

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
BUREAU OF HUMAN SERVICES LICENSING
Personal Care Homes (55 Pa.Code Chapter 2600)

Q/A - Regulatory Clarifications – October 2016

The clarifications and interpretations below will remain on the Department's web site until the information is included in the next updated Regulatory Compliance Guide (RCG).

Regulation: **§ 2600.18 – Applicable Health and Safety Laws**
§ 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Question: What are the parameters of the new Care Facility Carbon Monoxide Alarms Standards Act, which goes into effect September 2016?

ANSWER: A new Act for licensed personal care homes and assisted living residences was put into effect as of September 23, 2016. Carbon monoxide alarms must be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. Fossil-fuel burning devices include coal, kerosene, oil, wood, fuel gases and other petroleum or hydrocarbon products which emit carbon monoxide as a by-product of combustion. If the approved carbon monoxide alarm cannot be heard by the staff on duty on a specific floor or wing of the home, a single approved carbon monoxide alarm shall be installed where it can be heard by the staff on duty in addition to the alarm installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. If there are resident bedrooms located between a fossil fuel burning appliance and any additional approved carbon monoxide alarm, a single additional approved carbon monoxide alarm shall be installed in a central location on the same level as the resident bedrooms.

For all installed carbon monoxide alarms, they need to be tested and cleaned as per the manufacturer's guidelines. If the carbon monoxide alarm operates by a battery, the battery may not be removed for any length of time beyond that necessary to change the battery. The battery must be labeled with the date of installation and replaced at least once annually or at such time as the carbon monoxide alarm signals a drained or failing battery, whichever is sooner.

In the event that an installed carbon monoxide alarm sounds, staff shall take immediate action to introduce fresh outside air into the home by opening available windows and doors, unless opening a specific door presents additional risk to resident safety. Staff should also contact emergency services in accordance with the home's written policies and procedures relating to carbon monoxide alarms and evacuations. In addition, staff must move residents to the nearest source of fresh outside air, account for all residents and remain with the residents until first responders arrive and assess the need for evacuation. If first responders determine that an evacuation is necessary, then all residents will need to be fully evacuated from the home. Please note: This Act does not require homes to conduct drills specific to carbon monoxide.

BHSL recommends keeping the manufacturer instructions and product information to demonstrate the detector is approved and is properly installed and maintained.

While this Act became effective September 23, 2016, BHSL will begin to measure for compliance with this Act effective **February 1, 2017**.

*A copy of the Care Facility Carbon Monoxide Alarms Standards Act is included at the end of this Q/A document. You can also access a copy of it online:

<http://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2016&session=0&act=48>*

****The following Q/A for § 2600.57(a) was released in January 2015, and is being RESCINDED:****

Regulation: § 2600.57(a) – Direct Care Staffing

§ 2600.57(a) At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Question: Does a direct care staff person have to be present in each building if the legal entity has multiple buildings listed on one license?

ANSWER: Yes. If the home consists of multiple buildings on one license, direct care staff aged 21+ must be present in each building whenever one, two, or three mobile residents are present in the home.

CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT

Act of Jun. 23, 2016, P.L. 357, No. 48

Cl. 35

An Act

Providing standards for carbon monoxide alarms in care facilities; imposing powers and duties on the Department of Aging, the Department of Health and the Department of Human Services; and prescribing penalties.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Short title.

This act shall be known and may be cited as the Care Facility Carbon Monoxide Alarms Standards Act.

Section 2. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Approved carbon monoxide alarm." The term includes:

(1) A single or multiple station carbon monoxide alarm listed as complying with the Approved American National Standard for Single and Multiple Station Carbon Monoxide Alarms (ANSI/UL2034) or a carbon monoxide detector listed as complying with the Approved American National Standard for Gas and Vapor Detectors and Sensors (ANSI/UL2075) installed in accordance with this act.

(2) A device that may be combined with a smoke alarm or smoke detector if the combined smoke alarm or smoke detector meets the following:

(i) Complies with either of the following:

(A) the Approved American National Standard for Single and Multiple Station Carbon Monoxide Alarms (ANSI/UL2034) for carbon monoxide alarms and the Approved American National Standard for Single and Multiple Station Smoke Alarms (ANSI/UL217) for smoke alarms; or

(B) the Approved American National Standard for Gas and Vapor Detectors and Sensors (ANSI/UL2075) for carbon monoxide detectors and the Approved American National Standard for Safety for Smoke Detectors for Fire Alarm Systems (ANSI/UL268) for smoke detectors.

