

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Health Facilities and Emergency Medical Services Division

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES: CHAPTER 8 - FACILITIES FOR PERSONS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

6 CCR 1011-1 Chapter 8

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

Section 1 – Statutory Authority and Applicability

- 1.1 The statutory authority for the promulgation of these rules is set forth in sections 25-1.5-103, 25-3-101, *et seq.*, and 25.5-10-214(2) and (5), C.R.S.
- 1.2 A facility for persons with intellectual and developmental disabilities, as defined herein, shall comply with all applicable federal and state statutes and regulations, including, but not limited to, the following:
 - (A) This Chapter VIII as it applies to the type of facility licensed.
 - (B) 6 CCR, 1011-1, Chapter II, General Licensure Standards, unless otherwise modified herein.
- 1.3 These regulations incorporate by reference (as indicated within) materials originally published elsewhere. Such incorporation does not include later amendments to or editions of the referenced material. The Department of Public Health and Environment maintains copies of the complete text of the incorporated materials for public inspection during regular business hours, and shall provide certified copies of the incorporated material at cost upon request. Information regarding how the incorporated material may be obtained or examined is available from:

Division Director
Health Facilities and Emergency Medical Services Division
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
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Copies of the incorporated materials have been provided to the State Publications Depository and Distribution Center, and are available for interlibrary loan. Any incorporated material may be examined at any state publications depository library.

Section 2 – Definitions

- 2.1 Administrator – A person who is responsible for the overall operation and daily administration, management and maintenance of the facility.
- 2.2 Community Residential Home – a group living situation accommodating at least four, but no more than eight, persons which is licensed by the state and in which services and supports are provided to persons with intellectual and developmental disabilities.
- 2.3 Department – the Colorado Department of Public Health and Environment or its designee.

- 2.4 Facility for Persons with Intellectual and Developmental Disabilities – a facility specially designed for the active treatment and habilitation of persons with intellectual and developmental disabilities or a community residential home.
- 2.5 Governing Body – the individuals, service agency or community centered board when acting as a service agency that has the ultimate authority and legal responsibility for the management and operation of the facility.
- 2.6 Intellectual and Developmental Disability – a disability that is manifested before the person reaches twenty-two years of age, that constitutes a substantial disability to the affected individual, and that is attributable to mental retardation or related conditions, which include cerebral palsy, epilepsy, autism, or other neurological conditions when those conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.
- 2.7 Intermediate Care Facility for Individuals with Intellectual Disabilities – a residential facility that is certified by the Centers for Medicare and Medicaid (CMS) to provide habilitative, therapeutic and specialized support services to adults with intellectual and developmental disabilities.
- 2.8 Resident – an individual admitted to and receiving services from a facility for persons with intellectual and developmental disabilities.

Section 3 – Licensing Requirements

3.1 License Types

- (A) A facility for persons with intellectual and developmental disabilities shall be licensed as either an Intermediate Care Facility for Individuals with Intellectual Disabilities or a Community Residential Home, depending upon the size of the facility and the services offered.

3.2 General License Requirements

- (A) A facility for persons with intellectual and developmental disabilities shall demonstrate compliance with local building and zoning codes prior to initial licensure and license renewal.
- (B) A facility for persons with intellectual and developmental disabilities shall comply with the requirements of 6 CCR 1011-1, Chapter II, regarding license application procedures, the process for change of ownership and the continuing obligations of a licensee.

3.3 License Term

- (A) The license for an Intermediate Care Facility for Individuals with Intellectual Disabilities shall be valid for twelve (12) months unless otherwise suspended or revoked.
- (B) The license for a Community Residential Home shall be valid for twenty-four months unless otherwise suspended or revoked.
- (C) In the event of a denial, suspension, or revocation of a facility's license or the facility's program approval, the Department shall assist the Department of Health Care Policy and Financing in overseeing the relocation of the residents.

3.4 License Fees

All license fees are non-refundable. More than one fee may apply depending upon the circumstances. The total fee shall be submitted with the appropriate license application.

(A) Initial License

Community Residential Home: \$2,500.

Intermediate Care Facility for Individuals with Intellectual Disabilities: \$6,000.

(B) License Renewal

Effective July 1, 2011, the renewal fee shall be:

Community Residential Home: \$ 750.

Intermediate Care Facility for Individuals with Intellectual Disabilities: \$1,600.

