



Family 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">Regulation Review	Jerry Mayo & Samantha Windsor
10:15 – 10:30	Break	
10:30 – 12:00	<ul style="list-style-type: none">Regulation Review (continued)Survey Process OverviewInformal Dispute Resolution	Jerry Mayo & Samantha Windsor
12:00	Wrap-up Adjourn	Michelle Mitchell

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

Presents

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

**Family Care Home
Regulation**

Objectives

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

- Describe the Family Care Home (FCH) Survey Process and how it is implemented.
- Describe resources utilized as a part of the FCH Survey Process.

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Family Care Home Regulations

- Scope of operations and services
- 902 KAR 20:041- Section 2
 - A family care home licensee shall provide twenty-four (24) hour supervision and personal care services to a resident who because of impaired capacity for self care, to have or requires a protective environment but does not have an illness, injury, or disability for which constant medical care or skilled nursing services are required. A resident shall be ambulatory or mobile non-ambulatory and able to manage most of the activities of daily living.

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Family Care Home Definitions

902 KAR 20:041 Section 1 Definitions

- (5) "Mobile non-ambulatory" means unable to walk without assistance, but able to move from place to place, and self exit the building, with the use of a device such as a walker, crutches, or wheelchair and capable of independent bed-to-chair transfer.
- (6) "Protective environment" means an environment in which basic health care needs, personal care needs, nutritional needs and safety are insured for the resident who is not capable of providing these services in an effective manner.
- (7) "Resident" means a person who is admitted to a family care home for the purpose of receiving personal care and assistance.

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Family Care Home Definitions

902 KAR 20:041 Section 1 Definitions

- (1) "Ambulatory" means able to walk without assistance.
- (2) "Home" means a family care home.
- (3) "Impaired capacity for self care" means mental or physical limitation which decreases the ability to function in a normal adult manner and requires supervision, assistance, or the use of prescription medicines to normalize daily living.
- (4) "Licensee" means the operator of the family care home.

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Family Care Home Regulations

902 KAR 20:041 Section 3

F 0001

(1) The licensee shall be legally responsible for the operation of the home and for compliance with federal, state and local laws and regulations pertaining to the operation of the home.

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Family Care Home Regulations

902 KAR 20:041 Section 3

-F0002

(2) The licensee shall be a mature literate adult, at least eighteen (18) years of age, who has knowledge and understanding of adults who require supervision and personal care services.

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Family Care Home Regulations

902 KAR 20:041 Section 3

- F0003

(3) The licensee shall be directly responsible for the twenty-four (24) hour daily operation of the home and for delegating that responsibility to another similarly qualified individual if a temporary absence is necessary. The name of the individual to whom the responsibility may be delegated shall be in writing and provided to the representative of the Division of Licensing and Regulation inspecting the home.

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Family Care Home Regulations

- Temporary
 - Lasting for a time only; existing or continuing for a limited time; not permanent; as, the patient has obtained temporary relief. [1913 Webster]

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Family Care Home Regulations

F0004 An employee of the home who contracts an infectious disease shall not appear for work until the infectious disease can no longer be transmitted.

F0005 The licensee shall attend at least one (1) training program for family care home operators per year if offered or approved by the Cabinet for Health Services.

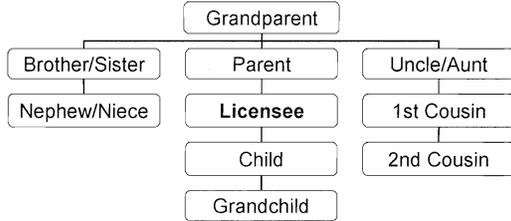
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Family Care Home Regulations

F0006 The home shall have no more than three (3) residents who are not related to the operator within the third degree of consanguinity.

