305 of the Mental Health and Mental Retardation Act of 1966 (50 P.S. § 4305).

Department—The Department of Human Services of the Commonwealth.

Designated person—A person chosen by the resident and documented in the resident's record to act, on behalf of the resident or be notified in case of emergency, termination of service, LTSR closure or other situations as indicated by the resident or as required by this chapter. The designated person could be the resident's family, next-of-kin, legal or personal guardian, executor, appropriate other person or agency.

Direct-care staff—A mental health professional or mental health worker employed by the LTSR provider either directly or under contract, who through education and experience is qualified to oversee or directly provide mental and social services to adults under this chapter. The term does not include support staff such as clerical, dietary, maintenance or fiscal personnel.

Immobile resident—An individual who is unable to move from one location to another or has difficulty in understanding and carrying out instructions without the continual and full assistance of other persons, or is incapable of independently operating a device, such as a wheelchair, prosthesis, walker or cane to exit a building.

LTSR—long-term structured residence—A highly structured therapeutic residential mental health treatment facility for adults.

License—A certificate of compliance issued under Chapter 20 (relating to licensure or approval of facilities and agencies).

Provider—The legal entity to which the license is issued.

Referring entity—The individual or organization referring a person for admission to an LTSR. Referrals can come from self, family, friends, emergency rooms, other residential facilities, psychiatric hospitals, physicians, mental health centers, and the like.

Support staff—A nonmental health professional or mental health worker employed by the LTSR provider either directly or under contract, who does not oversee or directly provide mental and social services to adults under this chapter. The term includes staff such as clerical, dietary, maintenance or fiscal personnel.

Therapeutic environment—A treatment milieu designed to facilitate the acquisition of behaviors necessary for the resident to function with as much self-determination and independence as possible and to prevent or decelerate regression or loss of optimal functioning.

Subchapter B. GENERAL REQUIREMENTS

Sec.
5320.11. Prerequisites to licensure.
5320.12. Sanctions.

§ 5320.11. Prerequisites to licensure.

To obtain licensure to operate an LTSR, a provider shall:

- (1) Comply with Chapter 20 (relating to licensure or approval of facilities and agencies).
- (2) Be identified in the approved county plan or its amendments as specified in Chapter 4215 (relating to annual plan and estimate of expenditures).
- (3) Have a letter of agreement between the provider and the county administrator's office. The agreement will include:
 - (i) Admission and discharge authority and procedure.
 - (ii) Charges for care, including room and board, treatment and rehabilitation services, personal hygiene and laundry services and other personal care services.
 - (iii) Charges for residents' care may not exceed the resident's current monthly income reduced by a minimum personal allowance of at least \$60.
 - (iv) Charges for residents' care may not exceed the actual documented costs of services.
 - (v) Payment mechanisms for LTSR services, including charges for which the resident may be directly billed.
 - (vi) A dispute resolution mechanism.

Cross References

This section cited in 55 Pa. Code § 5320.11 (relating to provider records); and 55 Pa. Code § 5320.63 (relating to resident funds).

§ 5320.12. Sanctions.

Failure to comply with this chapter may result in the imposition of sanctions found in Chapter 20 (relating to licensure or approval of facilities and agencies).

Subchapter C. PROVISION OF SERVICES

- Sec.
5320.21. Contracted services.
5320.22. Governing body.
5320.23. Access.
5320.24. Access by Pennsylvania Protection and Advocacy.
5320.25. Provider records.
5320.26. Confidentiality.

§ 5320.21. Contracted services.

To meet the needs of residents, some services are provided under agreements with outside sources. The provider shall have a written agreement with each outside source to furnish the necessary services as stipulated by the County Administrator/Provider Letter of Agreement. The provider is responsible for upholding service stipulations contained in the Letter of Agreement between the county administrator and the provider, even if the provider subcontracts for that service. The LTSR provider agreement with outside providers shall do the following:

- (1) Set forth the responsibilities, functions, objectives, scope, cost and nature of the service and other terms agreed to by both parties.
- (2) Contain a statement that the LTSR recognizes that it is responsible for ensuring that the contracted services meet the standards specified in this chapter.

§ 5320.22. Governing body.

An LTSR shall be operated by either a nonprofit corporation established under 15 Pa.C.S. Part I, Subpart C (relating to nonprofit corporations) or a for-profit corporation established under 15 Pa.C.S. Part I, Subpart B (relating to business corporations). The corporation's governing body has legal responsibility for the operation of the facility. The governing body shall:

- (1) Adopt written policies for its own operation which include:
 - (i) Criteria for the qualifications and methods of selection for governing body membership.
 - (ii) Frequency of meetings.
 - (iii) Procedures for conducting business.
 - (iv) Provisions for disclosure by members of conditions that may create a conflict of interest and procedures for dealing with conflict of interest situations.
- (2) Select a program director qualified under § 5320.42 (relating to staffing levels) who shall supervise the LTSR in accordance with the policies of the governing body and be officially responsible to the governing body.

(3) Conduct an annual review and evaluation of the LTSR's program activities, policies, procedures and program goals. This annual review and evaluation shall be documented.

(4) Adopt written program goals and objectives, including measurable anticipated outcomes.

(5) Develop and document the organizational structure.

(6) Administer funds needed to meet the written program goals and objectives.

(7) Develop, review and approve the annual budget and its modifications. These activities shall be documented.

(8) Develop and maintain written personnel policies for all staff.

(9) Develop written policies prohibiting discrimination against residents, prospective residents and all staff on the basis of age, race, sex, religion, handicap or disability, ancestry and ethnic origin, economic status or sexual preference, subject to applicable State and Federal statutes, including Chapter 5100 (relating to mental health procedures), section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794) and the Americans with Disabilities Act of 1990 (42 U.S.C.A. §§ 12101—12213).