(C) Change of ownership

Change of ownership shall be determined in accordance with the criteria set forth in 6 CCR 1011-1, Chapter II, Part 2. The change of ownership fee shall be:

Community Residential Home: \$2,500.

Intermediate Care Facility for Individuals with Intellectual Disabilities: \$6,000.

(D) Revisit fee

(1) A facility's renewal license fee may be increased as the result of a licensure inspection or substantiated complaint investigation where a deficient practice is cited that has either caused harm or has the potential to cause harm to a consumer and the agency has failed to demonstrate appropriate correction of the cited deficiencies at the first on-site revisit.

(2) The fee shall be 50 percent of the facility's renewal license fee and shall be assessed for the second on-site revisit and each subsequent on-site revisit pertaining to the same deficiency.

Section 4 – Governing Body

4.1 The governing body shall establish a policy that defines its composition and authority.

4.2 The governing body shall oversee the policy, budget and operational direction of the facility. If a governing board oversees more than one facility, it shall maintain documentation concerning the oversight of each facility.

4.3 The governing body shall establish a system for monitoring and reviewing the medical care and health of the residents receiving services at the facility.

- 4.4 The governing body shall appoint an administrator who shall have the authority to implement the policies and procedures and be responsible for the day to day management of the facility.
- (A) An administrator appointed to manage an intermediate care facility for individuals with intellectual disabilities shall have an active, unrestricted Colorado nursing home administrator license.
- 4.5 The governing body shall create policies and procedures for admission and discharge of residents that fully comply with state and federal law.

Section 5 – Administrator

- 5.1 The administrator shall be responsible on a full time basis to the governing body for planning, organizing, developing and controlling the operations of the facility.
- 5.2 The administrator shall develop a written plan of organization detailing the authority, responsibility, and functions of each category of personnel.
- 5.3 Reserved.
- 5.4 The administrator shall ensure that a recognized system of accounting is used to accurately reflect the details of the business. A fiscal audit, including resident funds that are managed by the facility, shall be performed at least annually by a qualified auditor independent of the facility.
- 5.5 The administrator shall ensure that the facility maintains the following records:
- (A) A daily census,
- (B) Admission and discharge records, and
- (C) A master resident database.

Section 6 – Personnel and Staffing

- 6.1 The administrator shall only employ staff members who are qualified by education, training, and experience.
- 6.2 The administrator shall ensure that a background check is performed for each unlicensed staff member providing direct care prior to the staff member's contact with residents.
- (A) If any background check reveals prior convictions of a violent, fraudulent or abusive nature, the administrator shall inquire further to determine the potential impact on resident safety in accordance with facility policy.
- (B) If an individual is hired despite a background check that reveals a prior conviction of a violent, fraudulent or abuse nature, the administrator shall document the reasons for hire and plans for supervision.
- 6.3 The facility shall maintain personnel records on each staff member including employment application, resume of employee's training and experience, verification of credentials, and evidence regarding the absence or control of communicable diseases such as tuberculosis or hepatitis B.

- 6.4 There shall be written personnel policies including, but not limited to, job descriptions that clarify the type of functions to be performed, the conditions of employment, management of employees and the quality and quantity of resident services to be maintained.
- 6.5 The administrator shall provide notice of the personnel policies to each staff member when hired and shall explain the policy during the initial staff orientation period. If changes are made to the personnel policies, the facility shall notify employees of the changes in a timely manner and document the date of such notification.
- 6.6 The administrator shall ensure that there is sufficient trained staff on duty to meet the needs of all residents at all times. A resident may be allowed to remain unsupervised in the facility only when all of the following criteria are met:
- (A) The resident's individual plan allows for the unsupervised time;
 - (B) The resident has telephone access to a staff member who shall be immediately available by telephone and able to arrive at the facility within 15 minutes, if necessary;
 - (C) The unsupervised period does not exceed four (4) hours at a time unless a longer unsupervised period is specified in the resident's individual plan;
 - (D) No more than one resident at a time shall be left unsupervised unless there has been an evaluation that two or more residents may be unsupervised at the same time; and
 - (E) Any unsupervised time is not merely for the convenience of the staff.
- 6.7 The administrator shall ensure that the facility does not depend upon residents to perform staff functions.
- 6.8 A facility may use volunteers, but any volunteer shall not be included in the facility's staffing plan in lieu of employees.

