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Subpart E. RESIDENTIAL AGENCIES/FACILITIES/SERVICES

ARTICLE I. LICENSING/APPROVAL

CHAPTER 6400. COMMUNITY HOMES FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY OR AUTISM

GENERAL PROVISIONS

§ 6400.1. Introduction.

This chapter is based on the principle of integration and the right of the individual with an intellectual disability or autism to live a life which is as close as possible in all aspects to the life which any member of the community might choose. For the individual with an intellectual disability or autism who requires a residential service, the design of the service shall be made with the individual's unique needs in mind so that the service will facilitate the individual's ongoing growth and development.

§ 6400.2. Purpose.

The purpose of this chapter is to protect the health, safety and well-being of individuals with an intellectual disability or autism, through the formulation, implementation and enforcement of minimum requirements for the operation of community homes for individuals with an intellectual disability or autism.

§ 6400.3. Applicability.

(a) This chapter applies to community homes for people with an intellectual disability or autism, except as provided in subsection (f).

(b) This chapter contains the minimum requirements that shall be met to obtain a certificate of compliance. A certificate of compliance shall be obtained prior to operation of a community home for individuals with an intellectual disability or autism.

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

(d) Each home serving nine or more individuals shall be inspected by the Department each year and shall have an individual certificate of compliance specific for each building.

(e) Each agency operating one or more homes serving eight or fewer individuals shall have at least a sample of its homes inspected by the Department each year. The certificate of compliance

issued to an agency shall specify the location and maximum capacity of each home the agency is permitted to operate.

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

(1) Private homes of persons providing care to a relative with an intellectual disability or autism.

(2) Residential facilities operated by the Department.

(3) Intermediate care facilities for individuals with an intellectual disability licensed by the Department in accordance with Chapter 6600 (relating to intermediate care facilities for individuals with an intellectual disability) or intermediate care facilities for individuals with other related conditions.

(4) Foster family care homes licensed by the Office of Children, Youth and Families of the Department that serve only foster care children.

(5) Summer camps.

(6) Facilities serving exclusively personal care home, drug and alcohol, mental health or domiciliary care residents.

(7) Residential homes for three or fewer people with an intellectual disability or autism who are 18 years of age or older and who need a yearly average of 30 hours or less direct staff contact per week per home.

(8) Child residential facilities which serve exclusively children, which are regulated under Chapter 3800 (relating to child residential and day treatment facilities).

(g) This chapter does not measure or assure compliance with other applicable Federal and State statutes and regulations and local ordinances. It is the responsibility of the home to comply with other applicable statutes, regulations, codes and ordinances.

§ 6400.4. Definitions.

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

Agency—A person or legally constituted organization operating one or more community homes for people with an intellectual disability or autism serving eight or fewer individuals.

Autism—A developmental disorder defined by the edition of the *Diagnostic and Statistical Manual of Mental Disorders*, or its successor, in effect at the time the diagnosis is made. The term includes autistic disorder, Asperger's disorder and autism spectrum disorder.

Community home for individuals with an intellectual disability or autism (home)—A building or separate dwelling unit in which residential care is provided to one or more individuals with an intellectual disability or autism, except as provided in § 6400.3(f) (relating to applicability). Each apartment unit within an apartment building is considered a separate home. Each part of a duplex, if there is physical separation between the living areas, is considered a separate home.

Department—The Department of Human Services of the Commonwealth.

Direct service worker—A person whose primary job function is to provide services to an individual who resides in the home.

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 individual with an intellectual disability or autism who resides, or receives residential respite care, in a home and who is not a relative of the owner of the home.

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

Intellectual disability—Subaverage general intellectual functioning which originates during the developmental period and is associated with impairment of one or more of the following:

- (i) Maturation.
- (ii) Learning.
- (iii) Social adjustment.

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

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.

GENERAL REQUIREMENTS

§ 6400.15. Self-assessment of homes.

(a) The agency shall complete a self-assessment of each home the agency operates serving eight or fewer individuals, within 3 to 6 months prior to the expiration date of the agency's certificate of compliance, to measure and record compliance with this chapter.