(10) Develop written policies to maintain a clean, healthful and therapeutic environment.

(11) Document provisions made to meet the laundry, food service, house-keeping and maintenance requirements of this chapter.

(12) Oversee the provision of services specified in this chapter.

(13) Adopt written policies for the operation of the LTSR which shall include:

(i) The protection of residents' rights as set forth in §§ 5100.51—5100.56 (relating to patient rights).

(ii) A resident grievance procedure guaranteeing a written response to the resident by the program director when informal methods of resolving complaints are unsuccessful.

(iii) Site specific policies and schedules for fire and emergency evacuation drills.

(iv) Medication policies consistent with § 5320.53 (relating to medication).

(v) Policies covering the investigation and reporting of allegations of resident abuse.

(14) Develop written policies regarding the resident/provider contract as specified in § 5320.33 (relating to resident/provider contract; information on resident rights).

(15) Review and document reported allegations of violations of resident rights in the LTSR and report the results of the review to the county administrator.

(16) Maintain copies of policies applicable to the LTSR onsite, and make them readily available to residents, family members and visitors.

(17) Comply with § 5100.11(a) (relating to adequate treatment), which requires compliance with other relevant statutes, regulations and professional standards.

(18) Comply with this chapter when there is a conflict or inconsistency with the provision of any other regulation.

Cross References

This section cited in 55 Pa. Code § 6000.1003 (relating to definitions).

§ 5320.23. Access.

The provider shall permit community legal services, advocacy groups, mental health consumer and family organizations and authorized Federal, State or local government agents reasonable access to the facility and its residents. The provider shall review requests by generic community service organizations to access the facility on a case-by-case basis.

§ 5320.24. Access by Pennsylvania Protection and Advocacy.

The provider shall permit access by employes and legal counsel of Pennsylvania Protection and Advocacy (PPA) to the facility and its records, residents and staff under the Protection and Advocacy for Mentally Ill Individuals Amendments Act of 1988 (42 U.S.C.A. §§ 10801—10851).

§ 5320.25. Provider records.

Provider records shall, at a minimum, contain copies of the following:

- (1) Required inspection reports, certifications or licenses by State and local agencies.
- (2) Contracts with outside service providers.
- (3) Affirmative action and nondiscrimination policies.
- (4) Policies and procedures required by this chapter.
- (5) Preemployment and biennial physical examinations and screening results for direct-care and dietary support staff. These shall be kept in a separate confidential file.
- (6) Job descriptions for all staff.
- (7) Credentials or qualifications of direct-care staff as required by this chapter and evidence of verification of credentials.
- (8) Records of all staff orientation and training as required under § 5320.45 (relating to staff orientation and training).
- (9) Staff work schedules, including payroll records and time sheets.
- (10) Provider/resident contracts as described in § 5320.33 (relating to resident/provider contract; information on resident rights).
- (11) The LTSR's "house" rules.
- (12) A schedule of allowable resident fees or charges signed, as approved, by the county administrator or a designee. The County Administrator/Provider Letter of Agreement shall include a definition of the service items included in

the per diem cost of care, including room and board, treatment, rehabilitation and personal care services, personal hygiene items and laundry services. See § 5320.11(3) (relating to prerequisites to licensure).

(13) Resident activity schedules. Current schedules shall be posted in a resident accessible area and outdated schedules shall be kept in provider records for 1 year.

(14) Other records mandated by Federal, State and local statutes and regulations.

§ 5320.26. Confidentiality.

Providers of LTSR services shall be responsible for ensuring that confidentiality of individual mental health records is maintained in accordance with §§ 5100.31—5100.39 (relating to confidentiality of mental health records).

Subchapter D. ADMISSION AND RESIDENT/PROVIDER CONTRACT

Sec.

5320.31. Admission criteria.

5320.32. Admission authorization.

5320.33. Resident/provider contract; information on resident rights.

§ 5320.31. Admission criteria.

To be eligible for admission to an LTSR, a prospective resident shall:

- (1) Be 18 years of age or older.
- (2) Have had a physical examination and psychiatric evaluation not more than 6 months prior to application.
- (3) Qualify for voluntary treatment under section 201 of the act (50 P. S. § 7201), or involuntary treatment under section 304, 305 or 306 of the act (50 P. S. §§ 7304— 7306).
- (4) Have a physician's certification that the applicant does not require hospitalization, nursing facility care or a level of care more restrictive than an LTSR, written within 30 days before admission.
- (5) Evidence a severe psychosocial disability as a result of serious mental illness that indicates a less restrictive level of care as inappropriate.

Cross References

This section cited in 55 Pa. Code § 5320.1 (relating to scope).

§ 5320.32. Admission authorization.

A person will not be admitted without an assessment and admission authorization. The provider shall ensure that the written assessment and admission authorization includes:

- (1) Approval by the county administrator.

(2) An assessment of the prospective resident's needs by the referring entity prior to admission. The assessment will include, at a minimum, the mental, physical and social needs of the prospective resident.

Cross References

This section cited in 55 Pa. Code § 5320.1 (relating to scope).

§ 5320.33. Resident/provider contract; information on resident rights.

(a) Within 24 hours of a resident's admission, the provider shall develop a written contract with the resident that meets the minimum requirements listed in subsection (b). The provider shall explain the contents of the contract to the resident and designated person, if any. The provider shall sign the contract and shall request the resident's signature. If the resident refuses to sign, the provider shall document the attempts made to secure the resident's signature. The provider shall ensure that the resident's refusal to sign has no bearing on the treatment or services subsequently provided.