Section 7 – Training

- 7.1 The administrator shall develop and implement a policy and procedure for the initial orientation and on-going training of staff to ensure that all duties and responsibilities are accomplished in a competent manner. The policy and procedure shall include, but not be limited to, the following:
- (A) The extent and type of orientation for all new staff prior to unsupervised contact with residents;
 - (B) Job training specific to the residents' needs shall be provided to each staff member prior to that staff member working unsupervised with any resident. Such training shall include, at a minimum, medical protocols, therapy programs, activities of daily living needs, special services, and each resident's evacuation capabilities.
 - (C) Within the first 30 days of employment, staff shall receive training in resident rights, abuse and neglect prevention, reporting abuse, neglect, mistreatment and exploitation.
- 7.2 The administrator shall develop and implement a process for staff monitoring including an annual written evaluation of staff competency specific to the duties required at the facility and resident needs.
- (A) If a staff member fails the annual competency evaluation, the administrator shall, at a minimum, provide retraining and reevaluate to demonstrate competency is achieved.

- 7.3 The administrator shall document that orientation and training in emergency procedures has been provided for each new staff member and each newly admitted resident capable of self-preservation.
- 7.4 The administrator shall document all staff training including in-service training.

Section 8 – Admissions

- 8.1 The facility shall have a written policy that specifies that it will only admit those individuals whose needs can be met within the accommodations and services the facility provides.
- 8.2 Prior to or upon admission of a resident, the facility shall ensure that it obtains the essential information pertinent to the care of the resident including a medical evaluation report.
- 8.3 Upon admission, adequate measure shall be taken to insure the proper identification of the resident.
- 8.4 No resident shall be admitted for care to any room or area other than one regularly designated as a bedroom. There shall be no more residents admitted to a bedroom than the number for which the room is designed and equipped.

Section 9 – Resident Rights

- 9.1 Each facility shall have written policies and procedures for residents' rights. Those policies and procedures shall address the patient rights set forth in 6 CCR 1011-1, Chapter II, Part 6, and Section 25.5-10-218 through 225, C.R.S. (Effective March 1, 2014), which is incorporated by reference. Such policies and procedures shall also include specific provisions regarding the following:
 - (A) The right to have medications administered in a manner consistent with state and federal law and regulation.
 - (B) The right to resident notice at least 15 days prior to the effective date when there is a decision to terminate services or transfer the resident.
 - (C) Assurance that any resident transfer shall be in the best interests of the resident and not for the convenience of the facility.
 - (D) An effective monitoring mechanism to detect instances of abuse, mistreatment, neglect and exploitation. Monitoring shall include, at a minimum, a review of the following items.
 - (1) Incident reports;
 - (2) Verbal and written reports from residents, advocates, families, guardians, friends of residents or others; and
 - (3) Verbal and written reports of unusual or dramatic changes in behaviors or residents.
 - (4) A plan for frequent unannounced supervisory visits to each residence or facility on all shifts.
 - (E) Procedures for identifying, reporting, reviewing and investigating all allegations of abuse, mistreatment, neglect and exploitation.

- (F) Procedures for timely and appropriate disciplinary action up to and including termination of staff and appropriate legal recourse against any staff member who has engaged in abuse, mistreatment, neglect or exploitation of a resident.

9.2 The facility administrator shall ensure implementation of the following items.

- (A) All staff members are aware of applicable state law and facility policies and procedures related to abuse, mistreatment, neglect and exploitation,
- (B) The facility adheres to federal and state law along with the facility's own policies and procedures for residents' rights,
- (C) The facility demonstrates that the residents are informed of their rights and those rights are protected.
- (D) Immediate reporting to the facility administrator or designee by any staff member who observes, or is aware of, abuse, mistreatment, neglect or exploitation of a resident, and prompt action to protect the safety of the affected resident and all other residents in the facility;
- (E) Reporting of any alleged incident or occurrence to the parent, guardian or authorized representative within 24 hours, and to the department by the next business day consistent with 6 CCR 1011-1, Chapter 2, section 3.2; and
- (F) All alleged incidents of abuse, mistreatment, neglect, injuries of unknown origin or exploitation shall be thoroughly investigated within five (5) working days. An investigative report shall be prepared that includes, at a minimum:
 - (1) The preliminary results of the investigation;
 - (2) A summary of the investigative procedures utilized;
 - (3) The full investigative findings, including recommendations;
 - (4) The administrative review;
 - (5) The action(s) taken.

Section 10 – Resident Funds

10.1 The facility shall develop and implement written policies and procedures regarding resident funds.

10.2 The facility shall establish and maintain an accounting system that ensures a full, complete and separate accounting, according to generally accepted accounting principles, of each resident's personal fund entrusted to the facility on the resident's behalf.