(ii) Emits an alarm in a manner that clearly differentiates between detecting the presence of carbon monoxide and the presence of smoke.

(3) A carbon monoxide detection system that includes carbon monoxide detectors and audible notification appliances

that are installed and maintained in accordance with the National Fire Alarm and Signaling Code (NFPA 72) and the Standard for the Installation of Carbon Monoxide (CO) Detection and Warning Equipment (NFPA 720) and are in compliance with the Approved American National Standard for Gas and Vapor Detectors and Sensors (ANSI/UL2075).

"Care facility." Any of the following:

(1) A long-term care nursing facility as defined in section 802.1 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act, that is licensed and regulated under the authority of the Department of Health.

(2) A personal care home as defined in section 1001 of the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code, that is licensed and regulated under the authority of the Department of Human Services.

(3) An assisted living residence as defined in section 1001 of the Human Services Code, that is licensed and regulated under the authority of the Department of Human Services.

"Fossil fuel." Coal, kerosene, oil, wood, fuel gases and other petroleum or hydrocarbon products which emit carbon monoxide as a by-product of combustion.

"Installed." A carbon monoxide alarm that is hardwired into electrical wiring, directly plugged into an electrical outlet without a switch, other than a circuit breaker or, if the alarm is battery powered, attached to the wall or ceiling of a care facility in accordance with the Standard for the Installation of Carbon Monoxide (CO) Detection and Warning Equipment (NFPA 720).

"Licensing agencies." The Department of Health and the Department of Human Services of the Commonwealth.

Section 3. Facility powers and duties.

(a) Installation.--

(1) An approved carbon monoxide alarm at a care facility shall be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance.

(2) If the approved carbon monoxide alarm cannot be heard by the staff on duty on a specific floor or wing of the facility, a single approved carbon monoxide alarm shall be installed where it can be heard by the staff on duty in addition to the alarm installed as directed under paragraph (1).

(3) If there are resident living units or bedrooms located between a fossil fuel burning appliance and any additional approved carbon monoxide alarm required under paragraph (2), a single additional approved carbon monoxide alarm shall be installed in a central location on the same level as the resident living units or bedrooms.

(b) Testing and replacement.--

(1) Carbon monoxide detectors and alarm systems installed at a care facility shall be tested and cleaned as indicated in the manufacturer's guidelines.

(2) If the unit operates by a battery, the battery may not be removed for any length of time beyond that necessary to change the battery.

(3) The battery shall be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner.

(c) Evacuation and alarm protocols.--

(1) In the event that an alarm installed in accordance with this section sounds, the care facility staff shall:

(i) Take immediate action to introduce fresh outside air into the care facility by opening available windows and doors, unless opening a specific door presents additional risk to resident safety.

(ii) Contact emergency services in accordance with the care facility's written policies and procedures relating to carbon monoxide alarms and evacuations.

(iii) Move residents to the nearest source of fresh outside air, account for all residents and remain with the residents until first responders arrive and assess the need for evacuation.

(iv) Evacuate residents when first responders consider an evacuation necessary.

(2) Nothing in this act shall be construed to require care facilities to conduct drills specific to carbon monoxide.

(d) Compliance.--Compliance with this act shall be assessed by the licensing agency with licensure responsibility for the care facility utilizing the standards set forth in this section during the initial issuance of a license or during the annual licensure renewal. All care facilities shall demonstrate compliance with this act and shall be verified at the care facility's renewal inspections following the effective date of this section.

(e) Liability exemption.--No care facility shall be liable for damages resulting from any of the following:

(1) A false alarm from an approved carbon monoxide alarm, if the approved carbon monoxide alarm was maintained by the care facility in accordance with subsection (b).

(2) Failure of an approved carbon monoxide alarm to operate properly, if that failure was the result of tampering with, or removal or destruction of, an approved carbon

monoxide alarm by a person other than an employee of the care facility.

(3) Failure of an approved carbon monoxide alarm to operate properly if the failure is a result of a faulty alarm that was maintained by the care facility in accordance with subsection (b).

Section 4. Programs and education.

The Office of the State Fire Commissioner may work with care facilities to develop carbon monoxide educational awareness programs for care facilities and their residents.

Section 5. Effective date.

This act shall take effect in 90 days.