(b) The resident/provider contract shall include, at a minimum, the following:

(1) The actual amount of allowable resident charges for each service or item.

(2) The party responsible for payment.

(3) The method for payment of long distance or collect charges for telephone calls.

(4) The conditions under which refunds will be made.

(5) The financial arrangements if assistance with financial management is to be provided.

(6) Limits on access to personal funds.

(7) The LTSR "house rules."

(8) The conditions under which the contract may be terminated, including cessation of operation of the LTSR.

(9) A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the provider's intent to change the contract.

(c) Residents may be responsible for the cost of services or items not included in the per diem cost of care if these items are furnished at the request of the resident.

(d) In conjunction with explaining the contract, the provider shall give, and explain to, the resident written information on the resident's rights, on grievance procedures and on access to advocates, as specified at § 5100.52 (relating to statement of principle).

Cross References

This section cited in 55 Pa. Code § 5320.22 (relating to governing body); 55 Pa. Code § 5320.25 (relating to provider records); and 55 Pa. Code § 5320.63 (relating to resident funds).

Subchapter E. REQUIREMENTS FOR DIRECT-CARE AND SUPPORT STAFF

- Sec.
5320.41. Physical examinations.
5320.42. Staffing levels.
5320.43. Program director and direct-care staff qualifications.
5320.44. Staff supervision.
5320.45. Staff orientation and training.
5320.46. Interdisciplinary treatment team.

§ 5320.41. Physical examinations.

The provider shall require and document preemployment and biennial physical examinations for direct-care and support staff to include screening for:

- (1) Tuberculosis
- (2) Hepatitis

§ 5320.42. Staffing levels.

The provider of LTSR services shall:

- (1) Retain staff having an appropriate combination of education, work experience and training to meet the special needs of the population being served so that the service and program standards of this chapter are maintained.
- (2) Retain full-time staffing levels sufficient to provide active treatment, psychosocial rehabilitation and 24-hour supervision on weekdays, weekends and holidays.
- (3) Have a minimum of two direct-care staff persons awake and on duty within the LTSR whenever 10 to 16 residents inclusive are on the premises. A third direct-care staff person shall be either onsite or available to respond onsite within 30 minutes.
- (4) Have a minimum of two direct-care staff, awake and on duty within the LTSR whenever fewer than 10 residents are on the premises.
- (5) Have sufficient psychiatric time available to meet the psychiatric needs of the resident. At least 1/2 hour of psychiatric time per resident per week is required.
- (6) Employ the program director on a full-time basis.
- (7) Employ a mental health professional as provided in § 5320.43(b) (relating to program director and direct-care staff qualifications) onsite for at least 8 out of every 24 hours. This requirement may be met by the presence of the program director.
- (8) Employ substitute staff with equivalent qualifications when staff are absent so that minimum direct-care staffing requirements are always met.
- (9) Have direct-care staff certified in CPR and first aid on duty 24 hours a day.

Cross References

This section cited in 55 Pa. Code § 5320.22 (relating to governing body).

§ 5320.43. Program director and direct-care staff qualifications.

- (a) The program director shall:
- (1) Have a Master's degree in a generally recognized clinical discipline and 2 years of mental health clinical experience.
 - (2) Be registered, licensed or certified to practice his profession, if that profession is governed by a registration, licensing or certification board in this Commonwealth.
- (b) A mental health professional shall:
- (1) Have a Master's degree or higher in a generally recognized clinical discipline and 1 year of mental health clinical experience.
 - (2) Be registered, licensed or certified to practice in his profession, if that profession is governed by a licensing board in this Commonwealth.
- (c) A mental health worker shall be a person who has completed 12 semester hours of college training in a mental health related field or has at least a high school diploma or equivalency and 6 months of formal training in mental health or a related field.

Cross References

This section cited in 55 Pa. Code § 5320.42 (relating to staffing levels).

§ 5320.44. Staff supervision.

The program director shall oversee supervision of the staff, including:

- (1) Maintenance and review of resident care records.
- (2) Annual evaluations of job performance.
- (3) Orientation and training programs.

§ 5320.45. Staff orientation and training.

The program director shall oversee orientation and training of the staff, including:

- (1) In-service and out-service training relevant to the needs of the population being served by the facility.
- (2) A written policy for orientation and training of direct care and support staff according to the following criteria:
 - (i) Full-time staff, defined as working 30 hours per week or more, shall receive a minimum amount of orientation as follows:
 - (A) Direct care staff—20 hours.
 - (B) Support staff—4 hours.
 - (ii) Regularly scheduled part-time staff, defined as working less than 30 hours per week, shall receive a minimum amount of orientation as follows:
 - (A) Part-time direct care staff—10 hours.

- (B) Part-time support staff—2 hours.
- (3) Written documentation that an orientation program includes the following topics:
 - (i) Program philosophy, mission statement, goals and objectives.
 - (ii) Review and update of all policies and procedures.
 - (iii) Infection control including universal precautions, risk reduction and HIV education.
 - (iv) Confidentiality.
 - (v) Safety, fire safety and evacuation procedures.
 - (vi) Resident rights as specified at §§ 5100.51—5100.56 (relating to patient rights).
 - (vii) Conflict resolution (direct-care staff only).
 - (viii) Crisis prevention, management and reporting.
 - (ix) Abuse prevention and reporting.
 - (x) An overview of the main effects and side effects of medication (direct-care staff only).
 - (xi) Interdisciplinary treatment process and treatment planning (direct-care staff only).
 - (xii) Quality improvement and service utilization (direct-care staff only).
 - (xiii) Documentation and reporting mechanisms (direct-care staff only).
- (4) Written documentation that ongoing training includes review and update of all policies and procedures including those listed under topics for orientation.
- (5) Orientation shall be completed before the direct-care staff has independent, unsupervised, interaction with residents.