- (A) The facility shall ensure that its accounting system precludes any commingling of resident funds with facility funds or with the funds of any person other than another resident.
- (B) The facility shall regularly monitor its accounting system to ensure the policies and procedures are being appropriately implemented and resident funds are protected from misuse.

10.3 Upon request, the facility shall make a resident's financial record available to the resident, the resident's parents or legal guardian.

Section 11 – Resident Records

11.1 Initial Record Requirements

- (A) The following minimum information shall be recorded in the resident's program or medical record upon admission to the facility for persons with developmental disabilities:
 - (1) Name, previous address, and birth date;
 - (2) Name, address, and phone number of legal guardian (if any), person to contact in an emergency, physician, dentist, and case manager; and
 - (3) Special needs, allergies, and current medication. If a resident has an allergy to any substance, a notice shall be placed in a conspicuous place on the resident's record.
- (B) To the extent possible, the following shall also be obtained:
 - (1) The results of assessments conducted within the previous 12 months,
 - (2) All individual service and support plans (ISSP) and service/individualized plans (SP/IP), as appropriate, developed within the previous 12 months,
 - (3) Record of prescriptions of medications within the previous 12 months;
 - (4) Dates and descriptions of illnesses, accidents, significant changes of condition, treatments thereof, and immunizations for the previous 12 months;
 - (5) Summary of hospitalizations for the previous 12 months, to include recommendations for follow-up and treatment; and
 - (6) Any other information relevant to the health of the resident.

11.2 Continuing Record Requirements

- (A) Each facility shall maintain active program and medical records for individual residents that also contain the following:
 - (1) All information required by Section 11.1 of this chapter;
 - (2) A record of the use of the resident's funds including all debits, credits and a description of purchases if supervised by the licensee;
 - (3) Current individualized plan and individual service and support plans, as appropriate, along with documentation of their implementation and progress toward meeting the goals.
 - (4) Current photo of resident;
 - (5) General physical characteristics;
 - (6) General description of personality characteristics;
 - (7) Quarterly weight and annual height measurement of all residents;

- (8) Records of interventions and treatments provided by physicians, therapists, nurses and other professional staff;
 - (9) Records of prescriptions ordered and medication administered in the previous 12 months; and
 - (10) Date, time and circumstances of resident's death, when applicable.
- (B) All entries in any resident record shall be dated and authenticated. Acceptable authentication shall be the staff's written signature, identifiable initials, computer key, or other appropriate technological means.
- (C) All records specifically required by these standards shall be made available to the department for purposes of enforcing these regulations. If records are maintained electronically, they shall be made available to the Department in a manner that allows for a timely efficient and complete review.

11.3 Medical Record Retention

- (A) Medical records are those records pertaining to the health status and related medical services and treatments of the resident. Such records do not include documents involving services and programs.
- (B) All medical records for adults (persons eighteen (18) years of age or older) shall be retained for no less than ten (10) years after the last date of service or discharge from the facility. All medical records for minors shall be retained after the last date of service or discharge from the facility for the period of minority plus ten (10) years.

Section 12 – Infectious Disease Prevention and Control

- 12.1 The administrator shall develop and implement an infectious disease control program that includes procedures to track and trend infections that are known or become known among staff and residents that may affect the safety of the residents, and in-service training programs for microbial and infectious disease control.
- 12.2 The administrator shall develop and implement a procedure for tuberculin screening of staff that is consistent with the Centers for Disease Control "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005," U.S. Department of Health and Human Services Centers for Disease Control and Prevention, which is incorporated by reference.
- 12.3 The facility shall develop and implement procedures for handling soiled linen and clothing, storing personal care items, and general cleaning which minimizes the spread of pathogenic organisms.
- 12.4 The facility shall have written policies addressing infectious disease control including, but not limited to, the following:
- (A) Environmental controls to prevent or limit the spread of infection;
 - (B) The protective isolation of residents who have an infectious disease; and
 - (C) The reporting of diseases as required by the Department's Rules and Regulations Pertaining to Epidemic and Communicable Disease Control, 6 CCR 1009-1.
- 12.5 Personnel shall practice universal precautions.

