



## Personal Care Home Training Agenda

Time	Topic	Presenter(s)
7:30 – 8:30	Registration	
8:30 – 8:45	Welcome / Introduction	Michelle Mitchell
8:45-10:15	<ul style="list-style-type: none"><li>Regulation Review</li></ul>	Jerry Mayo & Samantha Windsor
10:15 – 10:30	Break	
10:30 – 12:00	<ul style="list-style-type: none"><li>Regulation Review (continued)</li></ul>	Jerry Mayo & Samantha Windsor
12:00 – 1:15	Lunch	Michelle Mitchell
1:15 – 2:30	<ul style="list-style-type: none"><li>Regulation Review (continued)</li></ul>	Jerry Mayo & Samantha Windsor
2:30 – 2:45	Break	
2:45 – 4:00	<ul style="list-style-type: none"><li>Survey Process Overview</li><li>Informal Dispute Resolution</li></ul>	Jerry Mayo & Samantha Windsor
4:00	Wrap-up Adjourn	Michelle Mitchell



Cabinet for Health and Family Services  
Office of Inspector General  
Division of Health Care

Presents

**Personal Care Home Regulation Review  
&  
Exploring the Survey Process**

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**Personal Care Home  
Regulation**

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**Objectives**

Upon completion of this session, participants will be able to:

- Describe the Personal Care Home (PCH) Process and how it is implemented.
- Identify the PCH regulations.

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## Scope of Operations and Services

### 902 KAR 20:036-2

P076 A personal care home is an establishment with permanent facilities including resident beds. Services provided include continuous supervision of residents, basic health and health-related services, personal care services, residential care services and social and recreational activities. A resident in a personal care home shall be sixteen (16) years of age or older and be ambulatory or mobile non-ambulatory, and able to manage most of the activities of daily living. Persons who are non-ambulatory or non-mobile shall not be eligible for residence in a personal care home.

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## Definitions

### “Activities of Daily Living”

- **Self-help**
  - Ability to feed, bathe or dress oneself.
- **Communication**
  - Ability to place phone calls, write letters and understand instructions.
- **Socialization**
  - Ability to shop, be considerate of others, work with others and participate in activities.

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## Definitions

### “Activities Services”

- **Social & recreational opportunities to stimulate physical & mental abilities, encourage & develop a sense of usefulness & self respect & encourage participation in a variety of activities.**

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<b>Definitions</b>	
<b>“Administrator”</b>	
<ul style="list-style-type: none"> <li>• A literate 21-year old person who               <ul style="list-style-type: none"> <li>– has a high school diploma or has passed the General Education Development Test.</li> <li>– has sufficient education to maintain adequate records; submit reports requested by the board; interpret any written material related to phases of facility operation and resident’s care.</li> <li>– Is licensed as a nursing home administrator as provided by KRS 216A.080</li> </ul> </li> </ul>	
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<b>Definitions</b>	
<b>“Ambulatory”</b>	<b>“Mobile Non-ambulatory”</b>
<ul style="list-style-type: none"> <li>• Ability to walk without assistance.</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to walk without assistance; but able to move from place to place and self exit the building, with use of a device, such as a walker, crutches, or wheelchair and capable of independent bed-to-chair transfer with minimal assistance.</li> </ul>
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<b>Definitions</b>	
<b>“Non-ambulatory”</b>	<b>“Non-mobile”</b>
<ul style="list-style-type: none"> <li>• Unable to walk without assistance.</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to move from place to place.</li> </ul>
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**Definitions**

**“License”**

- An authorization issued by the Certificate of Need and Licensure Board for the purpose of operating a personal care home and offering personal care services.

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**Definitions**

**“Personal Care”**

- Services to help residents to achieve and maintain good personal hygiene including but not limited to assistance with
  - bathing
  - shaving
  - cleaning & trimming of fingernails & toenails
  - cleaning of the mouth & teeth
  - washing, grooming & cutting of hair

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**Definitions**

**“Qualified dietician or nutritionist”**

- A person who
  - has a bachelor of science degree in foods and nutrition, food service management, institutional management, or related services and has successfully completed a dietetic internship or coordinated undergraduate program accredited by the American Dietetic Association (ADA) and is a member of the ADA or is registered as a dietician by ADA; or
  - has a masters degree in nutrition and is a member of ADA or is eligible for registration by ADA; or
  - has a bachelor of science degree in home economics and three (3) years of work experience with a registered dietician.

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**Definitions**

**“Residential Care”**

- Services which include but are not limited to
  - room accommodations
  - housekeeping
  - maintenance services
  - dietary services
  - laundering of resident’s clothing and bed liners

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**Definitions**

**“Restraint”**

- Any pharmaceutical agent or physical or mechanical device used to restrict the movement of a patient or the movement of a portion of a patient’s body.

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**Administration and Operation**

**Licensee**

- P0077 The licensee shall be legally responsible for the operation of the personal care home and for compliance with federal, state and local laws and regulations pertaining to the operation of the home.
- P0078 The licensee shall establish policies for the administration and operation of the service.

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**Administration and Operation**

**Administrator**

- P0079 All personal care facilities shall have an administrator who shall be responsible for the operation of the facility and shall delegate such responsibility in his or her absence. P0079

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**Administration and Operation**

**Admission**

- P0080 Personal care homes shall admit only persons who are sixteen (16) years of age or older and who are ambulatory or mobile non-ambulatory and whose care needs do not exceed the capability of the home. Persons who are non-ambulatory or non-mobile shall not be eligible for admission to a personal care home.

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**Administration and Operation**

**Admission (cont.)**

- P0081 A personal care home shall not care or be responsible for the care of more residents than the capacity indicated on the license, regardless of where housed.

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**Administration and Operation**

**Admission (cont.)**

- P0082 Upon admission the resident and a responsible member of his family or committee shall be informed in writing of the established policies of the home to include but not be limited to fees, reimbursement, visitation rights during serious illness, visiting hours, type of diets offered and services rendered.

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**Administration and Operation**

**Admission (cont.)**

- P0083 Upon admission each resident shall have a complete medical evaluation including medical history, physical examination and diagnosis (may be copy of discharge summary or health and physical report from physician, hospital or other health care facility if done within fourteen (14) days prior to admission.

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**Administration and Operation**

**Patient Rights**

- P0084 Patient rights shall be provided for pursuant to KRS 216.510 to 216.525.

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**Administration and Operation**

**Adult and Child Protection**

- P0085 Personal care homes shall have written policies which assure the reporting of cases of abuse, neglect or exploitation of adults and children pursuant to KRS Chapters 209 and 620.

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**Administration and Operation**

**Transfer and Discharge**

- P0086 Personal care homes shall comply with the requirements of 900 KAR 2:050 when transferring or discharging residents.

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**Administration and Operation**

**Transfer and Discharge (cont.)**

- P0086 (contd.) Personal care homes shall have written transfer procedures and agreements for the transfer of residents to other health care facilities which can provide a level of inpatient care not provided by the personal care home. Any facility which does not have a transfer agreement in effect but has attempted in good faith to enter into such an agreement shall be considered to be in compliance with the licensure requirement. The transfer procedures and agreements shall specify the responsibilities each institution assumes in the transfer of patients and establish responsibility for notifying the other institution promptly of the impending transfer of a patient and arrange for appropriate and safe transportation.

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**Administration and Operation**

**Transfer and Discharge (cont.)**

- P0087 The administrator shall initiate transfer through the resident's physician or appropriate agencies when the resident's condition is not within the scope of services of a personal care home.

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**Administration and Operation**

**Transfer and Discharge (cont.)**

- P0088 In the event of transfer to another health care facility a current summary of the resident's medical records shall accompany the resident. When a transfer is to another level of care within the same facility, a copy of the resident's record or current summary thereof shall accompany the resident.

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**Administration and Operation**

**Tuberculosis Testing**

- P0089 All employees and residents shall be tested for tuberculosis in accordance with the provisions of 902 KAR 20:200, Tuberculosis testing in Long-Term Care Facilities

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**Administration and Operation**

**Personnel**

- P0090 Operators and employees of personal care homes shall comply with 1998 Ky. Acts ch. 424, sec. 1. (KRS 216.532 – Long-term Care facilities do not employ persons on Nurse Aid Abuse Registry)

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**Administration and Operation**

**Personnel (cont.)**

- P0091 Current employee records shall be maintained and shall include a record of each employee's training and experience, evidence of current licensure, registration or certification where required by law, health records and evaluation of performance, along with employee's name, address, and social security number.