Cross References

This section cited in 55 Pa. Code § 5320.25 (relating to provider records).

§ 5320.46. Interdisciplinary treatment team.

- (a) The interdisciplinary treatment team shall be comprised of at least three mental health professionals who are appointed by the program director and who are involved in the resident's treatment. At least one member of the treatment team shall be a physician. The other members shall represent different clinical disciplines.
- (b) The director of the interdisciplinary treatment team shall be appointed by the program director and be a physician or a licensed psychologist with a clinical background. The program director may serve as one of the three members of the treatment team. The director of the interdisciplinary treatment team shall be responsible for:
 - (1) Assuring that the resident, and the resident's family if the resident consents, is involved in the treatment planning process. The director shall document efforts to maintain this involvement and the results of these efforts.

- (2) Implementing and reviewing the treatment plan and coordinating treatment service delivery with service providers.
- (3) Utilizing external specialty consultants when needed.
- (4) Assuring that direct-care staff and consulting professionals participate in the development, implementation and review of the treatment plan and that they have credentials in the use of the modalities proposed in the plan.

Subchapter F. THERAPEUTIC PROGRAM

Sec.

5320.51. Treatment plan.

5320.52. Review and periodic reexamination.

5320.53. Medication.

5320.53a. Clarification of the term “written”—statement of policy.

5320.54. Seclusion and restraints.

§ 5320.51. Treatment plan.

The interdisciplinary treatment team shall:

- (1) Complete an initial assessment on admission by the interdisciplinary team of the resident’s mental, physical and social needs including a mobility assessment.
 - (i) Reflect the reason for the resident’s admission.
 - (ii) Indicate what less restrictive alternatives to an LTSR were considered and why they were not utilized.
- (2) Develop an initial treatment plan, within 72 hours, based on the initial assessment by the interdisciplinary team.
- (3) The plan, developed with the participation of the resident or a designee, shall identify the problem areas, initial goals and objectives for the resident to meet, modalities of treatment, and responsible staff indicated in helping the resident meet their goals.
- (4) Develop a comprehensive treatment plan within 10 days of admission.

The plan shall:

- (i) Be formulated, to the extent feasible, with the participation of the resident. With the resident’s consent, designated persons could participate in the planning process.
- (ii) Be based upon diagnostic evaluation of the resident’s medical, psychological, social, cultural, behavioral, familial, educational, vocational and developmental strengths and needs.
- (iii) Set forth measurable, time limited treatment goals and objectives and prescribe an integrated program of therapies, activities, experiences and appropriate education designed to meet these goals and objectives.
- (iv) Specify the person responsible for carrying out the modalities described in the plan.

- (v) Result from the collaborative recommendation of the resident's interdisciplinary treatment team.
- (vi) Be easily understood by a lay person and a copy of the current treatment plan shall be available for review by the person in treatment.
- (vii) Address major psychiatric, psychosocial, medical, behavioral and rehabilitative needs of the resident and the manner in which they are to be met, including those needs to be addressed by contractors who are not employed by the LTSR.

§ 5320.52. Review and periodic reexamination.

The interdisciplinary treatment team shall review treatment plans at least every 30 days or more frequently as the resident's condition changes. A report of the review and findings and the resident's progress toward meeting program goals and objectives shall be documented by the interdisciplinary team in the resident's record.

- (1) The interdisciplinary treatment team shall maintain a record of each reexamination and review to include:
 - (i) A report of the reexamination.
 - (ii) A brief description of the treatment provided to the person during the period preceding the reexamination and the results of that treatment.
 - (iii) Continuation or revision of the individual treatment plan for the next period.
 - (iv) Criteria for discharge and recommendation for discharge if these criteria have been met.
- (2) Changes to the treatment plan and the reasons for the changes shall be made by the interdisciplinary treatment team and recorded in the resident's record as a progress note or on another form specifically designed for that purpose.
- (3) The record shall include information required by § 5100.16 (relating to review and periodic reexamination).
- (4) Reassessment of each resident's mental, physical and social needs, including a mobility assessment as follows:
 - (i) Annually.
 - (ii) If the condition of the resident materially changes prior to the annual assessment.
 - (iii) At the request of the county administrator or the Department if there is cause to believe that an additional assessment is required.

§ 5320.53. Medication.

- (a) The provider shall establish and implement written medication policies and procedures that conform to Pennsylvania law. Medication administration policies and procedures shall address:

- (1) How the education of residents regarding their medication will be accomplished.
 - (2) How residents who need assistance with medication prescribed by a physician for self-administration receive it.
 - (i) For residents who need assistance, the least assistance necessary should be provided within the context of a planned program toward self-administration of medication.
 - (ii) Assistance with self-medication including handling the medication containers or taking medication out of its container for the resident is considered medication administration and shall be done by licensed medical staff.
 - (3) How medications and treatments shall be administered by the licensed medical staff person who prepared the dose for administration.
 - (4) Documentation of the written orders provided by the attending physician for each resident receiving medication.
 - (5) Recording of physicians' orders in each resident's clinical record that is reviewed, renewed and signed by the physician every 30 days.
 - (6) Documentation of the reason a prescribed medication was not given and notice of same to the prescribing physician.
 - (7) The taking and recording of telephone orders by only licensed medical staff, pharmacists or other individuals authorized by law to accept a physician's telephone orders for medication.
 - (i) Oral orders are recorded immediately on the resident's record, dated and signed by the person receiving the order.
 - (ii) Oral orders are countersigned by the prescribing physician within 48 hours.
 - (8) Training by a physician or other licensed medical staff person that will cover, at minimum, medications used by the residents, their purposes and function, major side effects and recognition of signs that the medication is not being taken or is being misused.
- (b) The circumstances under which the provider stores medication for residents shall include the following limitations:
- (1) Only medications which are prescribed for self-administration or that will be administered by an individual appropriately licensed to administer medication is stored in the LTSR.
 - (2) Medications stored in the LTSR are kept in a locked container in a locked room.
 - (3) Each prescription medication ordered for a resident is kept in the original prescription container labeled by the dispensing pharmacist for the sole use of the resident.
 - (4) If over-the-counter drugs are maintained in the facility, they will bear the original label and the name of the resident for whom the drug is ordered.
- (c) Pharmaceutical services shall include:

(1) A written quarterly review of the drug regimen of each resident by a licensed pharmacist and the findings submitted to the program director and prescribing physicians.

(2) A pharmacist or licensed medical staff annual review of the provider's medication policies and procedures including inspection of the medication storage areas. A written report of the review including inservice training recommendations, if any, is submitted to the program director.

(3) A policy developed or approved by a pharmacist that specifies the disposition of discontinued, unused, outdated or deteriorated medication.

(4) A written procedure for accessing pharmaceutical services on an emergency basis.

Cross References

This section cited in 55 Pa. Code § 5320.22 (relating to governing body); and 55 Pa. Code § 5320.53a (relating to clarification of the term "written"—statement of policy).

§ 5320.53a. Clarification of the term "written"—statement of policy.

(a) The term "written" in § 5320.53 (relating to medication) includes orders that are handwritten or recorded and transmitted by electronic means.

(b) Written orders transmitted by electronic means must be electronically encrypted or transmitted by other technological means designed to protect and prevent access, alteration, manipulation or use by an unauthorized person.

(c) The term "countersigned" in § 5320.53(a)(7)(ii) includes a handwritten or electronic signature that is made in accordance with the Electronic Transactions Act (73 P. S. §§ 2260.101—2260.5101).

Source

The provisions of this § 5320.53a adopted August 2, 2013, effective August 3, 2013, 43 Pa.B. 4355.

§ 5320.54. Seclusion and restraints.

(a) The use of seclusion is prohibited in LTSRs.

(b) The use of restraints for behavior management is prohibited in LTSRs.

(c) The use of restraints to promote body alignment, positioning and physical functioning is allowable in an LTSR only when the following conditions are met:

(1) The requirements of § 13.4 (relating to use of restraints to control involuntary movement due to organic causes or conditions).

(2) State or local standards for hospital, nursing home and residential care occupancy governing these facilities when a resident's mobility is compromised by the use of this type of restraint. See, for example, 28 Pa. Code Part IV (relating to health facilities); 34 Pa. Code Chapters 49—59, National Fire Protection Agency related to institutional occupancy (current applicable standards of Life Safety Code) and equivalent standards of cities with 1st class status; and Chapter 5300 (relating to private psychiatric hospitals).

Subchapter G. PERSONAL CARE SERVICES/RESIDENT RECORDS

- Sec.
5320.61. Tasks of daily living.
5320.62. Personal care.
5320.63. Resident funds.
5320.64. Resident records.
5320.65. Recordkeeping.

§ 5320.61. Tasks of daily living.

The direct-care staff shall provide residents with assistance and skill training in tasks of daily living as needed. These tasks include:

- (1) Securing transportation.
- (2) Shopping.
- (3) Making and keeping appointments.
- (4) Care of personal possessions.
- (5) Use of the telephone.
- (6) Use of interpersonal skills.
- (7) Self-care skills.
- (8) Use of social and leisure activities.
- (9) Securing health care.
- (10) Money management skills.

§ 5320.62. Personal care.

The direct-care staff shall provide residents with assistance and skill training in personal care, as needed, including the following:

- (1) Bathing.
- (2) Oral hygiene.
- (3) Hair grooming and shampooing.
- (4) Dressing and care of clothes.
- (5) Shaving.

§ 5320.63. Resident funds.

The provider shall develop written policies and procedures addressing:

- (1) Costs and liabilities for service according to the Letter of Agreement between the LTSR provider and the county administrator, described in § 5320.11 (relating to prerequisites to licensure) and in the resident/provider contract described in § 5320.33 (relating to resident/ provider contract; information on resident rights).
- (2) Training for residents who require assistance in the management of their financial affairs.
- (3) Maintenance of a separate and current individual record of financial transactions made on behalf of the resident that is available on request to the resident or the resident's designated person, if any.

(4) Financial assistance by the provider, which shall include:

(i) Written receipts and quarterly statements of transactions, deposits and expenditures made on behalf of residents as well as disbursement of funds. The provider shall obtain written acknowledgement by the resident of the receipt of funds.

(ii) Provisions for the availability to the resident of documented accounting of deposits, receipts of funds, dispersal of funds and the current balance.

(iii) Assistance with financial arrangements if a resident's accumulated cash assets (after per diem care costs) exceeds \$200. The provider shall notify the resident and offer assistance in establishing an interest-bearing

account in the resident's name at a local financial institution protected by the Federal Deposit Insurance Corporation, or another appropriate arrangement indicated by the resident.

(iv) Transfer of the resident's funds and possessions to the administrator or the executor of the resident's estate, together with an itemized written account upon the death of a resident. A signed receipt shall be obtained and retained by the provider.

(v) Providing the resident with an itemized written account of funds upon termination of service. A balance remaining on the resident's account with the provider shall be immediately returned to the resident.

§ 5320.64. Resident records.