Section 13 – Dietary Services

- 13.1 All food shall be procured, stored and prepared safely. At least a three-day supply of food shall be available in the facility in case of emergency.
- 13.2 Meals shall be planned in a manner that incorporates resident involvement.
- 13.3 Meals shall provide a nutritionally adequate diet for all residents, based upon the Dietary Guidelines for Americans, 2005, U.S. Department of Health and Human Services and U.S. Department of Agriculture, 6th Edition, which is incorporated by reference.
 - (A) The facility shall ensure that the meals provided maintain acceptable parameters of nutritional status such as body weight and protein level unless the resident's clinical condition demonstrates that this is not possible.
- 13.4 The facility shall have a diet manual that provides guidance for the preparation of diet menus including special diets.
- 13.5 The facility shall have a qualified dietician perform an initial review of all specialized, prescribed diet plans to ensure they meet diet guidelines and be available for consultation regarding any changes to the special dietary needs of the residents.
- 13.6 Records of meals prepared including available options and substitutions shall be kept by the facility staff and shall be available for review for a period of 30 days.
- 13.7 Meals shall vary daily and be appropriate for holidays and seasonal conditions.
- 13.8 Residents shall have reasonable access to food supplies. Between-meal snacks of nourishing quality shall be available.
- 13.9 Staff support shall be available to all residents who need assistance during meals.
- 13.10 Special Diets
 - (A) Known food allergies and prescribed therapeutic diets shall be documented and such information shall be made available to facility staff preparing meals.
 - (B) The administrator shall ensure that all staff, including volunteers and temporary staff, are aware of and adhere to any resident's food allergies and/or special dietary requirements.
 - (C) The facility shall ensure that it is providing food that meets the special dietary needs of the residents.

Section 14 – Medications

- 14.1 Unless otherwise specified, "medications" refers to substances defined in section 12-22-102(11)(a), C.R.S., as well as dietary and nutritional supplements.
- 14.2 On at least a quarterly basis, facility staff shall review the medications and dosage taken by residents who are self-administering.
- 14.3 Prescription medications shall be administered from containers or packages that are lawfully labeled.

- 14.4 The facility shall ensure that the primary care physician or other authorized, licensed practitioner designated to coordinate a resident's care reviews each resident's medication regimen on an annual basis for a stable regimen and whenever there is a change in the medication regimen.
- 14.5 At the time of discharge or transfer, medications belonging to a resident shall be given to the resident's legal guardian, nurse or qualified medication administration staff member at the new residence.
- 14.6 The governing body shall establish policies and procedures which ensure the appropriate procurement, storage, administration and disposal of all medications including, but not limited to, the following:
- (A) All medications shall be stored in locked containers according to the appropriate light and temperature conditions and all controlled medications shall be double locked.
 - (B) Documentation of medication administration to residents including time and dosage given, name of staff administering and, if applicable, drug reaction or refusal by the resident. Medications shall be administered only by persons authorized by law to do so.
 - (1) A Community Residential Home for Persons with Developmental Disabilities may use qualified medication administration staff members (QMAPs) provided the facility fully complies with sections 25-1.5-301 through 25-1.5-303 C.R.S., and 6 CCR 1011-1, Chapter XXIV, Medication Administration Regulations.
 - (2) QMAPs shall not be used by an Intermediate Care Facility for Persons with Developmental Disabilities.
 - (C) Reporting medication errors and refusals to the program director, consulting nurse and primary care physician.
 - (D) Administration and transport of medications to facilitate community integrations and other activities such as day programs, vacation and home visits.
- 14.7 The administrator shall implement and monitor compliance with all policies and procedures related to controlled medication receipt, storage, administration and disposal.
- 14.8 There shall be a designated medication preparation area separated from food that is equipped with a suitable locking device to protect the medications stored therein; a refrigerator equipped with thermometer; counter work space; readily accessible contact information for the poison control center; and a sink for hand-washing or appropriate supplies for hand cleansing.
- (A) Only medications, medical equipment and supplies shall be stored in the designated preparation area.
 - (B) Test reagents, general disinfectants, cleaning agents and other similar products shall not be stored in the medication area.
- 14.9 Non-prescription (over-the counter) medications administered to a resident shall meet the following conditions:
- (A) The medication is maintained in the original container with the original label visible, and
 - (B) The medication is labeled with a single resident's full name.
- 14.10 Non-prescription drugs may be purchased by residents capable of self-administration.