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**Administration and Operation**

**Personnel (cont.)**

- P0092 All employees shall be of an age in conformity with state laws.
- P0093 Any employee contracting an infectious disease shall not appear at work until the infectious disease can no longer be transmitted.
- P0094 All dietary employees shall wear hairnets.

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## Administration and Operation

### Personnel (cont.)

- P0095 All personal care home employees shall receive in-service training to correspond with the duties of their respective jobs. Documentation of in-service training shall be maintained in the employee's record and shall include: who gave the training, date and period of time training was given, and a summary of what the training consisted of.

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## Administration and Operation

### Personnel (cont.)

- P0096 In-service training shall include but not be limited to the following:
  - Policies of the facility in regard to the performance of their duties;
  - Services provided by the facility -Record keeping procedures
  - Procedures for the reporting of cases of adult and child abuse, neglect or exploitation pursuant to KRS Chapter 209 & 620.
  - Patient rights as provided for in KRS 216.510 to 216.525
  - Methods of assisting patients to achieve maximum abilities in activities of daily living
  - Procedures for the proper application of physical restraints
  - Procedures for maintaining a clean, healthful and pleasant environment
  - The aging process -The emotional problems of illness
  - Use of medication -Therapeutic diets

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## Administration and Operation

### Personnel (cont.)

- P0097 The number of personnel required shall be based on: the number of patients; amount and kind of personal care, supervision, and program needed to meet the needs of the residents as determined by the definitions of care and services required in this administrative regulation.

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**Administration and Operation**

**Personnel (cont.)**

- P0097 (cont.) If the staff to resident ratio does not meet the needs of the residents, the Division of Licensing and Regulation shall determine and inform the administrator in writing how many additional personnel are to be added and of what job classification and shall give the basis for this determination.

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**Administration and Operation**

**Personnel (cont.)**

- P0098 The administrator shall designate a person for each of the following areas who will be primarily responsible for the coordination and provisions of services (Personnel may be required to perform combined duties):
  - Record keeping
  - Basic health and health related services
  - Activity services

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**Administration and Operation**

**Personnel (cont.)**

- P0099 Each facility shall have a full-time person designated by the administrator, responsible for the total food service operation of the facility and who shall be on duty a minimum of thirty-five (35) hours each week.

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## Administration and Operation

### Personnel (cont.)

- P0100 One (1) attendant shall be awake and on duty on each floor in the facility at all times.

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## Administration and Operation

### Medical Records

- P0101 The person in charge of medical records shall assure that a complete medical record shall be kept for each resident with all entries current, dated and signed. Entries should be made in ink, ballpoint, or typed.

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## Administration and Operation

### Medical Records (cont.) Identification Information

- P0102
  1. Resident's name
  2. Social Security, Medicare and Medical Assistance identification number
  3. Marital status
  4. Birthdate
  5. Age
  6. Sex
  7. Home address
  8. Religion and personal clergymen if any (with consent of resident)
  9. Attending physician, dentist and podiatrist, if any, address and phone number for each
  10. Next of kin or responsible person, address and phone number
  11. Date of admission and discharge
  12. In the event of transfer, a copy of the summary of resident's records
  13. Monthly recording of resident's weight

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**Administration and Operation**

**Medical Records (cont.)**

- P0103 If admitted from another facility a discharge summary or transfer summary.
- P0104 Each medical record includes an admitting medical evaluation.

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**Administration and Operation**

**Medical Records (cont.)  
Records Requirements**

- P0105 Physician's report on annual medical evaluation of the resident.
- P0106 Physician progress notes indicating changes in resident's condition, at time of each visit by the physician and consultant.
- P0107 Orders for medication or therapeutic services.
- P0108 Nurses' or staff notes indicating changes in resident's condition as they occur.

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**Administration and Operation**

**Medical Records (cont.)**

- P0109 Reports of accidents or acute illnesses of any resident.

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**Administration and Operation**

**Medical Records (cont.)**

- P0110 Reports of social services, dental, laboratory, x-ray and special reports of consultants or therapists when the resident receives these services.

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**Administration and Operation**

**Medical Records (cont.)**

**Medication Records**

- P0111 Medication and treatment sheets including all medications, treatments and special procedures performed indicating date and time. Entries shall be initialed by the personnel rendering treatment or administering medication.

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**Administration and Operation**

**Medical Records (cont.)**

**Restraints**

- P0112 Reports of the use of physical restraints, the procedures used, and the checks and releases of physical restraints.

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## Administration and Operation

### Medical Records (cont.) Discharge Destination

- P0113 A record of resident's discharge destination.

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## Provisions of Services

### Retention of Records

- P0114 After death or discharge the completed medical record shall be placed in an inactive file and retained for five (5) years, or in case of a minor, three (3) years after the patient reaches the age of majority under state law, whichever is the longest.

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## Provisions of Services

### Basic Health and Health Related Services

- P0115 All personal care homes shall provide basic health and health related services including: continuous supervision and monitoring of the resident to assure that the resident's health care needs are being met, supervision of self-administration of medications, storage and control of medications, when necessary, and making arrangements for obtaining therapeutic services ordered by the resident's physician which are not available in the facility.

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## Provisions of Services

### Basic Health and Health Related Services (cont.)

All personal care homes shall meet the following requirements relating to the provision of basic health and health related services:

- P0116 The person in charge of the facility shall be responsible for obtaining medical care by a licensed physician promptly in cases of accident or acute illness of any resident. Such instances shall be recorded in the residents medical record.

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## Provisions of Services

### Basic Health and Health Related Services (cont.) Medication and Therapeutic Services

- P0117 Medications or therapeutic services shall not be administered or provided to any resident except on the order of a licensed physician or other ordering personnel acting within the limits of their statutory scope of practice. Administration of all medications and provision of therapeutic services shall be recorded in the resident's medical record.

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## Provisions of Services

### Basic Health and Health Related Services (cont.) Telephone Orders

- P0118 If orders are received by telephone, the order shall be recorded on the individual's medical record and signed by the physician or other ordering personnel acting within the limits of their statutory scope of practice within fourteen (14) days.

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**Provisions of Services**

**Basic Health and Health Related Services (cont.)  
Accident/Incident Reports**

- P0119 A written report of any incident or accident involving a resident (including medication errors or drug reactions), visitor or staff shall be made and signed by the administrator and any staff member who may have been witness to the incident. The report shall be filed in an incident filed.

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**Provisions of Services**

**Controlled Substances**

- P0120 A home shall not keep any controlled substances or other habit forming drugs, hypodermic needles, or syringes except under the specific direction of a physician.
- P0121 Controlled substances shall be kept under double lock (i.e. in a locked box in a locked cabinet).

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**Provisions of Services**

**Controlled Substances (cont.)**

- P0122 There shall be a controlled substances bound report book with numbered pages, in which is recorded the name of the resident; the date, time, kind, dosage, and method of administration of all controlled substances; the name of the physician who prescribed the medications; and the name of the nurse who administered it, or staff who supervised the self-administration.

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**Provisions of Services**

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**Controlled Substances (cont.)**

- P0123 In addition, there shall be a recorded and signed schedule II controlled substances count daily, and schedule III, IV, and V controlled substances count once per week by those persons who have access to controlled substances.

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**Provisions of Services**

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**Controlled Substances (cont.)**

- P0124 All controlled substances which are left over after the discharge or death of the resident shall be destroyed in accordance with 21 CFR 1307.21.

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**Provisions of Services**

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**Controlled Substances (cont.)**

- P0125 All medicines shall be plainly labeled with the resident's name, the name of the drug, strength, name of pharmacy, prescription number, date, physician name, caution statements and directions for use except where accepted modified unit dose systems conforming to federal and state laws are used.

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**Provisions of Services**

**Controlled Substances (cont.)  
Storage**

- P0126 All medicines kept by the home shall be kept in a locked place and the persons in charge shall be responsible for giving the medicines and keeping them under lock and key.
- P0127 Medications requiring refrigeration shall be kept in a separate locked box of adequate size in the refrigerator in the medication area.

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**Provisions of Services**

**Controlled Substances (cont.)  
Storage**

- P0128 Drugs for external use shall be stored separately from those administered by mouth and injection.
- P0129 Provisions shall also be made for the locked separate storage of medications of deceased and discharged patients until such medication is surrendered or destroyed in accordance with existing federal and state laws and regulations.

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**Provisions of Services**

**Controlled Substances (cont.)  
Psychiatric Treatment**

- P0130 If a resident manifests persistent behavior that may require a psychiatric treatment, the resident's physician shall be notified in order to evaluate and direct the resident's care. If the resident's condition does not improve enough for his continued stay in a personal care facility, the physician shall initiate transfer of the resident to an appropriate facility as soon as possible.