(b) The agency shall use the Department's licensing inspection instrument for the community homes for individuals with an intellectual disability or autism regulations to measure and record compliance.

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

§ 6400.18. Incident report and investigation.

(a) The home 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 at all.
- (8) Law enforcement activity that occurs during the provision of a service or for which an individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual.
- (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.
- (12) Theft or misuse of individual funds.
- (13) A violation of individual rights.

(b) The home 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 § 6400.167 (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 home 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 home 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 home 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 home 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 home notifies the Department in writing that an extension is necessary and the reason for the extension.

(j) The home 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.

§ 6400.19. Incident procedures to protect the individual.

(a) In investigating an incident, the home 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 home shall monitor an individual's risk for recurring incidents and implement corrective action, as appropriate.

(c) The home shall work cooperatively with the individual plan team to revise the individual plan if indicated by the incident.

§ 6400.20. Incident analysis.

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

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

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

§ 6400.24. Applicable statutes and regulations.

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

§ 6400.25. Children's services.

(a) The child, the child's parents and the child's legal guardian shall be provided the opportunity to participate in the exercise of rights, decision-making and individual plan activities, unless otherwise prohibited by court order.

(b) The provisions of this chapter regarding rights, decision-making and individual plan activities shall be implemented in accordance with generally accepted, age-appropriate parental decision-

making and practices for children, including bedtimes, privacy, school attendance, study hours, visitors and access to food and property, and do not require a modification of rights in the individual plan in accordance with § 6400.185 (relating to content of the individual plan).

(c) The individual plan in § 6400.185 shall include desired outcomes relating to strengthening or securing a permanent caregiving relationship for the child.

(d) An unrelated child and adult may not share a bedroom.

(e) For purposes of this section, a child is an individual who is under 18 years of age.

INDIVIDUAL RIGHTS

§ 6400.31. Exercise of rights.

(a) An individual may not be deprived of rights as provided under § 6400.32 (relating to rights of the individual).

(b) The home shall educate, assist and provide the accommodation necessary for the individual to make choices and 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.

§ 6400.32. Rights of the individual.

(a) 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.

(b) 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.

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

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

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

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

(g) An individual has the right to control the individual's own schedule and activities.

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

- (i) An individual has the right of access to and security of the individual's possessions.
- (j) An individual has the right to voice concerns about the services the individual receives.
- (k) An individual has the right to participate in the development and implementation of the individual plan.
- (l) An individual has the right to receive scheduled and unscheduled visitors, and to communicate and meet privately with whom the individual chooses, at any time.
- (m) An individual has the right to unrestricted access to send and receive mail and other forms of communications, unopened and unread by others, including the right to share contact information with whom the individual chooses.
- (n) An individual has the right to unrestricted and private access to telecommunications.
- (o) An individual has the right to manage and access the individual's finances.
- (p) An individual has the right to choose persons with whom to share a bedroom.
- (q) An individual has the right to furnish and decorate the individual's bedroom and the common areas of the home in accordance with § 6400.33 (relating to negotiation of choices).
- (r) An individual has the right to lock the individual's bedroom door.
 - (1) Locking may be provided by a key, access card, keypad code or other entry mechanism accessible to the individual to permit the individual to lock and unlock the door.
 - (2) Access to an individual's bedroom shall be provided only in a life-safety emergency or with the express permission of the individual for each incidence of access.
 - (3) Assistive technology shall be provided as needed to allow the individual to lock and unlock the door without assistance.
 - (4) The locking mechanism shall allow easy and immediate access by the individual and staff persons in the event of an emergency.
 - (5) Direct service workers who provide services to the individual shall have the key or entry device to lock and unlock the door.
- (s) An individual has the right to have a key, access card, keypad code or other entry mechanism to lock and unlock an entrance door of the home.
 - (1) Assistive technology shall be provided as needed to allow the individual to lock and unlock the door without assistance.
 - (2) The locking mechanism shall allow easy and immediate access by the individual and staff persons in the event of an emergency.
 - (3) Direct service workers who provide services to the individual shall have the key or entry device to lock and unlock the door.
- (t) An individual has the right to access food at any time.
- (u) An individual has the right to make health care decisions.