Section 15 – Medical Services and Supplies

- 15.1 The governing body shall establish and the administrator shall implement policies and procedures for medical and health services based on documented applicable standards of practice.
- 15.2 Medical treatment and diagnostic services shall be provided in a timely manner as ordered by the licensed prescriber.
- 15.3 Each resident shall have a primary care physician or other qualified, licensed practitioner designated to coordinate resident's care.
- 15.4 The facility shall assist each resident in obtaining an annual dental examination. If the dentist determines that an annual examination is unnecessary, a dental examination shall be conducted at least every two (2) years. The facility shall document the prescribed frequency, results of all dental examinations and any required follow-up services.
- 15.5 Other medical, dental, and therapeutic assessments, services, and follow-up shall be obtained as ordered by the primary care physician or other authorized, licensed practitioner.
- 15.6 The facility shall arrange for a medical evaluation of each resident on an annual basis unless a greater or lesser frequency is specified by the primary care physician or other licensed, authorized practitioner designated to coordinate resident's care. If it is determined an annual evaluation is not needed, a medical evaluation shall be conducted at least every two (2) years. The facility shall document the results of such evaluations and any required follow-up services.
- 15.7 The facility shall ensure that all therapeutic and health services utilized by residents are provided by persons or facilities that are licensed, certified, or otherwise authorized by law to provide such services and meet the applicable standards of practice.
 - (A) Therapeutic and health services may be provided by unlicensed staff only if such staff has been trained by a person licensed, certified, or otherwise authorized by law to provide such services.
 - (B) All therapeutic and health services provided by trained, unlicensed staff shall be supervised and monitored at least quarterly by a registered nurse and annually by a person licensed, certified or otherwise authorized by law to provide such services.
- 15.8 Residents who use wheelchairs or other assistive technology services shall receive professional reviews, at a prescribed or recommended frequency, to ensure the continued applicability and fitness of such devices.
- 15.9 Wheelchairs and other assistive technology devices shall be maintained according to the manufacturer's guidelines.
- 15.10 Except in emergency situations, changes in resident's physical condition that could negatively affect his/her health shall be reported to the nurse. Following the nurse's assessment, the nurse shall notify the primary care physician in a timely manner and others in accordance with facility policy.
- 15.11 The governing body shall develop, and the administrator shall implement, a policy for monitoring each resident's weight. The policy shall include the following:
 - (A) Weight monitoring shall be documented and promptly assessed for significant/serious weight changes.

- (B) The facility shall promptly notify the primary care physician or other authorized, licensed practitioner when significant/serious weight changes occur.
- 15.12 The facility shall have portable emergency equipment as necessary to meet the specific needs of the residents. If such devices are present, the facility shall ensure that all personnel are trained in the proper use of such devices.
- 15.13 Each resident shall have dentures, eyeglasses, hearing aids and other aids as needed and prescribed by the appropriate professional.
- 15.14 The facility shall have individual resident equipment and supplies necessary to meet each resident's continuing medical needs.

Section 16 – Nursing, Special Care and Social Services

16.1 Nursing Services

- (A) The facility shall have sufficient licensed nursing staff available to respond to the needs of the residents.
- (B) The facility shall have written nursing policies and procedures that address the nursing needs of the residents and ensure that nursing services are provided in accordance with the needs of each resident.
- (C) Nursing staff shall monitor the care and treatment provided by unlicensed staff to ensure that unlicensed staff members are trained and demonstrate competency in all procedures they perform. Changes in condition or needs shall be reported to the registered nurse or primary care provider.
- (D) There shall be a record of any care or treatment therapies prescribed by a physician or other authorized, licensed practitioner, or delegated by a registered nurse.
 - (1) Care may be provided by unlicensed staff only if it is allowed by state law and such staff has been trained by a person licensed, certified, or legally authorized to provide such services.
 - (2) All care provided by trained, unlicensed staff shall be monitored at least quarterly by a registered nurse and annually by a person licensed, certified, or legally authorized to provide such services.
 - (3) The provision of services shall be documented by the staff providing the service.

16.2 Social Services and/or Resource Coordination

- (A) The facility shall provide appropriate social services and/or resource coordination to residents and families, and consultation to the staff.