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**Provisions of Services**

**Use of Restraints**

- P0131 No restraints shall be used except as permitted by KRS 216.515(6).
- P0132 Restraints that require lock and key shall not be used.
- P0133 Restraints shall be applied only by appropriately trained personnel.
- P 0134 Restraints shall not be used as a punishment, as discipline, as a convenience for the staff, or as a mechanism to produce regression.

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**Provisions of Services**

**Medical Evaluation**

- P0135 Each resident shall have an annual medical evaluation by a physician. The results of this evaluation shall be recorded in the resident's medical record.

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**Provisions of Services**

**Communicable Diseases**

- P0136 If a resident or prospective resident is suspected or known to have a communicable disease for which a reasonable probability of disease transmission exists in the personal care home, the administrator shall assure that a physician is contacted and that appropriate measures are taken on behalf of the resident with the communicable disease and the other residents.

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<b>Provisions of Services</b>
<p style="text-align: center;"><b>Residential Care Services</b></p> <ul style="list-style-type: none"> <li>• P0137 A personal care home shall provide residential care services to all residents including: room accommodations, housekeeping and maintenance services, and dietary services.</li> </ul> <p style="font-size: small;">Cabinet for Health and Family Services</p>

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<b>Provisions of Services</b>
<p style="text-align: center;"><b>Room Accommodations</b></p> <p>A personal care home shall meet the following requirements relating to the provision of residential care services:</p> <ul style="list-style-type: none"> <li>• P0138 Each resident shall be provided a bed equipped with substantial springs, a clean comfortable mattress, a mattress cover, two (2) sheets and a pillow, and such bed covering as is required to keep the residents comfortable. Rubber or other impervious sheets shall be placed over the mattress cover whenever necessary. Beds occupied by residents shall be placed so that no resident may experience discomfort because of proximity to radiators, heat outlets, or by exposure to drafts.</li> </ul> <p style="font-size: small;">Cabinet for Health and Family Services</p>

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<b>Provisions of Services</b>
<p style="text-align: center;"><b>Room Accommodations (cont.)</b></p> <ul style="list-style-type: none"> <li>• P0139 The home shall provide window coverings, bedside tables with reading lamps (if appropriate), comfortable chairs, chest or dressers with mirrors and a night light.</li> </ul> <p style="font-size: small;">Cabinet for Health and Family Services</p>

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<b>Provisions of Services</b>
<p style="text-align: center;"><b>Room Accommodations (cont.)</b></p> <ul style="list-style-type: none"> <li>• P0140 Residents shall not be housed in unapproved rooms or unapproved detached buildings.</li> <li>• P0141 Basement rooms shall not be used for sleeping rooms for residents.</li> <li>• P0142 Residents may have personal items and furniture when it is physically feasible.</li> </ul> <p><small>Cabinet for Health and Family Services</small></p>

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<b>Provisions of Services</b>
<p style="text-align: center;"><b>Housekeeping and Maintenance Services</b></p> <ul style="list-style-type: none"> <li>• P0143 The home shall maintain a clean and safe facility free of unpleasant odors. Odors shall be eliminated at their source by prompt and thorough cleaning of commodes, urinals, bedpans and other obvious sources.</li> </ul> <p><small>Cabinet for Health and Family Services</small></p>

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<b>Provisions of Services</b>
<p style="text-align: center;"><b>Housekeeping and Maintenance Services (cont.) Laundry</b></p> <ul style="list-style-type: none"> <li>• P0144 An adequate supply of clean linen should be on hand at all times. Soiled clothing and linens shall receive immediate attention and should not be allowed to accumulate. Clothing or bedding used by one (1) resident shall not be used by another until it has been laundered or dry cleaned.</li> </ul> <p><small>Cabinet for Health and Family Services</small></p>

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### Provisions of Services

#### Housekeeping and Maintenance Services (cont.) Laundry (cont.)

- P0145 Laundering of resident's normal personal clothing and bed linens. Resident's personal clothing and bed linens shall be laundered by the home as often as is necessary. Resident's personal clothing shall be laundered by the home unless the resident or resident's family accepts this responsibility. Residents capable of laundering their own personal clothing and wishing to do so may, instead, be provided the facilities to do so. Resident's personal clothing laundered by the facility shall be marked to identify the resident-owner and returned to the correct resident.

Cabinet for Health and Family Services

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### Provisions of Services

#### Housekeeping and Maintenance Services (cont.) Safety and Maintenance

- P0146 Safety. The home shall take appropriate precautions to insure safety of residents, visitors and employees.
- P0147 Maintenance. The premises shall be well kept and in good repair.

Cabinet for Health and Family Services

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### Provisions of Services

#### Housekeeping and Maintenance Services (cont.) Safety and Maintenance (cont.)

- Requirements shall include but not be limited to:
- P0148 The facility shall insure that the grounds are well kept and the exterior of the building and including the sidewalk, steps, porches, ramps, and fences are in good repair.
  - P0149 The interior of the building including walls, ceilings, floors, windows, window coverings, doors, plumbing and electrical fixtures shall be in good repair. Windows and doors shall be screened.

Cabinet for Health and Family Services

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**Provisions of Services**

**Housekeeping and Maintenance Services (cont.)  
Trash**

- P0150 Garbage and trash shall be stored in areas separate from those used for the preparation and storage of food and shall be removed from the premises regularly. Containers shall be cleaned regularly.

Cabinet for Health and Family Services

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**Provisions of Services**

**Housekeeping and Maintenance Services (cont.)  
Pest Control**

- P0151 A pest control program shall be in operation in the facility. Pest control services shall be provided by maintenance personnel of the facility or by contract with a pest control company. Care shall be taken to use the least toxic and least flammable effective insecticides and rodenticides. The compounds shall be stored under lock.

Cabinet for Health and Family Services

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**Provisions of Services**

**Dietary Services**

- P0152 Dining area. A dining area shall be available for the residents.
- P0153 Therapeutic diets. If the facility provides therapeutic diets, and the designated person responsible for food service is not a qualified dietician or nutritionist, consultation by a qualified dietician or qualified nutritionist shall be provided.

Cabinet for Health and Family Services

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**Provisions of Services**

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**Dietary Services (cont.)  
Menu Planning**

- P0154 Menus shall be planned in writing and rotated to avoid repetition. Nutrition needs of residents shall be met in accordance with the current recommended dietary allowances of the Food and Nutrition Board of the National Research Council adjusted for age, sex and activity and in accordance with physician's orders.

Cabinet for Health and Family Services

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**Provisions of Services**

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**Dietary Services (cont.)  
Food Preparation and Storage**

- P0156 There shall be at least a three (3) day supply of food to prepare well balanced palatable meals.
- P0157 Food shall be prepared with consideration for any individual dietary requirement. Modified diets, nutrient concentrates and supplements shall be given only on the written orders of a physician.

Cabinet for Health and Family Services

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**Provisions of Services**

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**Dietary Services (cont.)  
Food Preparation and Storage (cont.)**

- P0158 At least three (3) meals per day shall be served with not more than a fifteen (15) hour span between the evening meal and breakfast. Between-meal snacks to include an evening snack before bedtime shall be offered to all residents. Adjustments shall be made when medically contraindicated.

Cabinet for Health and Family Services

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**Provisions of Services**

**Dietary Services (cont.)  
Food Preparation and Storage (cont.)**

- P0159 Food shall be prepared by methods that conserve nutritive value, flavor, and appearance, and shall be attractively served at the proper temperatures and in a form to meet individual needs. A file of tested recipes, adjusted to appropriate yield, shall be maintained. Food shall be cut, chopped, or ground to meet individual needs. If a resident refuses food served, substitutes shall be offered.

Cabinet for Health and Family Services

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**Provisions of Services**

**Dietary Services (cont.)  
Food Preparation and Storage (cont.)  
Leftover Food**

- P0160 All opened containers or leftover food items shall be covered and dated when refrigerated.

Cabinet for Health and Family Services

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**Provisions of Services**

**Dietary Services (cont.)  
Ice Water**

- P0161 Ice water shall be readily available to the residents at all times.