(v) An individual's rights may only be modified in accordance with § 6400.185 (relating to content of the individual plan) to the extent necessary to mitigate a significant health and safety risk to the individual or others.

§ 6400.33. Negotiation of choices.

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

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

§ 6400.34. Informing of rights.

(a) The home 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 home and annually thereafter.

(b) The home 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.

STAFFING

§ 6400.44. Program specialist.

(a) A minimum of 1 program specialist shall be assigned for every 30 individuals. A program specialist shall be responsible for a maximum of 30 individuals, including individuals served in other types of services.

(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 individuals with an intellectual disability or autism.

(2) A bachelor's degree from an accredited college or university and 2 years of work experience working directly with individuals with an intellectual disability or autism.

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

§ 6400.45. Staffing.

(a) A minimum of one staff person for every eight individuals shall be awake and physically present at the home when individuals are awake at the home.

(b) A minimum of 1 staff person for every 16 individuals shall be physically present at the home when individuals are sleeping at the home.

(c) 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.

(d) 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).

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

§ 6400.46. 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 building or within the fire safe area in the event of an actual fire, smoking safety procedures if individuals or staff persons smoke at the home, 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) Program specialists and direct service workers and at least one person in a vehicle while individuals are being transported by the home shall be trained in first aid techniques before working with individuals.

(d) Program specialists, direct service workers and drivers of and aides in vehicles shall be trained within 6 months after the day of initial employment and annually thereafter, by an individual certified as a trainer by a hospital or other recognized health care organization, in first aid, Heimlich techniques and cardio-pulmonary resuscitation.

§ 6400.50. Training records.

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

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

§ 6400.51. 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 home 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.

§ 6400.52. Annual training.

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

(1) Direct service workers.

(2) Direct supervisors of direct service workers.

(3) Program specialists.

(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 home 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.

MEDICATIONS

§ 6400.161. Self-administration.

(a) The home 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 home 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 medication with or without the use of assistive technology.

§ 6400.162. Medication administration.

(a) A home whose staff persons or others 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.

(2) A person who has completed the medication administration course requirements as specified in § 6400.169 (relating to medication administration training) for the 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 in 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.

§ 6400.163. 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, except for the purpose of packaging the medication for the individual to take with the individual to a community activity for administration the same day the medication is removed from its original container.

(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 in the individual's private bedroom or personal belongings.

§ 6400.164. (Reserved).

§ 6400.165. 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.

(g) If a medication is prescribed to treat symptoms of a psychiatric illness, there shall be a review by a licensed physician at least every 3 months that includes documentation of the reason for prescribing the medication, the need to continue the medication and the necessary dosage.

§ 6400.166. 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.
- (9) Frequency 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.

§ 6400.167. 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 § 6400.18(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.

§ 6400.168. Adverse reaction.

(a) If an individual has a suspected adverse reaction to a medication, the home 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.

§ 6400.169. 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 § 6400.162 (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.

PROGRAM

§ 6400.181. Assessment.

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(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.

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

§ 6400.182. 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 home.

(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.

§ 6400.183. 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 support coordinator, targeted support manager or a program representative from the funding source, if applicable.

(6) The program specialist for the individual's day program, if applicable.

(7) 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.

§ 6400.184. 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.

§ 6400.185. 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, income and savings, 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.

§ 6400.186. Implementation of the individual plan.

The home shall implement the individual plan, including revisions.

(Editor's Note: As part of this final-form rulemaking, the Department rescinded § 6400.187 which appears in 55 Pa. Code page 6400-56, serial page (381980).)

§ 6400.187. (Reserved).

§ 6400.188. Home services.

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

(b) The home shall provide opportunities and support to the individual for participation in community life, including volunteer or civic-minded opportunities and membership in National or local organizations.

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

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

RESTRICTIVE PROCEDURES

§ 6400.192. Written policy.