Section 17 – Gastrostomy Services

- 17.1 Gastrostomy services shall not be administered by an unlicensed individual unless that individual is trained and supervised by a licensed physician, nurse or other authorized, licensed practitioner.
- 17.2 The facility shall ensure that a physician, licensed nurse or other authorized, licensed practitioner has developed a written individualized gastrostomy service protocol for each resident requiring such service. Each protocol shall include, but not be limited to, the following:

- (A) The proper procedures for preparing, storing and administering nutritional supplements through a gastrostomy tube;
 - (B) The proper care and maintenance of the gastrostomy site;
 - (C) The identification of possible problems associated with gastrostomy services; and
 - (D) The names and contact numbers of the resident's physician, licensed nurse or other authorized, licensed practitioner who is responsible for monitoring the unlicensed person(s) performing gastrostomy services and intervening, if problems are identified.
- 17.3 The facility shall ensure that a physician, licensed nurse or other authorized, licensed practitioner provides training to any unlicensed individual who may provide gastrostomy services. Documentation of the training shall be kept in the resident's record and shall include:
- (A) The date or dates of when the training occurred,
 - (B) Indication that the unlicensed individual has reached proficiency which is defined as performing all aspects of the resident's protocol without error three (3) consecutive times; and
 - (C) The signature of the physician, licensed nurse or other authorized, licensed practitioner that provided the training and observed the three (3) trials.
- 17.4 The facility shall ensure that a physician, licensed nurse, or other authorized, licensed practitioner performs the gastrostomy services for each resident receiving gastrostomy services at least once prior to the unlicensed person providing the services.
- 17.5 For unlicensed persons performing gastrostomy services for several residents with similar protocols, the licensed nurse or physician overseeing their training may document their proficiency with less than three (3) observations for each resident receiving services. The alternative method for establishing the proficiency of each staff member shall be documented.
- 17.6 The facility shall ensure that the physician, licensed nurse or other authorized, licensed practitioner observes and documents the unlicensed staff performing gastrostomy services for each resident at least quarterly for the first year and semi-annually thereafter, unless more frequent monitoring is appropriate.
- 17.7 When changes are made to the written order for gastrostomy services and/or in the resident's protocol, the facility shall ensure that the physician, licensed nurse or other authorized, licensed practitioner that provides the training determines the extent of training that the unlicensed person will need to remain proficient in performing all aspects of the gastrostomy services.
- 17.8 The facility shall ensure that the primary care physician annually reviews and approves the protocol for resident(s) receiving gastrostomy services.
- 17.9 For each resident, the facility shall ensure the documentation in the resident's record includes, at a minimum:
- (A) A written record of each nutrient and fluid administered;
 - (B) The beginning and ending time of nutrient or fluid intake;
 - (C) The amount of nutrient or fluid intake;

- (D) The condition of the skin surrounding the gastrostomy site;
- (E) Any problem(s) encountered and action(s) taken; and
- (F) The date and signature of the person performing the procedure.

Section 18 – Facility Reporting Requirements

- 18.1 Each facility shall comply with the occurrence reporting requirements set forth in 6 CCR 1011-1, Chapter II, Part 3.2.
- 18.2 Each facility shall notify the Department program manager within 48 hours of the relocation of one or more residents due to any portion of the facility becoming uninhabitable for any reason, including but not limited to, fire or other disaster.
- 18.3 In the event of a voluntary closure of a facility, such facility shall notify the Department 30 days prior to closure and submit a plan for resident transfer at that time. The resident transfer plan shall include, at a minimum, the following:
 - (A) Notice to the residents, families and guardians,
 - (B) Schedule for the residents' moves,
 - (C) Staffing pattern during the 30 days prior to closure; and
 - (D) Provisions for ensuring the health and safety of residents during the closure.

Section 19 – Emergency Plan

- 19.1 The governing body shall develop, and the administrator shall implement and update as necessary, an emergency preparedness plan that addresses the facility's response and staff duties in the following emergencies:
 - (A) Fire.
 - (B) Severe weather, including but not limited to tornados, blizzards and flooding.
 - (C) Security threats.
 - (D) Explosions.
 - (E) Internal system failures, such as electrical outages and internal structural collapse or flooding.
 - (F) Communicable disease outbreaks.
- 19.2 The emergency plan shall specify arrangements for alternative housing, transportation and the provision of necessary medical care if a resident's physician is not immediately available.
- 19.3 The administrator shall develop procedures that ensure notification of families or guardians in an emergency.

- 19.4 The administrator shall document that orientation and training in emergency procedures has been provided for each new staff member and each newly admitted resident capable of self-preservation. Training shall occur within seven (7) working days of employment or admission to the community residential home.
- 19.5 The facility shall conduct and document a monthly paper review of its response to the items listed in section 19.1 of this chapter including its policies and procedures and training of staff and residents.
- 19.6 The facility shall conduct and document quarterly fire drills and an annual mock exercise that addresses all the items listed in section 19.1 of this chapter.