Cabinet for Health and Family Services

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<b>Provisions of Services</b>
<b>Sanitation</b>
<ul style="list-style-type: none"> <li>• P0162 Personal Care Homes shall comply with all applicable provisions of KRS 219.011 to KRS 219.081 (Food Service Establishment) and 902 KAR 45:005 (Retail Food Code).</li> </ul>
<small>Cabinet for Health and Family Services</small>

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<b>Provisions of Services</b>
<b>Personal Care Services</b>
<ul style="list-style-type: none"> <li>• P0164 Shaving</li> <li>• P0165 Cleaning and trimming of fingernails and toenails.</li> <li>• P0166 Cleaning of the mouth and teeth to maintain good oral hygiene as well as care of the lips to prevent dryness and cracking. All residents shall be provided with tooth brushes, a dentifrice, and denture containers, when applicable.</li> <li>• P0167 Washing, grooming, and cutting of hair.</li> </ul>
<small>Cabinet for Health and Family Services</small>

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<b>Provisions of Services</b>
<b>Activity Services</b>
<ul style="list-style-type: none"> <li>• P0168 A personal care home shall provide social and recreational activities to: stimulate physical and mental abilities to the fullest extent; encourage and develop a sense of usefulness and self respect; prevent, inhibit or correct the development of symptoms of physical and mental regression due to illness or old age, be of sufficient variety that they meet the needs of the various types of residents in the home.</li> </ul>
<small>Cabinet for Health and Family Services</small>

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**Provisions of Services**

**Activity Services (cont.)**  
**Activity Program Staff**

A personal care home shall meet the following requirements relating to the provision of activity services:

- P0169 Staff. A person designated by the administrator shall be responsible for the activity program. (Volunteer groups may be enlisted to assist with carrying out the activities programs).

Cabinet for Health and Family Services

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**Provisions of Services**

**Activity Services (cont.)**  
**Posted Daily Activities**

- P0170 There shall be a planned activity period each day. The schedule shall be current and posted.

Cabinet for Health and Family Services

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**Provisions of Services**

**Activity Services (cont.)**

- P0170 The program shall be planned for group & individual activities, both within & outside of the facility.
- P0172 The person responsible for activities shall maintain a current list of residents on which precautions are noted regarding a resident's condition that might restrict or modify his participation in the program.
- P0173 A living or recreation room & outdoor recreational space shall be provided for residents & their guests.

Cabinet for Health and Family Services

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**Provisions of Services**

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**Activity Services (cont.)  
Supplies**

- P0174 The facility shall provide supplies and equipment for the activities program.
- P0175 Reading materials, radios, games, and TV sets shall be provide for the residents.

Cabinet for Health and Family Services

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**PCH Facility Specifications  
Regulations**

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**Facility Specifications**

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**Resident Unit  
Resident Rooms**

902 KAR 20:031

Each room shall meet the following requirements:

- P0048 Maximum room capacity: four (4) residents.
- P0049 Resident rooms shall be designed to permit not less than a three (3) foot space between beds, and at least a three (3) foot space between the side of the bed and the nearest wall, fixed cabinet, or heating/cooling unit.

Cabinet for Health and Family Services

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**Facility Specifications**

**Resident Unit (cont.)  
Resident Rooms (cont.)**

- P0050 Beds shall be at least thirty-six (36) inches wide.
- P0051 A minimum of three (3) feet is required between the foot of the bed and opposite wall or foot of opposite bed in multibed rooms.

Cabinet for Health and Family Services

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**Facility Specifications**

**Resident Unit (cont.)  
Resident Rooms (cont.)**

- P0058 In multibed rooms, a method of assuring visual privacy for each resident shall be provided.

Cabinet for Health and Family Services

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**Facility Specifications**

**Mechanical Requirements  
Temperature and Ventilating Systems**

- P0128 A minimum temperature of seventy-two (72) degrees Fahrenheit shall be provided for in occupied areas in winter conditions.
- P0129 A maximum temperature of eighty-five (85) degrees Fahrenheit shall be provided for in occupied areas in summer conditions.

Cabinet for Health and Family Services

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**Facility Specifications**

**Mechanical Requirements  
Hot Water Heaters and Tanks**

- P0147 The hot water heating equipment shall have sufficient capacity to supply the water at the temperature and amounts indicated below:

Temp F.	Resident 100-110	Dishwasher 180*	Laundry 140-180**
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\*Temperature may be reduced to 140 if chloritizer is used.  
 \*\*If the temperature used is below 180 the home shall utilize detergents and other additives to insure that the linens be adequately cleaned.

Cabinet for Health and Family Services

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**Facility Specifications**

**Electrical Requirements  
Lighting**

- P0154 A reading light shall be provided for each resident when appropriate.
- P0156 Night lights shall be provided in each resident's room.

Cabinet for Health and Family Services

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**Patient Rights  
Regulations**

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<b>Patient Rights</b>
<p><b>Every resident in a long-term-care facility shall have at least the following rights:</b></p>
<p><small>Cabinet for Health and Family Services</small></p>

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<b>Patient Rights</b>
<b>Services Available</b>
<ul style="list-style-type: none"> <li>• R0800 Before admission to a long-term-care facility, the resident and the responsible party or his responsible family member or his guardian shall be fully informed in writing, as evidenced by the resident's written acknowledgment and that of the responsible party or his responsible family member or his guardian, of all services available at the long-term-care facility. Every long-term-care facility shall keep the original document of each written acknowledgment in the resident's personal file.</li> </ul>
<p><small>Cabinet for Health and Family Services</small></p>

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<b>Patient Rights</b>
<b>Resident Rights</b>
<ul style="list-style-type: none"> <li>• R0801 Before admission to a long-term-care facility, the resident and the responsible party or his responsible family member or his guardian shall be full informed in writing, as evidenced by the resident's written acknowledgment and that of the responsible party or his responsible family member or his guardian, of all resident's responsibilities and rights as defined in this section and KRS 216.520 to 216.530. Every long-term-care facility shall keep the original document of each written acknowledgment in the resident's personal file.</li> </ul>
<p><small>Cabinet for Health and Family Services</small></p>

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**Patient Rights**

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**Service Charges**

- R0802 The resident and the responsible party or his responsible family member or his guardian shall be fully informed in writing, as evidenced by the resident's written acknowledgment and that of the responsible party or his responsible family member, or his guardian, prior to or at the time of admission and quarterly during the resident's stay at the facility, of all service charges for which the resident or his responsible family member or his guardian is responsible for paying. The resident and the responsible party or his responsible family member or his guardian shall have the right to file complaints concerning charges which they deem unjustified to appropriate local and state consumer protection agencies. Every long-term-care facility shall keep the original document of each written acknowledgment in the resident's personal file.

Cabinet for Health and Family Services

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**Patient Rights**

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**Transfer and Discharge**

- R0803 The resident shall be transferred or discharged only for medical reasons, or his own welfare, or that of the other residents, or for nonpayment, except where prohibited by law or administrative regulation. Reasonable notice of such action shall be given to the resident and the responsible party or his responsible family member or his guardian.

Cabinet for Health and Family Services

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**Patient Rights**

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**Rights and Grievances**

- R0804 All residents shall be encouraged and assisted throughout their periods of stay in long-term-care facilities to exercise their rights as a resident and a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and to outside representatives of their choice, free from restraint, interference, coercion, discrimination, or reprisal.

Cabinet for Health and Family Services

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**Patient Rights**

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**Abuse**

- F0805 All residents shall be free from mental and physical abuse, and free from chemical and physical restraints except in emergencies or except as thoroughly justified in writing by a physician for a specified and limited period of time and documented in the resident's medical record.

Cabinet for Health and Family Services

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**Patient Rights**

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**Confidential Records**

- F0806 All residents shall have confidential treatment of their medical and personal records. Each resident or his responsible family member or his guardian shall approve or refuse the release of such records to any individuals outside the facility, except as otherwise specified by statute or administrative regulation.

Cabinet for Health and Family Services

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**Patient Rights**

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**Resident Funds**

- F0807 Each resident may manage the use of his personal funds. If the facility accepts the responsibility for managing the resident's personal funds as evidenced by the facility's written acknowledgment, proper accounting and monitoring of such funds shall be made. This shall include each facility giving quarterly itemized statements to the resident and the responsible party or his responsible family member or his guardian which detail the status of the resident's personal funds and any transactions in which such funds have been received or disbursed. The facility shall return to the resident his valuables, personal possessions, and any unused balance of moneys from his account at the time of his transfer or discharge from the facility. In case of death or valid reasons when he is transferred or discharged the resident's valuables, personal possessions, and funds that the facility is not liable for shall be promptly returned to the resident's responsible party or family member, or his guardian, or his executor.

Cabinet for Health and Family Services

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**Patient Rights**

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**Privacy**

- F0808 If a resident is married, privacy shall be assured for the spouse's visits and if they are both residents in the facility, they may share the same room unless they are in different levels of care or unless medically contraindicated and documented by a physician in the resident's medical record.

Cabinet for Health and Family Services

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**Patient Rights**

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**No Required Services**

- R0809 Residents shall not be required to perform services for the facility that are not included for therapeutic purposes in their plan of care.