The home 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.

§ 6400.193. 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 the program or in a way that interferes with the individual's developmental program.

(b) For each incident requiring restrictive procedures:

(1) Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.

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

§ 6400.194. Human rights team.

(a) If a restrictive procedure is used, the home shall use a human rights team. The home 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.

§ 6400.195. 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 § 6400.194 (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.

(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 § 6400.185(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.

§ 6400.196. 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.

§§ 6400.197—6400.206. (Reserved).

§ 6400.207. 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, muffs 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 of 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 of the device to allow freedom of movement.

§ 6400.208. 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.

§ 6400.209. Emergency use of a physical restraint.

If a physical restraint is used on an unanticipated, emergency basis, §§ 6400.194 and 6400.195 (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.

§ 6400.210. 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 home may not coerce the individual to provide consent.

INDIVIDUAL RECORDS

§ 6400.213. 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) The religious affiliation.

(v) The next of kin.

(vi) A current, dated photograph.

(2) Incident reports relating to the individual.

(3) Physical examinations.

(4) Dental examinations.

(5) Dental hygiene plans.

(6) Assessments as required under § 6400.181 (relating to assessment).

(7) Individual plan documents as required by this chapter.

- (8) Copies of psychological evaluations, if applicable.

CHAPTER 6500. LIFE SHARING HOMES

GENERAL PROVISIONS

§ 6500.1. Introduction.

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

§ 6500.2. Purpose.

The purpose of this chapter is to protect the health, safety and well-being of individuals with an intellectual disability or autism, through the formulation, implementation and enforcement of minimum requirements for life sharing.

§ 6500.3. Applicability.

- (a) This chapter applies to life sharing homes, except as provided in subsection (f).
- (b) This chapter contains the minimum requirements that shall be met to obtain a certificate of compliance. A certificate of compliance shall be obtained prior to an individual with an intellectual disability or autism living or receiving respite care in a life sharing home.
- (c) This chapter applies to profit, nonprofit, publicly funded and privately funded life sharing homes.
- (d) Each agency administering one or more life sharing homes shall have at least a sample of its homes inspected by the Department each year. Each new life sharing home administered by an agency shall be inspected by the Department prior to an individual with an intellectual disability or autism living or receiving respite care in the home. The certificate of compliance issued to an agency shall specify the location and maximum capacity of each life sharing home.
- (e) A life sharing home that is not administered by an agency will be inspected by the Department each year.
- (f) This chapter does not apply to the following:
- (1) Private homes of persons providing care to a relative with an intellectual disability or autism.
 - (2) A community home for individuals with an intellectual disability or autism licensed by the Department in accordance with Chapter 6400 (relating to community homes for individuals with an intellectual disability or autism).
 - (3) A foster family care home licensed by the Office of Children, Youth and Families of the Department that serves only foster care children.

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

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

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

§ 6500.4. Definitions.

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

Agency—A person or legally constituted organization administering one or more life sharing homes.

Autism—A developmental disorder defined by the edition of the *Diagnostic and Statistical Manual of Mental Disorders*, or its successor, in effect at the time the diagnosis is made. The term includes autistic disorder, Asperger's disorder and autism spectrum disorder.

Department—The Department of Human Services of the Commonwealth.

Direct service worker—A person whose primary job function is to provide services to an individual who resides in the home.

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

Individual—

(i) A person with an intellectual disability or autism who resides, or receives residential respite care, in a life sharing home and who is not a relative of the owner or the family members.

(ii) The term does not include family members.

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

Intellectual disability—Subaverage general intellectual functioning which originates during the developmental period and is associated with impairment of one or more of the following:

(i) Maturation.

(ii) Learning.

(iii) Social adjustment.

Life sharing home or home—

(i) The private home of an individual or a family in which residential care is provided to one or two individuals with an intellectual disability or autism, except as provided in § 6500.3(f) (relating to applicability).

(ii) The term does not include a home if there are more than two individuals, including respite care individuals, living in the home at any one time who are not family members or relatives of the family members.