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FCHR Degrees of Consanguinity



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FCHR Degrees of Consanguinity

- Fourth Degree: First cousins, great-uncles and great-great grandparents
- Fifth Degree: Great-great uncles and aunts, children of a cousin and children of a great uncle or aunt
- Sixth Degree: Children of second cousin

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Family Care Home Regulations

F0007(7) The licensee shall provide opportunities for a resident to become involved in community activities and activities within the home. A resident in cooperation with the licensee and family shall be allowed to use areas of the home, other than his bedroom, such as living rooms, kitchen, dining areas, and recreation areas for entertainment, recreation, and visitation.

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Family Care Home Regulations

Maintenance of Record

- F0008 The licensee shall maintain a record, located on the premises and available for inspection which contains the following information typed or in ink about each resident:
 - F0009 Resident name & sex
 - F0010 Marital status
 - F0011 Birth date & age
 - F0012 Religion & personal clergyman, if any with consent of resident
 - F0013 Attending physician & dentist, if any; address & phone # for each

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Family Care Home Regulations

Maintenance of Record (cont.)

- F0014 Next of kin or responsible person or agency, address & telephone number
- F0015 Date of admission & discharge
- F0016 Other relevant information including physician visits or assessment reports
- F0017 Amount charged per week or month as compensation for care

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Family Care Home Regulations

TAG F0018

- (9) The licensee shall make arrangements with other health agencies and facilities for residents who, at some time, may require a transfer to a different level of care

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Family Care Home Regulations

TAG F0019

- (10) The licensee shall have phone numbers of a hospital, an ambulance service, fire department, and physician for emergencies posted by the telephone in large legible print if phone service is available in the area.

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Family Care Home Regulations

TAG F0020

- (11) The licensee shall have a written procedure for providing or obtaining emergency services

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Family Care Home Regulations

Reports

- F021 The licensee shall:
 - Make a written report of an accident involving a resident, an incident involving a resident's health, welfare or safety, and the death of a resident
- F022 The licensee shall:
 - Send the original, within seven (7) days of the incident, to the Cabinet for Health Services, Office of the Inspector General, Division for Licensing and Regulation, 275 East Main Street, Frankfort, Kentucky 40621
- F023 The licensee shall:
 - Retain one (1) file copy

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Family Care Home Regulations

- F024 The licensee shall provide for patient rights pursuant to KRS 216.510 to 216.525

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Family Care Home Regulations

- F025 A resident shall be at least eighteen (18) years of age

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Family Care Home Regulations

- F0026 A representative of the Division for Licensing and Regulation shall visit the home of the applicant for initial licensure
- A representative of the Department for Social Services shall:
 - F0027 Visit the home of the applicant upon notification by the Division of Licensing and Regulation
 - F0028 Provide the division information relating to its pre-licensure assessment of the applicant

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Family Care Home Regulations

Criminal Records

- F0029 An initial license shall be denied and an existing license shall be revoked if the applicant for licensure or the licensee has been convicted of a crime that has a bearing upon the applicant's suitability to operate a family care home, unless the applicant shows that:
 - The crime occurred more than five (5) years ago; and
 - F0030 The applicant has been sufficiently rehabilitated

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Family Care Home Regulations

Revocation of License

- F0031 An initial license shall be denied and an existing license shall be revoked if the applicant for licensure or the licensee:
 - Has failed to assure that nutrition, medication, or treatment of an individual under his care is in accordance with acceptable professional practice
- F0032 Has aided, abetted, sanctioned, condoned or participated in the commission of an illegal act involving an individual under his care; or

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Family Care Home Regulations

Revocation of License

- F0033 Has had a license to operate a facility or service suspended or revoked during the three (3) years immediately preceding an application for licensure
- F0034 The licensee shall comply with KRS 216.532

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Family Care Home Regulations

- F0035 The licensee shall report all cases of abuse, neglect, or exploitation of an adult pursuant to KRS 209.030

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Family Care Home Regulations

Services

- Section 4. Services.
 - (1) Basic health and health related services.
 - (a) A family care home shall, through continuous supervision and monitoring, assure that a resident's health care needs are met by:
- F0036 Supervising self-administration of medication
- F0037 Monitoring, storage and control of medication
- F0038 Arranging for necessary therapeutic or physician services

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Family Care Home Regulations

Communicable Diseases

- F0039 A licensee shall not knowingly admit a person who has a communicable disease which is reportable to the health department, except a noninfectious tuberculosis patient under continuing medical supervision for his tuberculosis disease
- F0040 If a resident is suspected of having a communicable disease that would endanger the health and welfare of another resident, the licensee shall assure that a physician is contacted and that medically appropriate measures are taken on behalf of that resident and the other residents in the home

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Family Care Home Regulations

Communicable Diseases (cont.)