(a) The provider shall maintain individual resident records which shall be reviewed by the resident or a designee and the Department or its authorized agents upon request.

(b) The provider shall retain resident records for at least 4 years after the resident has left the LTSR.

(c) The provider shall divide the resident records into two sections: a clinical and nonclinical section.

(1) The clinical section of the resident records shall, at a minimum, contain the following information:

(i) The resident's name.

(ii) The resident's gender, race and ethnicity.

(iii) The resident's birth date.

(iv) The resident's Social Security number.

(v) The name, telephone number and address of the designated person to be contacted in case an emergency, illness or injury, transfer, termination of service, or death occurs to the resident or in the case of LTSR closure.

(vi) The names and telephone numbers of the resident's personal physician and dentist, if any.

(vii) The dates of entrance into the LTSR, transfers and discharges.

(viii) The most recent annual physical examination.

(ix) The principal mental health diagnosis as designated in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, (DSM IV) or most recent edition available from the American Psychiatric Association, 1700 18th Street, NW, Washington, D.C. 20009. The International Classification of Diagnoses, Clinical Modification (ICD-9-CM), available from HCIA, Inc., 300 East Lombard Street, Suite 1500, Baltimore, Maryland 21202, telephone (800) 568-3282, shall be used for the purpose of classifying diseases.

(x) A copy of the resident's treatment plan and progress notes describing the treatment and rehabilitative services provided with the resident's response to those services as well as reviews and periodic reexaminations.

- (xi) A copy of the written contract between the provider and the resident.
 - (xii) Physicians' orders for medication to be administered at the LTSR as well as other medical orders to be carried out at the LTSR, and records of medication administration.
 - (xiii) The initial assessment and most recent update.
 - (xiv) Dietary restrictions, if any.
- (2) The nonclinical section of the resident records shall, at a minimum, contain the following information:
- (i) An inventory of the personal property, except consumable items, which the resident brings to the LTSR.
 - (ii) An inventory of the resident's property entrusted to the provider for safekeeping.
 - (iii) The financial records of the resident receiving assistance with financial management.
 - (iv) The reason for the termination of services, or transfer of the resident or reason for death, as applicable, to be included as part of a discharge summary.
 - (v) Documentation of the resident's current commitment status.
 - (vi) Written authorization for admission signed by the county administrator.

§ 5320.65. Recordkeeping.

Provision of services and the resident's progress toward treatment goals shall be documented by direct-care staff completing a progress note in the resident's record at least weekly, or more often as warranted by specific changes in the resident's behavior status. Additionally, special treatment interventions ordered in the treatment plan shall be documented by the direct-care or consulting direct-care staff authorized to provide the special treatment on a monthly basis or more frequently if warranted.

Subchapter H. QUALITY IMPROVEMENT/SERVICE UTILIZATION

- Sec.
- 5320.71. Quality improvement program.
 - 5320.72. Indicators for duration of stay.
 - 5320.73. Ancillary support services.
 - 5320.74. Health services.

§ 5320.71. Quality improvement program.

The provider shall have a written quality improvement (QI) plan and program that the program director reviews for the quality and appropriateness of services provided and monitors for compliance with standards of treatment and care. The plan shall:

- (1) Specify who has responsibility for QI activities, to whom findings are reported, the frequency of reviews, what critical indicators are to be evaluated and acceptable levels for the critical indicators.
- (2) Have indicators of quality care that include at least the following:
 - (i) The level of resident satisfaction and program input.
 - (ii) The level of family satisfaction and program input.
 - (iii) Appropriateness, completeness, timeliness and implementation of the treatment plans.
 - (iv) Case and trend review of crisis events and unusual situations.
 - (v) Direct-care staff performance.
 - (vi) Clinical case or peer reviews, quarterly or more often as indicated.
 - (vii) Medications management, including errors and adverse effects.
 - (viii) The appropriate documentation in the resident's record.
- (3) Include the names of the individuals who participated in the quality improvement activities and plans of correction.

§ 5320.72. Indicators for duration of stay.

Decisions which determine the duration of stay shall take into account:

- (1) The resident's needs, therapeutic requirements and recommendations of the interdisciplinary treatment team.
- (2) The commitment status of the resident.
- (3) Measurable indicators established by the provider that address expectations in the following areas in determining resident duration of stay.
 - (i) Resident and program outcomes.
 - (ii) Stability of the resident's psychiatric condition.
 - (iii) Stability of the resident's medication regime.
 - (iv) The length of time without the need for acute psychiatric interventions.
 - (v) The attainment of treatment goals.
 - (vi) Successful trial leaves.
 - (vii) The establishment of a support system.
 - (viii) A plan for continuity of care.

§ 5320.73. Ancillary support services.

The provider shall either directly or through arrangement, provide services needed by the residents. To provide services that are not available at the LTSR, the provider shall:

- (1) Collaborate with the county administrator's office case management services, and other programs to provide services as identified by the treatment plan and to ensure continuity of care.
- (2) Ensure that transportation is available for residents who must be transported for services, recreation and other activities.

§ 5320.74. Health services.

The LTSR provider shall:

- (1) Develop written arrangements for providing routine and emergency medical and dental care for residents.
- (2) Notify the resident's designated person and the county administrator or a designee who shall ensure whatever assistance is necessary in making arrangements for the resident's transfer to an appropriate facility. A physician shall determine if the resident's physical condition indicates the need for a transfer to a hospital, nursing home or rehabilitation center.
- (3) Have first aid supplies available and adhere to current Centers for Disease Control and the Department of Health's recommendations for universal precautions in the administration of first aid and CPR.

Subchapter I. BUILDING, FIRE PROTECTION, FURNISHINGS AND MAINTENANCE

Sec.