(iii) If relatives of the individual live in the home, the total number of people living in the home at any one time who are not family members or relatives of the family members may not exceed four.

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

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

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.

GENERAL REQUIREMENTS

§ 6500.15. Responsibility for compliance.

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

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

§ 6500.17. Self-assessment of homes.

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

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

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

§ 6500.20. Incident report and investigation.

(a) The agency and the home 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 provision of a service or for which the individual is the subject of a law enforcement investigation that may lead to criminal charges against the individual.
 - (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.
 - (12) Theft or misuse of individual funds.
 - (13) A violation of individual rights.
- (b) The agency and the home 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 § 6500.137 (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) Documentation of the notification in subsection (c) shall be kept.
- (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) Immediate action shall be taken 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) An investigation of an incident, alleged incident or suspected incident shall be initiated 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 incident report shall be finalized 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 agency or home notifies the Department in writing that an extension is necessary and the reason for the extension.
 - (j) The following information shall be provided 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.

§ 6500.21. Incident procedures to protect the individual.

- (a) In investigating an incident, the following needs of the affected individual shall be reviewed and considered:
 - (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 agency shall monitor an individual's risk for recurring incidents and implement corrective action, as appropriate.

(c) The agency shall work cooperatively with the individual plan team to revise the individual plan if indicated by the incident investigation.

§ 6500.22. Incident analysis

(a) The following shall be completed 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 affected individual.

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

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

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

§ 6500.25. Applicable statutes and regulations.

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

§ 6500.26. Children's services.

(a) The child, the child's parents and the child's legal guardian shall be provided the opportunity to participate in the exercise of rights, decision-making and individual plan activities, unless otherwise prohibited by court order.

(b) The provisions of this chapter regarding rights, decision-making and individual plan activities shall be implemented in accordance with generally accepted, age-appropriate parental decision-making and practices for children, including bedtimes, privacy, school attendance, study hours, visitors and access to food and property, and do not require a modification of rights in the individual plan in accordance with § 6500.155 (relating to content of the individual plan).

(c) The individual plan in § 6500.155 shall include desired outcomes relating to strengthening or securing a permanent caregiving relationship for the child.

(d) An unrelated child and adult may not share a bedroom.

(e) For purposes of this section, a child is an individual who is under 18 years of age.

INDIVIDUAL RIGHTS

§ 6500.31. Exercise of rights.

- (a) An individual may not be deprived of rights as provided under § 6500.32 (relating to rights of the individual).
- (b) An individual shall be provided the assistance 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.

§ 6500.32. Rights of the individual.

- (a) 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.
- (b) 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.
- (c) An individual may not be abused, neglected, mistreated, exploited, abandoned or subjected to corporal punishment.
- (d) An individual shall be treated with dignity and respect.
- (e) An individual has the right to make choices and accept risks.
- (f) An individual has the right to refuse to participate in activities and services.
- (g) An individual has the right to control the individual's own schedule and activities.
- (h) An individual has the right to privacy of person and possessions.
- (i) An individual has the right of access to and security of the individual's possessions.
- (j) An individual has the right to voice concerns about the services the individual receives.
- (k) An individual has the right to participate in the development and implementation of the individual plan.
- (l) An individual has the right to receive scheduled and unscheduled visitors, and to communicate and meet privately with whom the individual chooses, at any time.

(m) An individual has the right to unrestricted access to send and receive mail and other forms of communications, unopened and unread by others, including the right to share contact information with whom the individual chooses.

(n) An individual has the right to unrestricted and private access to telecommunications.

(o) An individual has the right to manage and access the individual's finances.

(p) An individual has the right to choose persons with whom to share a bedroom.

(q) An individual has the right to furnish and decorate the individual's bedroom in accordance with § 6500.33 (relating to negotiation of choices).

(r) An individual has the right to lock the individual's bedroom door.

(1) Locking may be provided by a key, access card, keypad code or other entry mechanism accessible to the individual to permit the individual to lock and unlock the door.