Cabinet for Health and Family Services

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**Patient Rights**

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**Privacy**

- R0810 Residents may associate and communicate privately with persons of their choice and send and receive personal mail unopened.

Cabinet for Health and Family Services

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**Patient Rights**

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**Personal Clothing**

- R0811 Residents may retain the use of their personal clothing unless it would infringe upon the rights of others.

Cabinet for Health and Family Services

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**Patient Rights**

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**Community Access**

- R0812 No responsible resident shall be detained against his will. Residents shall be permitted and encouraged to go outdoors and leave the premises as they wish unless a legitimate reason can be shown and documented for refusing such activity.

Cabinet for Health and Family Services

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**Patient Rights**

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**Activities**

- R0813 Residents shall be permitted to participate in activities of social, religious, and community groups at their discretion.

Cabinet for Health and Family Services

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**Patient Rights**

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**Visual Privacy**

- R0814 Residents shall be assured of at least visual privacy in multi-bed rooms and in tub, shower, and toilet rooms.

Cabinet for Health and Family Services

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**Patient Rights**

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**Choice of Physician**

- R0815 The resident and the responsible party or his responsible family member or his guardian shall be permitted the choice of a physician.

Cabinet for Health and Family Services

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**Patient Rights**

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**Adjudicated Incompetent**

- R0816 If the resident is adjudicated mentally disabled in accordance with state law, the resident's guardian shall act on the resident's behalf in order that his rights be implemented.

Cabinet for Health and Family Services

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**Patient Rights**

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**Dignity**

- R0817 Each resident shall be treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs.

Cabinet for Health and Family Services

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**Patient Rights**

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**Medical Information**

- R0818 Every resident and the responsible party or his responsible family member or his guardian has the right to be fully informed of the resident's medical condition unless medically contraindicated and documented by a physician in the resident's medical record.

Cabinet for Health and Family Services

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**Patient Rights**

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**Suitable Clothing**

- R0819 Residents have the right to be suitably dressed at all times and given assistance when needed in maintaining body hygiene and good grooming

Cabinet for Health and Family Services

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**Patient Rights**

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**Telephone Access**

- R0820 Residents shall have access to a telephone at a convenient location within the facility for making and receiving telephone calls.

Cabinet for Health and Family Services

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**Patient Rights**

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**Family Notification**

- R0821 The resident's responsible party or family member or his guardian shall be notified immediately of any accident, sudden illness, disease, unexplained absence, or anything unusual involving the resident.

Cabinet for Health and Family Services

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**Patient Rights**

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**Private Meetings**

- R0822 Residents have the right to have private meetings with the appropriate long-term care facility inspectors from the Cabinet for Health Services.

Cabinet for Health and Family Services

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<b>Patient Rights</b>
<b>Inspection Reports</b>
<ul style="list-style-type: none"> <li>• R0823 Each resident and the responsible party or his responsible family member or his guardian has the right to have access to all inspections reports on the facility.</li> </ul>
Cabinet for Health and Family Services

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<b>Patient Rights</b>
<b>Physician Documentation</b>
<ul style="list-style-type: none"> <li>• R0824 The above-stated rights shall apply in all cases unless medically contraindicated and documented by a physician in writing in the resident's medical record.</li> </ul>
Cabinet for Health and Family Services

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<b>Patient Rights</b>
<b>Legal Action</b>
<ul style="list-style-type: none"> <li>• R0825 Any resident whose rights as specified in this section are deprived or infringed upon shall have a cause of action against any facility responsible for the violations. The action may be brought by the resident or his guardian. The action may be brought in any court of competent jurisdiction to enforce such rights and to recover actual and punitive damages for any deprivation or infringement on the rights of a resident. Any plaintiff who prevails in such action against the facility may be entitled to recover reasonable attorney's fees, costs of the action, and damages, unless the court finds the plaintiff has acted in bad faith, with malicious purpose, or that there was a complete absence of justifiable issue of either law or fact. Prevailing defendants may be entitled to recover reasonable attorney's fees. The remedies provided in this section are in addition to and cumulative with other legal and administrative remedies available to a resident and to the cabinet.</li> </ul>
Cabinet for Health and Family Services

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**Patient Rights**

For the purpose of supplementing the rights of residents in long-term care facilities, such facilities shall take the following actions:

Cabinet for Health and Family Services

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**Patient Rights**

**Posting Requirement**

- R0826 Every long-term-care facility shall conspicuously post throughout the facility a listing of residents' rights and responsibilities as defined in KRS 216.515 to 216.525

Cabinet for Health and Family Services

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**Patient Rights**

**Care Plans**

- R0827 Every long-term care facility shall develop and implement a mechanism which will allow each resident and the responsible party or his responsible family member or his guardian to participate in the planning of the resident's care. Each resident shall be encouraged and provided assistance in the planning of his care.

Cabinet for Health and Family Services

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<b>Patient Rights</b>
<b>Complaint and Recommendations</b>
<ul style="list-style-type: none"> <li>• R0828 All long-term care facilities shall establish written procedures for the submission and resolution of complaints and recommendations by the resident and the responsible party or his responsible family member or his guardian. Such policies shall be conspicuously displayed throughout the facility pending approval of their adequacy by the cabinet.</li> </ul>
<small>Cabinet for Health and Family Services</small>

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<b>Patient Rights</b>
<b>Policies and Training</b>
<ul style="list-style-type: none"> <li>• R0829 Every long-term care facility shall prepare a written plan and provide appropriate staff training to implement each of the residents' rights as defined in KRS216.515 to 216.525.</li> </ul>
<small>Cabinet for Health and Family Services</small>

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<b>Patient Rights</b>
<b>Office of Inspector General's Inspection Reports</b>
<ul style="list-style-type: none"> <li>• R0830 All long-term care facilities shall maintain in their facilities one (1) copy of the most recent inspection report as prepared by the Cabinet for Health Services. The cabinet shall provide all long-term-care facilities with one (1) copy of the most recent inspection report.</li> </ul>
<small>Cabinet for Health and Family Services</small>

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**Nursing Home Reform  
Regulations**

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**Nursing Home Reform**

**216.537 Daily Visiting hours required.**

- N0829 In order to satisfy the requirements for licensure, a long-term care facility shall establish daily visiting hours which, at a minimum, shall consist of six (6) hours between 8 a.m. and 5 p.m. and two (2) hours between 5 p.m. and 8 p.m.

Cabinet for Health and Family Services

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**Nursing Home Reform**

**216.540 Persons allowed access to facility during visiting hours – Rights and duties of visitors – Denial of access by resident or administrator – Unrestricted access by employee of cabinet.**

Cabinet for Health and Family Services

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**Nursing Home Reform**

**A long-term care facility shall assure that during the visiting hours established in accordance with KRS 216.537, access to the facility is permitted for:**

Cabinet for Health and Family Services

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**Nursing Home Reform**

- N0830 Family members, guardians, and friends of an individual resident, as well as other persons who wish to visit one (1) or more residents and whose purpose is other than the unsolicited sale of a product or service:

Cabinet for Health and Family Services

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**Nursing Home Reform**

**Community**

- N0831 Individuals representing community organizations or service agencies who will provide, free of charge, a service or educational program to residents;

Cabinet for Health and Family Services

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**Nursing Home Reform**

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**Service Representatives**

- N0832 An employee or representative of any private nonprofit corporation or association that qualifies for tax-exempt status under Section 501(a) of the Internal Revenue Code of 1954, 26 U.S.C.A. 1, as amended, whose primary purposes for visiting include counseling residents in resolving problems and complaints concerning their care and treatment, and assisting the residents in securing adequate services to meet their needs.

Cabinet for Health and Family Services

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**Nursing Home Reform**

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**Access Limitations**

- N0833 Persons assured access to a long-term care facility pursuant to this section shall have the right to enter the facility without prior notice, meet with one (1) or more residents, and observe the operation of the facility as it affects the resident. Such authority shall not include the right to examine the financial records of the facility without the consent of the administrator, nor the clinical and financial records of any resident without the prior consent of the resident or the resident's guardian or committee.

Cabinet for Health and Family Services

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**Nursing Home Reform**

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**Entrance Requirements**

- N0834 Persons assured access to a long-term care facility pursuant to this section shall:
  - Upon entering such facility, promptly advise the administrator or his designated representative of their presence except that members of a resident's family, or the legal guardian of a resident need not advise the administrator or his designated representative of his presence upon entering the facility
  - Not enter the living area of any resident without identifying themselves to the resident.