- F0041 The licensee shall show evidence that a resident has obtained a physical examination by a physician within three (3) months prior to admission to the home. If admitted from another health care facility, a discharge summary or transfer form shall be in the resident's record which includes a medical history, record of physical examination and diagnosis

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Family Care Home Regulations

Services

- F0042 The licensee shall obtain the services of a physician in case of accident or acute illness of a resident

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Family Care Home Regulations

Medication Administration

- F0043 A prescription medication administered to a resident shall be noted in writing, with the date, time and dosage, and signed by the person administering the medication
- F0044 Medication shall not be administered to a resident except on the written order of a physician or other practitioner acting within the limits of his statutory scope of practice. If medication requires administration by a licensed person, an arrangement shall be made to procure the services of a person licensed to administer medication

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Family Care Home Regulations

Medication Administration (cont.)

- F0045 A medication kept in the home shall be kept in a locked cabinet.
- F0046 Self-administration of a prescription medication shall be allowed only upon the written instruction of the attending physician or other practitioner acting within the limits of his statutory scope of practice

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Family Care Home Regulations

Medication Administration (cont.)

- F0047 A resident admitted or retained for care shall not require because of illness, injury or disease, a degree of care exceeding the skill of the operator to provide.

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Family Care Home Regulations

Personal Care Services

A resident in a family care home shall be assisted to achieve and maintain good personal hygiene by providing assistance as required by individual needs with:

- F0048 Washing and bathing of the body to maintain clean skin and freedom from offensive odors with the following items provided for each resident and not used by others: soap, clean towels and wash cloths, brushes and combs and other appropriate toilet articles.

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Family Care Home Regulations

Personal Care Services (cont.)

- F0049 Shaving.
- F0050 Cleaning of the mouth and teeth to maintain good oral hygiene as well as care of the lips to prevent dryness and cracking. A resident shall be provided with a toothbrush, dentifrice, and denture container, if applicable.
- F0051 Washing, grooming and cutting of hair.

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Family Care Home Regulations

Personal Care Services (cont.)

- F0052 The home shall provide each resident with a bureau or cupboard for storage of personal belongings.
- F0053 The home shall provide each resident with a bed equipped with substantial springs, a clean comfortable mattress, two (2) sheets, a pillow, and bed covering as required for resident's health and comfort
- F0054 A resident shall be allowed rest periods in his own bed if he desires.

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Family Care Home Regulations

Dietary Services

- F0055 Food shall be prepared with considerations for individual dietary requirements and appetites.
- F0056 The menu shall be planned in writing and rotated to avoid repetition. A written record shall be kept of foods served, including food offered as snacks.
- F0057 Nutritional needs shall be met in accordance with the current recommended dietary allowances of the Food and Nutrition Board of the national Research Council and adjusted for age, sex, and activity in accordance with physician's order.

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Family Care Home Regulations

Dietary Services (cont.)

- F0058 Food returned from residents' dishes shall be discarded at the conclusion of the meal and not served again in any form.
- F0059 Therapeutic diets. A special diet or dietary restriction shall be medically prescribed.
- F0060 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. A snack shall be provided if desired or requested by a patient, except if it conflicts with a special diet prescribed by a licensed physician.

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Family Care Home Regulations

Food Storage

- F0061 Food shall be stored above the floor so as to be protected from dust, flies, vermin, or other forms of contamination.
- F0062 Each refrigerator shall have a complete seal, be clean, free of odors, and kept at a temperature below forty-five (45) degrees Fahrenheit. A thermometer shall be placed in each refrigerator and freezer.
- F0063 Food showing evidence of spoilage or infestation shall be disposed of immediately up detection.