(2) Access to an individual's bedroom shall be provided only in a life-safety emergency or with the express permission of the individual for each incidence of access.

(3) Assistive technology shall be provided as needed to allow the individual to lock and unlock the door without assistance.

(4) The locking mechanism shall allow easy and immediate access by the individual and staff persons in the event of an emergency.

(5) The primary caregiver shall have the key or entry device to lock and unlock the door.

(s) An individual has the right to have a key, access card, keypad code or other entry mechanism to lock and unlock an entrance door of the home.

(t) An individual has the right to access food at any time.

(u) An individual has the right to make health care decisions.

(v) An individual's rights may only be modified in accordance with § 6500.155 (relating to content of the individual plan) to the extent necessary to mitigate a significant health and safety risk to the individual or others.

§ 6500.33. Negotiation of choices.

(a) An individual's rights shall be exercised so that another individual's or household member's rights are not violated.

(b) The home shall assist the affected individuals and household members to negotiate choices in accordance with the home's practices to resolve differences and make choices.

§ 6500.34. Informing of rights.

(a) Individual rights and the process to report a rights violation shall be explained to the individual, and persons designated by the individual, prior to moving into the home and annually thereafter.

(b) 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 shall be kept.

STAFFING

§ 6500.41. Effective date of staff qualifications.

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

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

§ 6500.42. Chief executive officer.

(a) If an agency is the legal entity administering the home, there shall be one chief executive officer responsible for the life sharing program or agency.

* * * * *

§ 6500.43. Life sharing specialist.

(a) There shall be a life sharing specialist for each individual.

(b) A life sharing specialist shall be assigned to no more than eight homes.

(c) A life sharing specialist shall be responsible for a maximum of 16 people, including people served in other types of services.

(d) The life sharing 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 plan.

(4) Supporting the integration of individuals in the community.

(5) Supporting individual communication and involvement with families and friends.

(e) A life sharing 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 an intellectual disability or autism.

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

(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 an intellectual disability or autism.

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

§ 6500.44. Supervision.

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

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

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

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

(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 family or direct service worker.

§ 6500.45. CPR, first aid and Heimlich maneuver training.

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

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

§ 6500.46. (Reserved).

§ 6500.47. Orientation.

(a) Prior to an individual living in the home, the primary caregiver and the life sharing specialist shall complete the orientation as described in subsection (b).

(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.

§ 6500.48. Annual training.

(a) The primary caregiver and the life sharing specialist shall complete 24 hours of training related to job skills and knowledge each year.

(b) The annual training hours specified in subsection (a) must encompass the following areas:

(1) The application of person-centered practices, rights, facilitating 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.
- (6) Implementation of the individual plan.

§ 6500.49. 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) A training record for each person trained shall be kept.

PHYSICAL SITE

§ 6500.69. Indoor temperature.

(a) The indoor temperature in individual bedrooms and life sharing areas may not be less than 62°F during nonsleeping hours while individuals are present in the home.

(b) The indoor temperature in individual bedrooms and life sharing areas may not be less than 55°F during sleeping hours.

(c) When the indoor temperature in individual bedrooms or life sharing areas exceeds 85°F, mechanical ventilation such as fans shall be used.

(d) If an individual's medical needs indicate an indoor temperature that is different from that required under subsections (a)—(c), the medical recommendations for temperature shall be met.

§ 6500.76. Furniture.

Furniture in individual bedrooms and life sharing areas shall be nonhazardous, clean and sturdy.

MEDICATIONS

§ 6500.131. Self-administration.

(a) An individual who has a prescribed medication shall be provided 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) Assistive technology shall be provided to support the individual's self-administration of 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 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.

§ 6500.132. Medication administration.

(a) Staff persons or others who 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.

(2) A person who has completed the medication administration course requirements as specified in § 6500.139 (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 in 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.

§ 6500.133. 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, except for the purpose of packaging the medication for the individual to take with the individual to a community activity for administration the same day the medication is removed from its original container.

(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 in the individual's private bedroom or personal belongings.

§ 6500.134. (Reserved).