Cabinet for Health and Family Services

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## Nursing Home Reform

### Terminate and Deny Visits

- N0835 Individual residents shall have the right to terminate or deny any visits to them by persons assured access to the facility pursuant to this section. The administrator shall have the right to terminate or deny visitation in accordance with criteria and regulations promulgated by the cabinet.

Cabinet for Health and Family Services

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## Nursing Home Reform

### Unrestricted Access

- N0836 Any representative or employee of the cabinet including the long-term care ombudsman or the ombudsman's designee, any representative or employee of any local government entity that has a responsibility regarding residents of long-term care facilities or the legal guardian of any individual resident shall have unrestricted access to all long-term care facilities; however, access as permitted pursuant to paragraphs (b) and (c) of subsection (1) of this section shall be limited to the resident's dining area, living area, recreation area, lounges, and areas open to the general public.

Cabinet for Health and Family Services

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## Nursing Home Reform

### 216.543 Posting Requirements

Every long-term care facility shall post in a conspicuous place, accessible to residents, employees and visitors the following:

Cabinet for Health and Family Services

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<b>Nursing Home Reform</b>
<p style="text-align: center;"><b>License</b></p> <ul style="list-style-type: none"><li>• N0837 A copy of the long-term care facility's current license;</li></ul> <p style="text-align: left; font-size: small;">Cabinet for Health and Family Services</p>

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<b>Nursing Home Reform</b>
<p style="text-align: center;"><b>Ombudsman</b></p> <ul style="list-style-type: none"><li>• N0838 The name, address, and current telephone number of the current long-term care ombudsman in the cabinet;</li></ul> <p style="text-align: left; font-size: small;">Cabinet for Health and Family Services</p>

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<b>Nursing Home Reform</b>
<p style="text-align: center;"><b>Visitation</b></p> <ul style="list-style-type: none"><li>• N0839 A copy of the statement required by subsection (1) of KRS 216.545; and<ul style="list-style-type: none"><li>– Visiting Hour Regulations</li><li>– Visitor Access Regulations</li></ul></li></ul> <p style="text-align: left; font-size: small;">Cabinet for Health and Family Services</p>

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**Nursing Home Reform**

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**Public Record Inspection**

- N0840 A list of the material available for public inspection required by KRS 216.547
  - Inspection Reports for last 3 years
  - Service Descriptions
  - Rates and Charges
  - Additional Charges
  - Any Court Orders

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**Nursing Home Reform**

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**Posting Requirement**

- N0841 Every long-term care facility shall post with ten (10) feet of the front reception desk and in a prominent place easily seen by residents, employees, and visitors a printed sign at least eight (8) inches by eleven (11), with letters at least one (1) inch high, that states:
  - “State law (KRS 216.547) requires state inspection reports on this facility to be made available to you upon request. **ASK A REPRESENTATIVE OF THIS FACILITY.**”

Cabinet for Health and Family Services

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**Nursing Home Reform**

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**Postings and Statements**

- N0842
  - The cabinet shall prepare a statement of the requirements of KRS 216.537 and 216.540 which shall become part of the public notice required to be posted in each facility in accordance with KRS 216.543.
  - All long-term care facilities shall provide every resident, upon admission, with a personal copy of the statement required in subsection (1) of this section. In case of current residents, a statement shall be provided within ninety (90) days after July 15, 1982.

Cabinet for Health and Family Services

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<b>Nursing Home Reform</b>
<b>Public Inspection Records</b>
<p>216.547 Public inspection of cabinet inspection reports, service descriptions, listings of rates and charges, and court orders on premises – Duties of Inspector General – Construction of section with respect to Kentucky Open Records Law</p> <p>❖ All long-term care facilities shall retain the following for public inspection in the office of the administrator and in the lobby of the facility:</p>
<small>Cabinet for Health and Family Services</small>

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<b>Nursing Home Reform</b>
<b>Public Inspection Records (cont.)</b>
<ul style="list-style-type: none"> <li>• N0843 A complete copy of every inspection report of the facility received from the cabinet during the past three (3) years, including the most recent inspection report;</li> <li>• N0844 A description of the services currently provided by the facility;</li> <li>• N0845 A listing of the rates currently charged for services provided by the facility;</li> <li>• N0846 A listing together with the charges for the services and items not included in the basic rate for which residents may be charged separately; and</li> <li>• N0847 A copy of every court order issued pertaining to the quality of care or services provided in the facility.</li> </ul>
<small>Cabinet for Health and Family Services</small>

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<b>Tuberculosis Regulations</b>
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**TB Regulations**

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**Admission-Patients Treated TB**

- B0001 Admission of Patients under Treatment for Pulmonary Tuberculosis Disease. No licensee shall admit a person under medical treatment for pulmonary tuberculosis disease unless there is documentation of three (3) consecutive sputum smears negative for acid-fast bacilli within the month prior to admission and the patient is considered non-infectious by a licensed physician.

Cabinet for Health and Family Services

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**TB Regulations**

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**Admission-Patients Treated TB (cont.)**

For residents entering a facility, no skin testing is required if one of the following can be documented.

- B0002 a previous documented skin test has shown ten (10) or more millimeters of indurations; or
- B0003 The resident is currently receiving or has completed six (6) months of prophylactic therapy or a course of multiple-drug chemotherapy for tuberculosis; or
- B0004 The resident can document that he/she has had a tuberculin skin test within three (3) months prior to admission.

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**TB Regulations**

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**Admission-Patients Treated TB (cont.)**

- B0005 For all other residents, however, skin testing is required upon admission to the facility. For such residents whose initial skin test shows less than ten (10) millimeters of indurations, two (2) step skin testing is required, unless they can document they have had a tuberculosis skin test within one (1) year prior to their initial testing upon admission to the facility. The skin test status of all residents must be documented through recording of the date and millimeters of indurations of the most recent skin test in the medical record. The front cover of the medical record shall be labeled in a conspicuous manner with the notation "PPD+" for all residents with a reaction of ten (10) or more millimeters of indurations.

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## TB Regulations

### Admission-Patients Treated TB (cont.) X-Raying of Residents

- B0006 All residents found on admission testing to have a skin test of ten (10) or more millimeters of indurations shall receive a chest x-ray, unless a chest x-ray done within two (2) months prior to admission showed no evidence of tuberculosis disease or the resident can document the previous completion of a course of prophylactic treatment with isoniazid.

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## TB Regulations

### Monitoring TB Residents

Monitoring of Residents with a Skin Test of Less than Ten (10) Millimeters of Indurations.

- B0008 Annual skin testing is required. In addition, if pulmonary symptoms develop and persist for three (3) weeks or more, the tuberculin skin test shall be repeated, three (3) sputum samples shall be submitted to the Division of Laboratory Services, Department for Health Services, Frankfort, Kentucky, for tuberculosis culture and smear, and a chest x-ray shall be taken.

Cabinet for Health and Family Services

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## TB Regulations

### TB Skin Testing of Staff

- B0009 The skin test status of all staff members shall be documented in the employee's personnel record. A skin test shall be initiated on all new staff members before or during the first week of employment and the results shall be documented in the employee's personnel record within the first month of employment. No skin testing is required at the time of initial employment if the employee documents a prior skin test of ten (10) or more millimeters of induration or if the employee is currently receiving or has completed six (6) months of prophylactic therapy or a course of multiple-drug chemotherapy for tuberculosis. Two (2) step skin testing is required for new employees over the age of forty-five (45) whose initial test shows less than ten (10) millimeters of induration, unless they can document that they have had a tuberculosis skin test within one (1) year prior to their current employment. All Staff who have never had a skin test of ten (10) or more millimeters induration must be skin tested annually on or before the anniversary of their last skin test.

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## TB Regulations

### X-ray and Monitoring

- B0010 All staff who are found to have a skin test of (1) or more millimeters of induration, on initial employment testing or annual testing, must receive a chest x-ray unless a chest x-ray within the previous two (2) months showed no evidence of tuberculosis or, the individual can document the previous completion of a course of prophylactic treatment with isoniazid. They shall be advised of the symptoms of the disease and instructed to report to their employer and seek medical attention promptly, if symptoms persist.

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## TB Regulations

### Screening and Monitoring Requirements

- B0011 The administrator of each long-term care facility is responsible for ensuring that all skin tests, chest x-rays and sputum sample submissions are done in accordance with Section 1 through 8 of this administrative regulation. In those facilities not employing professional staff with the technical training to carry out the screening and monitoring requirements, the administrator shall arrange for professional assistance from either the local health department or private medical practitioners. Irrespective of who carries out the screening and monitoring requirements, all skin testing dates and results, all chest x-ray reports and all sputum sample culture and smear results shall be recorded as a permanent part of the medical record and be summarized on the individual's transfer form when an inter-facility transfer occurs.