- 5320.81. Building, physical plant and grounds.
- 5320.82. Fire protection and safety.
- 5320.83. Living/sleeping quarters.
- 5320.84. Furnishings and equipment.
- 5320.85. Housekeeping and maintenance.
- 5320.86. Laundry service.

§ 5320.81. Building, physical plant and grounds.

- (a) An LTSR may not house more than 16 residents. One provider who had been licensed/approved to operate an LTSR with bed capacity in excess of 16 prior to January 1, 1993, is exempt from this provision.
- (b) An LTSR shall have the capacity to allow locks on entrances and exits to preclude elopement of involuntarily committed individuals and to prevent unauthorized entrance. Physical attributes of the facility that are intended to maintain necessary levels of protection shall be as unobtrusive as possible to maintain a home-like environment.
- (c) The LTSR shall have an adequate supply of hot and cold water piped to each wash basin, bathtub/shower, kitchen sink, commercial dishwasher, and to laundry equipment. Hot water accessible to residents may not exceed 130°F at the outlets.

(d) Heating in rooms used by residents shall be maintained at a temperature of not less than 65°F or, when there are residents 65 years of age and older, not less than 70°F.

(e) Portable space heaters are prohibited. Space heaters shall be adequately vented and installed with permanent connections and protectors.

(f) Steam heat radiators and pipes in rooms and areas used by residents and within reach of residents shall be covered.

(g) Fireplaces shall be securely screened when in use.

§ 5320.82. Fire protection and safety.

(a) The program director shall arrange for the local fire department or another outside safety consultant to inspect and approve each LTSR site for fire safety and to determine the number, location and type of fire extinguishers and smoke detectors required. This fire safety inspection shall be done before initial occupancy and repeated at least every 2 years thereafter. Inspections shall be documented.

(b) Emergency telephone numbers for the fire department, local police and on-call direct care staff shall be posted at each telephone in the LTSR.

(c) The staff shall be instructed in the operation of the fire extinguishers.

(d) Residents may be permitted to smoke only in designated areas. Proper safeguards shall be taken against the fire hazards involved in smoking, such as providing ash trays.

(e) Fire drills at each LTSR site shall be documented and held at least every 2 months; night time drills shall be conducted semiannually.

§ 5320.83. Living/sleeping quarters.

(a) No more than two residents may be housed in any room regardless of its size.

(b) A single occupancy room shall have at least 80 square feet of floor space. Bedrooms for two persons shall have at least 60 square feet of floor space per person and have sufficient floor space to accommodate the items required in § 5320.84 (relating to furnishings and equipment). If a bedroom has a built-in closet, up to 9 square feet per closet may be counted in calculating the square footage of floor space. Bedrooms for one or more immobile residents may require additional square footage sufficient to accommodate the special needs of the resident, such as a wheelchair or special furniture or equipment.

(c) Bedroom windows shall have curtains, shades or blinds that cover the entire window when drawn.

(d) Residents shall have direct access to bathrooms, kitchens and other living areas without having to pass through the bedroom of another resident.

(e) Residents who are immobile shall be given bedrooms on the ground floor closest to the exit.

(f) Bunk beds or other raised beds of any type which require a resident to climb steps or ladders to get into or out of bed may not be used.

(g) Resident bedrooms are reserved for use by their occupants; they may not be used as common rooms for group activities.

(h) There shall be one tub or shower for every six or fewer residents. Each LTSR shall have at least one bathtub.

(i) Bathrooms shall be equipped with soap, toilet paper and sanitary towels or a hand blow dryer. Rack space shall be provided in the bathroom for personal towels. The use of common towels is prohibited.

(j) Toilet and bath areas shall have grab bars, hand rails and assist bars as needed. Tubs and showers shall have nonslip surfaces. Multiple toilets, bathtubs or showers in the same room shall be enclosed to provide privacy.

(k) Residents shall have the use of recreation or lounge areas which, in combination, shall be large enough to accommodate all residents at once. Lounge areas shall be equipped with adequate and appropriate seating, lighting sufficient for reading and tables. A working television and radio shall be available in at least one lounge area. The LTSR provider shall provide reading and recreational materials for residents.

§ 5320.84. Furnishings and equipment.

(a) Each resident's bedroom or bed area shall be equipped with the following items, which shall be clean and maintained in good repair:

- (1) A single or double bed with a mattress and firm box spring.
- (2) A bed pillow.
- (3) Bed linens and blankets.
- (4) Towels and wash cloths.
- (5) A chair.
- (6) A bedside table or shelf.
- (7) A bedside lamp.
- (8) A towel bar.
- (9) A dresser and mirror.
- (10) A clothes closet or wardrobe.

(b) In two-bed bedrooms, items listed in subsection (a)(9) and (10) may be shared by two residents.

(c) The resident may furnish some or all of the items listed in subsection (a) and other personal possessions such as radios and televisions as space permits, unless the possession constitutes a hazard or interferes with the rights of other residents. Residents should be encouraged to personalize their bedrooms. LTSR house restrictions on the amount or type of personal furnishings permitted should be stipulated in the resident/provider contract.

(d) Space for storage of personal property, such as trunks, suitcases and seasonal clothing, shall be provided in a dry, protected area.

Cross References

This section cited in 55 Pa. Code § 5320.83 (relating to living/sleeping quarters).

§ 5320.85. Housekeeping and maintenance.

(a) Furniture shall be arranged to provide for the safety and comfort of the residents and to permit quiet privacy zones and areas that foster social interactions.

(b) Furnishings and housekeeping shall be maintained so that the LTSR is comfortable, “home-like” and clean.