§ 6500.135. 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 diagnosed psychiatric illness.

(g) If a medication is prescribed to treat symptoms of a diagnosed psychiatric illness, there shall be a review by a licensed physician at least every 3 months to document the reason for prescribing the medication, the need to continue the medication and the necessary dosage.

§ 6500.136. 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.
- (9) Frequency 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.

§ 6500.137. 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 § 6500.20(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.

§ 6500.138. Adverse reaction.

(a) If an individual has a suspected adverse reaction to a medication, the home 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.

§ 6500.139. Medication administration training.

(a) A 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 § 6500.132 (relating to medication administration).

(b) A 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 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.

PROGRAM

§ 6500.151. Assessment.

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

(b) If the life sharing 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 life sharing specialist shall sign and date the assessment.

* * * * *

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

§ 6500.152. Development, annual update and revision of the individual plan.

(a) The life sharing 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 home.

(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.

§ 6500.153. 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 life sharing specialist.

(5) The support coordinator, targeted support manager or a program representative from the funding source, if applicable.

(6) The program specialist for the individual's day program, if applicable.

(7) 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.

§ 6500.154. 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.

§ 6500.155. 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, income and savings, 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.

§ 6500.156. Implementation of the individual plan.

The home and the agency shall implement the individual plan, including revisions.

§ 6500.157. (Reserved).

§ 6500.158. Life sharing services.

- (a) The life sharing home shall provide services, including assistance, training and support for the acquisition, maintenance or improvement of functional skills, personal needs, communication and personal adjustment.
- (b) The life sharing home shall provide opportunities to the individual for participation in community life, including volunteer or civic-minded opportunities and membership in National or local organizations.
- (c) The life sharing home shall provide services to the individual as specified in the individual's individual plan.
- (d) The life sharing home shall provide services that are age and functionally appropriate to the individual.

§ 6500.159. Day services.

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

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

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

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

§ 6500.160. Recreational and social activities.

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

(1) The home.

(2) Away from the home.

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

(c) Documentation of recreational and social activities shall be kept in the individual's record.

RESTRICTIVE PROCEDURES

§ 6500.161. Definition of restrictive procedures.

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

§ 6500.164. Human rights team.

(a) If a restrictive procedure is used, a human rights team shall be used. A county mental health and intellectual disability program human rights team that meets the requirements of this section may be used.

(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.

§ 6500.165. 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 § 6500.164 (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.

(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 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 § 6500.155(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.

§ 6500.166. Staff training.

(a) A 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.

§§ 6500.167—6500.176. (Reserved).

§ 6500.177. 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, muffs 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 of 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 of the device to allow freedom of movement.

§ 6500.178. 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.

§ 6500.179. Emergency use of a physical restraint.

If a physical restraint is used on an unanticipated, emergency basis, §§ 6500.164 and 6500.165 (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.

§ 6500.180. 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 home or agency may not coerce the individual to provide consent.

INDIVIDUAL RECORDS

§ 6500.182. Content of records.

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

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

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

(1) Personal information, including:

(i) The name, sex, admission date, birthdate and Social Security number.

(ii) The race, height, weight, color of hair, color of eyes and identifying marks.

(iii) The language or means of communication spoken or understood by the individual and the primary language used in the individual's natural home, if other than English.

(iv) The religious affiliation.

(v) The next of kin.

(vi) A current, dated photograph.

(2) Incident reports relating to the individual.

(3) Physical examinations.

(4) Dental examinations.

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

(6) Individual plan documents as required by this chapter.

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

§ 6500.183. Record location.

Copies of the most current record information required in § 6500.182(c)(1)—(7) (relating to content of records) shall be kept in the home.

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§ 6500.185. Access.

The individual, and the individual's parent, guardian or designated person shall have access to the records and to information in the records. If the life sharing specialist documents, in writing, that disclosure of specific information constitutes a substantial detriment to the individual or that disclosure of specific information will reveal the identity of another individual or breach the confidentiality of persons who have provided information upon an agreement to maintain their confidentiality, that specific information identified may be withheld.

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