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Family Care Home Regulations

Environment

Housekeeping and sanitation. Each Family care home shall:

- Tag 0064 Maintain a clean, uncluttered and safe facility with screens on doors and windows.
- Tag 0065 Eliminate odors at their source by prompt and thorough cleaning of commodes, and other obvious sources
- Tag 0066 Maintain the premises so as to prevent infestations by rodents and insects.

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Family Care Home Regulations

Environment (Cont.)

Laundry

- F0067 Change bed linens as often as necessary to provide a clean bed at all times. A mattress pad or other protective covering (excluding paper) shall be used on mattresses;
- F0068 Give soiled clothing and linens immediate attention and not allow them to accumulate. Clothing or bedding used by one(1) patient shall not be used by another until it has been laundered or dry cleaned.

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Family Care Home Regulations

Environment (cont.)

- F0069 Have appropriate toilet facilities which dispose of wastes in a sanitary manner into a public system where available, or if none is available, disposal shall be made into a private system designed, constructed and operated in accordance with the requirements of the cabinet; except if a public sewerage system subsequently becomes available, connections shall be made to that system and any other sewerage system shall be discontinued. An outside toilet shall be allowed if local county health department approves.

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Family Care Home Regulations

Environment (cont.)

- F0070 Collect and dispose of all garbage, refuse, trash, and litter in compliance with applicable state and local laws and administrative regulations. A garbage container shall be made of metal or other impervious material and shall be water tight and rodent proof and shall have tight-fitting covers.

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Family Care Home Regulations

Accommodations

Each Family care home shall:

- F0071 Be safe and of substantial construction and comply with applicable state and local laws relating to location, zoning, plumbing, and sanitation.
- F0072 Be adequately lighted by natural or artificial light including each hall, stairway, entryway, patient area, kitchen, and bathroom.

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Family Care Home Regulations

Accommodations (cont.)

- F0073 Have a water supply of a safe, sanitary quality approved by the local health department or other qualified laboratory or agency

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Family Care Home Regulations

**Accommodations (cont.)
Hot Water Temperature**

- F0074 Have an ample supply of hot and cold running water available at all times for general use. The water temperature at a tap used by a resident shall not exceed 110 degrees Fahrenheit.

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Family Care Home Regulations

Accommodations (cont.)

- F0075 have appropriate sanitary toilet and bathing facilities conveniently available for resident use with no less than one (1) toilet and lavatory per six (6) persons residing in the home.
- F0076 have adequate ventilation in areas used by residents. A toilet room shall be vented to the outside, if there is no window. There shall be an exterior window in each resident room, which can be opened.

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Family Care Home Regulations

Accommodations (cont.)

Beds

- F0077 A bed occupied by a resident shall be placed so that the resident shall not experience discomfort due to proximity to a radiator, heat outlet, or exposure to drafts.
- F0078 Do not use "bunk" beds.
- F0079 have beds that are no less than thirty-three (33) inches wide and six (6) feet long.

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Family Care Home Regulations

Accommodations (cont.)

- F0080 Not house a resident in a room or detached building or other enclosure that has not been previously inspected and approved for resident use, or in a basement not constructed for sleeping quarters. An approved basement shall have an outside door.
- F0081 Not be located in a house trailer or motor home.

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Family Care Home Regulations

**Accommodations (cont.)
Heating and Cooling**

- F0082 Provide a heating system which can maintain an even temperature of at least seventy-two (72) degrees Fahrenheit in resident occupied areas under winter conditions and a maximum temperature of eighty-five (85) degrees under summer conditions.

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Family Care Home Regulations

**Accommodations (cont.)
Telephone**

- F0083 have telephone service, if available in the area, accessible to the residents.

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Family Care Home Regulations

**Accommodations (cont.)
Wheelchair Accessibility**

- F0084 If the home accepts a resident who uses a wheelchair, insure that the resident is able to exit the building without assistance (i.e., ramps, rails, etc.).