Cabinet for Health and Family Services

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## TB Regulations

### Reporting

- B0012 The following shall be reported to the local health department having jurisdiction by the administrator of the long-term care facility immediately upon becoming known; chest x-rays which are suspicious for tuberculosis; sputum smears positive for acid-fast bacilli; sputum cultures positive for mycobacterium tuberculosis; residents or staff who convert from a skin test of less than ten (10) to a skin test of ten (10) or more millimeters of induration; and all residents and staff who have a skin test of ten (10) millimeters or more induration at the time of admission or employment, respectively.

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## TB Regulations

### Prophylaxis of Persons with Recent Infection but no Disease

- B0013 Any resident or staff whose skin test status changes on annual testing from less than ten (10) to ten (10) or more millimeters of induration shall be considered to be recently infected with Mycobacterium Tuberculosis. Such recently infected persons who have no signs or symptoms of tuberculosis disease on chest x-ray or medical history should be given preventive therapy with isoniazid for six (6) months unless medically contraindicated as determined by a licensed physician. Medications shall be administered to patients only upon the written order of a physician. If such individual is unable to take isoniazid therapy, the individual shall be advised of the clinical symptoms of the disease, and have an interval medical history and a chest x-ray taken and evaluated for tuberculosis infection every six (6) months during the two (2) years following conversion.

Cabinet for Health and Family Services

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## TB Regulations

### Prophylaxis of Persons with Recent Infection but no Disease (cont.)

- B0014 Any staff or resident who can document completion of preventive treatment with isoniazid shall be exempt from further screening requirements except in accordance with Section 5 of this administrative regulation.

Cabinet for Health and Family Services

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## TB Regulations

### Definitions

“Induration” means a firm area in the skin which develops as a reaction to injected tuberculosis proteins when a person has tuberculosis infection. The diameter of the firm area is measured to the nearest millimeter to gauge the degree of reaction. A reaction of ten (10) millimeters or more of induration is considered highly indicative of tuberculosis infection.

Cabinet for Health and Family Services

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**TB Regulations**

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**Definitions**

**“Skin Test”** means a tuberculin skin test utilizing the intradermal (Mantoux) technique using five (5) tuberculin units of purified protein derivative (PPD). The results of the test must be read forty-eight (48) to seventy-two (72) hours after injection and recorded in terms of millimeters of induration.

Cabinet for Health and Family Services

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**TB Regulations**

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**Definitions**

**“Two (2) step skin testing”** means a series of two (2) tuberculin skin tests administered seven (7) to fourteen (14) days apart.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights  
Regulations**

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**Transfer and Discharge Rights**

**Reasons for Transfer or Discharge**  
902 KAR 2:050

The facility must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless:

- T0001 The transfer or discharge is necessary for the resident's welfare, and the resident's needs cannot be met in the facility.
- T0002 The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.
- T0003 The safety of individuals in the facility is endangered.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Reasons for Transfer or Discharge**  
902 KAR 2:050

- T0004 The health of individuals in the facility would otherwise be endangered.
- T0005 The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare, Medicaid or state supplementation) a stay at the facility.
- T0006 The facility ceases to operate.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Documentation**

- T0007 Before a facility transfers or discharges a resident under any of the circumstances specified in subsection (1)(a) or (e) of this section, the reasons for this transfer or discharge shall be documented in the resident's clinical record.  
The documentation shall be made by:
  - (b) The resident's physician when transfer or discharge is necessary under subsection (1)(a) or (b) of this section.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Documentation**

- T0008 Before a facility transfers or discharges a resident under any of the circumstances specified in subsection (1)(a) or (e) of this section, the reasons for this transfer or discharge shall be documented in the resident's clinical record.
  - The documentation shall be made by:
    - (b) The resident's physician when transfer or discharge is necessary under subsection (1)(d) of this section.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Timing of Notice**

- T0012 Except when specified in paragraph (b) of this subsection, the notice of transfer or discharge required under subsection (3) of this section shall be made by the facility at least thirty (30) days before the resident is transferred or discharged.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Timing of Notice**

- T0013 Notice may be made as soon as practicable before transfer or discharge when: An immediate transfer or discharge is required by the resident's urgent medical needs, under subsection (1)(a) of this section;

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Timing of Notice**

- T0014 The resident's health improves sufficiently to allow a more immediate transfer or discharge, under subsection (1)(b) of this section;
- T0015 The safety of individuals in the facility would be endangered, under subsection (1)(c) of this section;

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**Transfer and Discharge Rights**

**Timing of Notice**

- T0016 The health of individuals in the facility would be endangered, under subsection (1)(d) of this section;
- T0017 The resident has not resided in the facility for thirty (30) days.

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**Transfer and Discharge Rights**

**Contents of the Notice**

- T0018 The written notice specified in subsection (3) of this section shall include the following:  
The reason for transfer or discharge;
- T0019 The effective date of transfer or discharge;
- T0020 The location to which the resident is transferred or discharged;

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**Transfer and Discharge Rights**

**Contents of the Notice**

- T0021 A statement that the resident has the right to appeal the action to the Cabinet;
- T0022 The name, address, and telephone number of the State Long-Term Care Ombudsman; and

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Contents of the Notice**

- T0023 For nursing facility residents with developmental disabilities, or who are mentally ill, the mailing address and telephone number of the Department of Public Advocacy.
- T0024 Orientation for transfer or discharge. A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Notice of Bed Hold Policy and Readmission Notice Before Transfer**

- T0025 Before a facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the facility shall provide written information to the resident and a family member or legal representative that specifies: That for residents receiving or who have an application pending for Medicaid, that if available under the Medicaid state plan and provider agreement, bed hold days shall be requested and the time period to the bed hold policy under the Medicaid state plan during which the resident is permitted to return and resume residence in the facility.

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**Transfer and Discharge Rights**

**Notice of Bed Hold Policy and Readmission Notice Before Transfer**

- T0026 The facility's policies regarding bed hold periods, which must be consistent with paragraph (c) of this subsection, permitting a resident to return, and
- T0027 For residents who do not receive or do not have an application pending or Medicaid, the facility's established policy governing readmission.

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**Transfer and Discharge Rights**

**Notice Upon Transfer**

- T0028 At the time of transfer of a resident to a hospital or for therapeutic leave, a long-term care facility shall provide written notice to the resident and a family member or legal representative which specifies the duration of the bed hold policy described in paragraph (a) of this subsection.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Permitting Resident to Return to Facility**

- T0029 A long-term care facility shall establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed hold period under the Medicaid state plan, is notified and readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident: Chooses to be readmitted;

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Permitting Resident to Return to Facility**

- T0030 Requires the services provided by the facility; and
- T0031 Is eligible for Medicaid nursing facility services and the facility is certified to participate in Title XVIII or Title XIX of the Social Security Act.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Equal Access to Quality Care**

- T0032 A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the Medicaid State plan for all individuals regardless of source of payment.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Equal Access to Quality Care**

- T0033 A resident may appeal any discharge.
- T0034 A resident may appeal a transfer when he is transferred from: A certified bed into a non-certified bed; or

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**Transfer and Discharge Rights**

**Equal Access to Quality Care**

- T0035 A bed in a certified entity to a bed in an entity which is certified as a different provider.
- T0036 A resident has no appeal rights when he is moved from a certified bed into another certified bed of the same certification in the same facility.

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**Transfer and Discharge Rights**

**Equal Access to Quality Care**

- T0037 A resident, or any person acting on behalf of the resident, may request that the Cabinet review any proposed transfer or discharge. The Cabinet shall investigate this transfer or discharge to ascertain whether there has been a violation of the resident's transfer of discharge rights.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Equal Access to Quality Care**

- T0038 A resident may appeal any discharge or appeal-able transfer to the Cabinet. The resident must inform the Cabinet in writing of his intent to appeal within fifteen (15) days from the resident's receipt of notice of the facility's intent to transfer or discharge. Hearing procedures for appeals are set forth at 900 KAR.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Penalties**

- T0039 The Cabinet shall enforce the provision of this administrative regulation pursuant to KRS 216.555, 216.557, and 216.560.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Definitions**  
**“Discharge” or “Transfer”**

- Relocation of a resident from a facility to a non-institutional setting or another health care facility as defined by KRS Chapter 216b.; or, Any intra-facility relocation of a resident except between beds within the same distinct Medicare or Medicaid certified or non-certified part of the facility.

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**Transfer and Discharge Rights**

**Definitions**  
**“Facility”**

- A long-term care facility as defined by KRS 216.510(1) excluding those facilities licensed as Family Care Homes.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Definitions**  
**“Residents”**

- A resident of a facility or any legal individual acting on behalf of the resident.