(c) Residents shall be encouraged to keep their bedrooms neat and tidy and to assist with cleanup of program areas after group or individual activities. The LTSR shall provide basic housekeeping, cleaning and maintenance of the physical plant.

(d) The LTSR shall be free of hazards, such as loose or broken window glass, loose or cracked floors and floor coverings, and cracked or loose plaster on walls or ceilings.

(e) Interior and exterior stairways shall have securely fastened handrails and nonskid surfaces. If present, stair coverings shall also be securely fastened.

(f) Exterior doors and windows opened for ventilation shall be screened.

(g) Appropriate vector control measures shall be used to keep the LTSR free from insects, rodents and other pests.

§ 5320.86. Laundry service.

Laundry service for bed linens, towels and personal clothing shall be provided unless otherwise indicated in the resident/provider contract, and shall meet the following requirements:

(1) The supply of linen shall be sufficient to ensure a complete bed linen change at least once per week.

(2) Clean linens shall be stored in an area separate from soiled linen and clothing. Soiled articles shall be kept in covered containers.

(3) The provider shall take measures to ensure that the resident’s clothing is not lost or misplaced in the process of laundering.

(4) A washer and dryer shall be provided for resident use. Residents shall be encouraged and trained in their use to care for personal clothes.

Subchapter J. FOOD SERVICE

Sec.
5320.91. Food service.

§ 5320.91. Food service.

(a) Residents shall be provided with at least three well-balanced, nutritious meals daily. Snacks shall also be available.

(b) When a resident unavoidably misses a scheduled meal, the provider shall ensure that a substitute meal is provided to the resident.

(c) Special diets, dietary restrictions and supplements that are prescribed by the resident's physician shall be accommodated by the LTSR.

(d) Enough flexibility shall be built into mealtimes to accommodate the regular schedules of individual residents.

(e) The week's menu shall be prepared at least 7 days in advance. The current week's menu shall be posted in a resident accessible location.

(f) Meals shall be provided to residents in a dining room or dining area, except that service in the resident's room shall be available when clinically indicated.

(g) The dining area shall be furnished with sufficient tables and chairs to accommodate all residents at one sitting.

(h) Utensils used to prepare and serve food and beverages shall be free from chips and cracks.

(i) Food stored, prepared or served by the LTSR shall be clean and safe for human consumption and meet applicable Federal standards.

(j) Food returned from individual plates may not be reused or reserved.

(k) Refrigerators shall be maintained below 45°F.

Subchapter K. WAIVER OF STANDARDS

Sec.
5320.101. Waiver of standards.

§ 5320.101. Waiver of standards.

It is the policy of the Department that the licensees comply with applicable Departmental regulations to assure quality of care. The Department may, within its discretion and for good reason, grant waivers to specific requirements contained in this chapter. A waiver will be granted only when the health, safety and welfare of the residents and the quality of services provided to residents are not affected. The Department reserves the right to revoke a waiver if the conditions required by the waiver are not met.

Subchapter L. STATEMENT OF POLICY

Sec.
5320.111. Community support program (CSP) principles—statement of policy.

§ 5320.111. Community support program (CSP) principles—statement of policy.

(a) An LTSR shall provide a 24-hour therapeutic environment which employs active psychiatric treatment, and psychosocial rehabilitation skills training in a structured residential milieu.

(b) LTSR operational policies and procedures should empower residents to taken an active role in their treatment and other decisions which affect their lives, including:

(1) Creating an environment which reduces stigma, promotes independence and fosters self-esteem.

(2) Policies and procedures that are flexible enough to accommodate cultural diversity among the residents and their individual and changing needs.

(c) The LTSR program philosophy should be guided by the CSP principles.

(d) The CSP philosophy is embodied in a set of guiding principles, emphasizing resident self-determination, individualized and flexible services, normalized services and service settings and service coordination:

(1) Services should be resident-centered. Services should be based on and responsive to the needs of the residents rather than the needs of the system or the needs of providers.

(2) Services should empower residents. Services should incorporate residents' self-help approaches and should be provided in a manner that allows residents to retain the greatest possible control. As much as possible, residents should set goals for themselves. Residents should also be actively involved in all aspects of planning and delivering services.

(3) Services should be racially and culturally appropriate. Services should be available, accessible and acceptable to members of racial and ethnic minority groups.

(4) Services should be flexible. Services should be available whenever they are needed and for as long as they are needed. They should be provided in a variety of ways, with individuals able to move in and out of the system as their needs change.

(5) Services should focus on strengths. Services should be built upon the assets and strengths of residents in order to help them maintain a sense of identity, dignity and self-esteem.

(6) Services should be offered in the least restrictive, most natural setting possible. Residents should be encouraged to use the natural supports in the community and should be integrated into the normal living, working, learning and leisure time activities of the community.

(7) Services should meet special needs. Services should be adapted to meet the needs of subgroups of persons who are mentally ill such as elderly individuals, young adults and youth in transition to adulthood; individuals who are mentally ill and have substance abuse problems, mental retardation or hearing

impairments; persons who are mentally ill and are homeless; and persons who are mentally ill and who are inappropriately placed within the correctional system.

(8) Service systems should be accountable. Service providers should be accountable to the users of the services and monitored by the State to assure quality of care and continued relevance to resident needs. Residents and families should be involved in planning, implementing, monitoring and evaluating services.

(9) To develop community support services, services should be coordinated by the appropriate officials through mandates or written agreements that require ongoing communication and linkages between participating agencies and between the various levels of government.

(10) To be effective, coordination should occur at the resident, community and State levels. In addition, mechanisms should be in place to ensure continuity of care and coordination between and among hospital and other community service providers.

Source

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