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Family Care Home Regulations

**Accommodations (cont.)
Food Supply**

- F0085 Have a three (3) day supply of food on hand at all times.

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Family Care Home Regulations

Safety

Each home shall take appropriate precautions to insure the safety of the residents and visitors by having:

- F0086 Exterior grounds including sidewalks, steps, porches, ramps, and fences in good repair;
- F0087 The home's interior including walls, ceilings, floors, floor coverings, steps, windows, window coverings, doors, plumbing, and electrical fixtures in good repair;

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Family Care Home Regulations

**Safety (cont.)
Fire Safety**

- F0088 A fire control and evacuation plan;
- F0089 an adequate number of ABC-rated fire extinguishers located throughout the home with a minimum of one (1) per floor or level of the residence;
- F0090 A person in charge thoroughly oriented in the evacuation of the residents in the event of a fire;

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Family Care Home Regulations

**Safety (cont.)
Firearms**

- F0091 Firearms and ammunition locked in a cabinet, drawer, or closet with the key not accessible to residents. Firearms shall not be loaded; and

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Family Care Home Regulations

**Safety (cont.)
Smoke Detectors**

- F0092 At least two (2) functioning smoke detectors in the home, one of which shall be in each resident bedroom or in a hall adjacent to the resident bedroom. (5 KY.R.232; eff. 11/5/81; Am. 11 KY.R.1183; eff. 3/12/85; 18 KY.R.820; eff. 10/16/91; 23 KY.R.2863; eff. 2/19/97; 25 KY.R.1722; 2165; eff. 3/17/99).

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**Patient Rights
Regulations**

Patient Rights
<p>Every resident in a long-term-care facility shall have at least the following rights:</p>
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Patient Rights
Services Available
<ul style="list-style-type: none"> • 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.
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Patient Rights
Resident Rights
<ul style="list-style-type: none"> • 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.
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Patient Rights

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.

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Patient Rights

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.

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Patient Rights

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.

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Patient Rights
Abuse
<ul style="list-style-type: none"> • 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.
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Patient Rights
Confidential Records
<ul style="list-style-type: none"> • 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.
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Patient Rights
Resident Funds
<ul style="list-style-type: none"> • 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.
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Patient Rights
<p style="text-align: center;">Privacy</p> <ul style="list-style-type: none">• 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. <p><small>Cabinet for Health and Family Services</small></p>

Patient Rights
<p style="text-align: center;">No Required Services</p> <ul style="list-style-type: none">• R0809 Residents shall not be required to perform services for the facility that are not included for therapeutic purposes in their plan of care. <p><small>Cabinet for Health and Family Services</small></p>

Patient Rights
<p style="text-align: center;">Privacy</p> <ul style="list-style-type: none">• R0810 Residents may associate and communicate privately with persons of their choice and send and receive personal mail unopened. <p><small>Cabinet for Health and Family Services</small></p>

Patient Rights

Personal Clothing

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

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Patient Rights

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.

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Patient Rights

Activities

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

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Patient Rights
<p style="text-align: center;">Visual Privacy</p> <ul style="list-style-type: none">• R0814 Residents shall be assured of at least visual privacy in multi-bed rooms and in tub, shower, and toilet rooms. <p><small>Cabinet for Health and Family Services</small></p>

Patient Rights
<p style="text-align: center;">Choice of Physician</p> <ul style="list-style-type: none">• R0815 The resident and the responsible party or his responsible family member or his guardian shall be permitted the choice of a physician. <p><small>Cabinet for Health and Family Services</small></p>

Patient Rights
<p style="text-align: center;">Adjudicated Incompetent</p> <ul style="list-style-type: none">• 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. <p><small>Cabinet for Health and Family Services</small></p>

Patient Rights

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.

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Patient Rights

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.

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Patient Rights

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

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Patient Rights

Telephone Access

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

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Patient Rights

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.

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Patient Rights

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.

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Patient Rights

Inspection Reports

- 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.

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Patient Rights

Physician Documentation

- 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.