Cabinet for Health and Family Services

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**Transfer and Discharge Rights**

**Definitions**  
**“Transfer or Discharge Rights”**

- Those rights of notification and appeal guaranteed in KRS 216.515 and outlined in this regulation.

Cabinet for Health and Family Services

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**Mental Illness or Mental Retardation (MI/MR) Regulations**

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**Mental Illness or Mental Retardation**

**Regulatory Citation: 904 KAR 2:015**

In accordance with 904 KAR 2:015, the Division of Licensing and Regulation shall review records, observe and interview residents and staff during the certification process.

Cabinet for Health and Family Services

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**Mental Illness or Mental Retardation**

**Criteria**

- [Section 12(1) (c) 2] [Section 14 (4)] The personal care home has a 35% MI or MR population of the total occupied licenses Personal Care beds on the day of the visit.

Cabinet for Health and Family Services

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**Mental Illness or Mental Retardation**

**Criteria**

- [Section 12(1) (c) 2 a, b & c] Thirty-five percent (35%) of residents have a primary or secondary diagnosis of mental retardation (such as mild or moderate, or other ranges of retardation whose needs can be met in a Personal Care Home) or mental illness (excluding such diagnosis as Organic Brain Syndrome, Senility, Chronic Brain Syndrome, Alzheimer's). An individual whose history includes a previous hospitalization in a psychiatric facility shall meet the criteria of mental illness, regardless of the present diagnosis.

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**Mental Illness or Mental Retardation**

**Criteria**

- [Section 13 (1) and (4)] [Section 14(2)(b) 1 and (3)] . Certification is on file to verify staff training of the facility nurse or CMT by the Department of Mental Health or Mental Retardation Services. However, if staff turnover results in the loss of a MI or MR certified CMT or licensed nurse, the facility shall enroll the newly hired CMT or licensed nurse in the next scheduled MI or MR training workshop.

Cabinet for Health and Family Services

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**Mental Illness or Mental Retardation**

**Criteria**

- [Section 14(2)(b) 2] Documentation is present to verify the Personal Care Home's certified staff has trained all other direct care staff regarding information obtained at the MI or MR training.

Cabinet for Health and Family Services

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**Mental Illness or Mental Retardation**

**Criteria**

- [Section 14(2)(b) 4] Group and individual activities, as appropriate, are provided which meet the needs of the MI or MR training.

Cabinet for Health and Family Services

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**Mental Illness or Mental Retardation**

**Criteria**

- [Section 14(2)(b) 3] Medication administration meets licensure requirements and the nurse or CMT demonstrates a knowledge of psychotropic drug side effects.

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**Mental Illness or Mental Retardation**

**Criteria**

- [Section 12(1)(c) 3] The personal care home has a licensed nurse or CMT on duty for at least four hours during the first or second shift.

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**Mental Illness or Mental Retardation**

**Criteria**

- [Section 12(4)] Personal Care Home has on file copies of the "Monthly Reporting Form" listing all residents in the Personal Care Home as of the first day of the month.

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**Mental Illness or Mental Retardation**

**Criteria**

- [Section 12(6)(a)] All Correspondence notifying the Department for Social Insurance when the MI or MR percentage goes below thirty-five (35) percent for all personal care residents is kept on file at the facility.

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**Type A/B Citation  
Statute & Regulation**

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**Type A/B Citation**

**What is the Type A/B Citation for?**

It is a State action based on Kentucky Statute:  
KRS 216.510- KRS 2165.25

A citation is issued to the facility (Licensee) when the DHC identifies during the survey process that regulations, standards, and requirements for long term care facilities have been violated.

Cabinet for Health and Family Services

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### Type A/B Citation

#### What Licensed Facilities can be issued a Type A/B Citation?

LICENSE Categories that apply:

- Skilled Nursing Facility
- Nursing Facility
- Nursing Home
- Alzheimer's Nursing Home
- Intermediate Care Facility
- Intermediate Care Facility/Mental Retardation
- Personal Care Home
- Family Care Home

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### Type A/B Citation

#### Type A Citation means:

"violation by a long-term care facility of the regulation, standards, & requirements... which presents an **IMMINENT DANGER** to any resident of a long-term care facility & creates substantial risk that death or serious mental or physical harm to a resident will occur."

Must be issued within 3 calendar days after notifying the facility.

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### Type A/B Citation

#### Type B Citation means:

"violation by a long-term care facility of the regulation, standards, & requirements... which presents a direct or immediate relationship to the health, safety, or security of any resident, but which **DOES NOT** create an **IMMINENT DANGER**."

Must be issued within 5 calendar days after notifying the facility.

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**Type A/B Citation**

**Penalties Associated with Citations**

- DHC determines the amount of initial penalty to be imposed.
- Determination based on the factors detailed in KRS 216.525.

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**Type A/B Citation**

**Appeals**

- The facility may file a written request for hearing with the Secretary of the Cabinet for Health & Family Services within 20 days of receipt of the Citation.

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**Type A/B Citation**

**Resources**

- Statutes
- Regulations

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**Overview of the Survey Process**

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**Overview of the Survey Process**

- Task 1 – Offsite survey preparation
- Task 2 – Entrance conference/onsite preparatory
  - Purpose of Visit
  - Survey process explanation
  - Request for specific information
  - Completion of required forms
  - Question and answer session
- Task 3 – Initial Tour
  - Observations
  - Resident/Provider interaction
  - Interviews
  - Environmental concerns
  - Validate/Invalidate concerns

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**Overview of the Survey Process**

- Task 4 – Sample Selection
- Task 5 – Information gathering
  - General observations of the facility
  - Interviews
  - Resident reviews
    - Focused review
    - Closed record
  - Record Review (policies and procedures, logs, etc.)

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**Overview of the Survey Process**

- Task 6 – Information analysis for deficiency determination
  - All information collected
    - Observation
    - Interview
    - Records Review
  - Determination of compliance based on regulatory compliance

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**Overview of the Survey Process**

- Task 7 – Exit Conference
  - Provider, Residents and Ombudsman attend
  - Detail finding of regulatory non-compliance
  - Provider supplies additional information, if applicable
  - Explanation of State Agency Correspondence
    - a) Findings subject to Supervisory Review
    - b) Written notice (SoD)

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**Overview of the Survey Process**

**Compliant Process**

- Task 1 – Offsite
- Task 2 – Entrance Conference
- Task 5 – Information Gathering
- Task 6 – Information Analysis
- Task 7 – Exit Conference

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**Overview of the Survey Process**

**Plan of Correction**  
902 KAR 20:008 Section 2(3)(d)

- OIG issues Statement of Deficiencies in writing
- Facility submits a written plan of correction within ten (10) calendar days.
- OIG determination of acceptability
- If not acceptable; in writing
  - Provider has another (10) calendar days to resubmit plan of correction.

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**Overview of the Survey Process**

Plan of Correction requirements:

- The plan shall be signed by the facility's administrator, the licensee, or a person designated by the licensee and shall specify:
  - a. The date by which the violation shall be corrected.
  - b. The specific measures utilized to correct the violation; and
  - c. The specific measures utilized to ensure the violation will not recur.

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**Overview of the Survey Process**

**Best Practices**

- What corrective action will be accomplished for those residents found to have been affected by the deficient practice?
- Identify other residents having potential to be affected by the same deficient practice.
- Identify what measures will be put into place or what system changes are needed related to deficient practice.
- How will system changes be monitored to assure deficient practice will not reoccur?

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**Informal Dispute Resolution (IDR)**

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**Informal Dispute Resolution (IDR)**

The request & attachments shall be delivered, on or before the mandated return date for the **plan of correction**, to the IDR coordinator at:

**Must be timely, no exceptions.**  
Nancy Spiller, Nurse Consultant Inspector  
Office of Inspector General  
Division of Health Care  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621-0001  
Phone: 502-564-7963 ext. 3076  
Fax: 502-564-6546

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**Informal Dispute Resolution (IDR)**

**Request in Writing**

- Specify the deficiency in dispute
- Explain and provide a detailed basis for the dispute
- Specify the format desired;
  - Desk
  - Telephone
  - Panel Review
- May request 5 calendar day extension

**NOTE:** a request shall not delay any enforcement action

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**Informal Dispute Resolution (IDR)**

**When to Request IDR:**

- Within same 10 calendar days POC due to State Agency
- One opportunity for IDR

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**Informal Dispute Resolution (IDR)**

**NOTE:**

- Documentation not submitted at the time of the request for IDR, or within a requested five (5) calendar day extension, **SHALL NOT** be reviewed.

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**QUESTIONS?**

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