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Patient Rights

Legal Action

- 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.

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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:

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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

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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.

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Patient Rights

Complaint and Recommendations

- 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.

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Patient Rights

Policies and Training

- 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.

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Patient Rights

Office of Inspector General's Inspection Reports

- 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.

Cabinet for Health and Family Services

**Nursing Home Reform
Regulations**

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

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

Nursing Home Reform
<p>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:</p>
<small>Cabinet for Health and Family Services</small>

Nursing Home Reform
<ul style="list-style-type: none">• 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:
<small>Cabinet for Health and Family Services</small>

Nursing Home Reform
<p>Community</p>
<ul style="list-style-type: none">• N0831 Individuals representing community organizations or service agencies who will provide, free of charge, a service or educational program to residents;
<small>Cabinet for Health and Family Services</small>

Nursing Home Reform

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

Nursing Home Reform

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

Nursing Home Reform

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

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

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

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:

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

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

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

Nursing Home Reform
Public Record Inspection
<ul style="list-style-type: none"> • N0840 A list of the material available for public inspection required by KRS 216.547 <ul style="list-style-type: none"> – Inspection Reports for last 3 years – Service Descriptions – Rates and Charges – Additional Charges – Any Court Orders
<small>Cabinet for Health and Family Services</small>

Nursing Home Reform
Posting Requirement
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – “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.”
<small>Cabinet for Health and Family Services</small>

Nursing Home Reform
Postings and Statements
<ul style="list-style-type: none"> • N0842 <ul style="list-style-type: none"> – 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.
<small>Cabinet for Health and Family Services</small>

Nursing Home Reform

Public Inspection Records

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

❖ 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:

Cabinet for Health and Family Services

Nursing Home Reform

Public Inspection Records (cont.)

- 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;
- N0844 A description of the services currently provided by the facility;
- N0845 A listing of the rates currently charged for services provided by the facility;
- 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
- N0847 A copy of every court order issued pertaining to the quality of care or services provided in the facility.

Cabinet for Health and Family Services

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

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

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

Cabinet for Health and Family Services

Type A/B Citation

Type A Citation means:

"violation by a long-term care facility of the regulation, standards, & requirements... which presents an IMMEDIATE 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 IMMEDIATE DANGER.”

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

Cabinet for Health and Family Services

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.

Cabinet for Health and Family Services

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.

Cabinet for Health and Family Services

Type A/B Citation
<p style="text-align: center;">Resources</p> <ul style="list-style-type: none">• Statutes• Regulations <p><small>Cabinet for Health and Family Services</small></p>

<p>Overview of the Survey Process</p>
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Overview of the Survey Process
<ul style="list-style-type: none">• Task 1 – Offsite survey preparation• Task 2 – Entrance conference/onsite preparatory<ul style="list-style-type: none">– Purpose of Visit– Survey process explanation– Request for specific information– Completion of required forms– Question and answer session• Task 3 – Tour<ul style="list-style-type: none">– Interviews– Resident/Provider interaction– Validate/Invalidate concerns– Environmental concerns– Observations <p><small>Cabinet for Health and Family Services</small></p>

Overview of the Survey Process

- Task 4 – Information analysis for deficiency determination
 - Review & analyze information collected
 - Regulatory requirements
 - Determine whether to conduct extended survey
- Task 5 – Exit Conference
 - Invite ombudsman & residents
 - Inform the provider of observations & findings

Cabinet for Health and Family Services

Overview of the Survey Process

Post Survey Revisit (Follow-Up)

- To verify implementation of plan of correction, deficient practice has been corrected & confirm compliance with the regulations.

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Overview of the Survey Process

Statement of Deficiencies

- Data prefix tag & regulatory citation
- Facts of investigation/survey which describes the regulatory violations
 - Observation
 - Interviews
 - Record Review (P&P)
 - Resident Identifier (confidentiality)

Cabinet for Health and Family Services

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.

Cabinet for Health and Family Services

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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Informal Dispute Resolution (IDR)

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?