Section 20 – Reserved

Section 21 – Compliance with FGI Guidelines

Effective July 1, 2013, all facilities for persons with developmental disabilities shall be constructed in conformity with the standards adopted by the Director of the Division of Fire Prevention and Control (DFPC) at the Colorado Department of Public Safety. For construction initiated or systems installed on or after July 1, 2013, that affect patient health and safety and for which DFPC has no applicable standards, each facility shall conform to the relevant section(s) of the Guidelines for Design and Construction of Health Care Facilities, (2010 Edition), Facilities Guidelines Institute. The Guidelines for Design and Construction of Health Care Facilities, (2010 Edition), Facilities Guidelines Institute (FGI), is hereby incorporated by reference and excludes any later amendments to or editions of the Guidelines. The 2010 FGI Guidelines are available at no cost in a read only version at:
http://openpub.realread.com/rrserver/browser?title=/FGI/2010_Guidelines

Section 22 – Physical Environment

- 22.1 The facility shall maintain a home-like environment that is clean, sanitary, and free of hazards to health and safety.
- 22.2 All interior areas including basements and garages shall be safely maintained to protect against environmental hazards.
- 22.3 All exterior areas shall be safely maintained to protect against environmental hazards including, but not limited to, the following:
- (A) Exterior premises shall be kept free of high weeds and grass, garbage and rubbish.
 - (B) Grounds shall be maintained to prevent hazardous slopes, holes, snow, ice or other potential hazards.
 - (C) Staircases and porches shall be kept in good repair.
- 22.4 Compliance with State and Local Laws/Codes.
- (A) Facilities shall be in compliance with all applicable zoning regulations of the municipality, city and county, or county where the home is situated. Failure to comply with applicable zoning regulations shall constitute grounds for the denial of a license to a home consistent with Section 27-10.5-109.5, C.R.S.

- (B) Facilities shall be in compliance with all applicable state and local plumbing laws and regulations. Plumbing shall be maintained in good repair, free of the possibility of backflow and backsiphonage, through the use of vacuum breakers and fixed air gaps, in accordance with state and local codes.
- (C) Facilities shall be in compliance with all applicable state and local sewage disposal requirements. Sewage shall be discharged into a public sewer system or disposed of in a manner approved by state and local health authorities in compliance with the Water Quality Control Division's Guidelines on Individual Sewage Disposal Systems, 5 CCR 1003-6.

22.5 Electrical equipment/devices

- (A) Reserved
- (B) Reserved
- (C) A heating pad or electric blanket shall not be used in a resident room without both staff supervision and documentation that the administrator believes the resident to be capable of appropriate and safe use.
- (D) Electric or space heaters shall not be permitted within resident bedrooms and may only be used in common areas of the facility if owned, provided, and maintained by the facility.

22.6 Waste Disposal/Combustibles

- (A) All interior areas shall be free from accumulations of extraneous materials such as refuse, discarded furniture, and old newspapers.
- (B) Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.
- (D) Kerosene heaters shall not be permitted within the facility.
- (E) All garbage and rubbish not disposed of as sewage shall be collected in impervious containers in such manner that it is not a nuisance or health hazard and shall be removed to an approved storage area at least once a day. The refuse and garbage storage area shall be kept clean and free from nuisance. The facility shall have a sufficient number of impervious containers with tight fitting lids that shall be kept clean and in good repair.
- (F) Carts used to transport refuse shall be enclosed, constructed of impervious materials, used solely for refuse and maintained in a sanitary manner.
- (G) Incinerators shall comply with state and local air pollution regulations and be constructed in a manner that prevents insect and rodent occupation.
- (H) If private sewage disposal systems are used, system design plans and records of maintenance shall be kept on the premises and available for inspection.
- (I) No exposed sewer line shall be located directly above working, storage or eating surfaces in kitchens, dining rooms, pantries, or where medical supplies or drugs are prepared or stored.

22.7 Infestation and hazardous substances

- (A) The facility shall be maintained free of infestation of insects and rodents and all openings to the outside shall be screened.
- (B) The facility shall have a pest control program provided by maintenance personnel or by contract with a pest control company using the least toxic and least flammable effective pesticides.
 - (1) If kept onsite, the pesticides shall be labeled and kept in a locked space away from resident or food areas.
- (C) Solutions, cleaning compounds, and hazardous substances shall be labeled and stored in a safe manner.

22.8 Heating, Lighting, Ventilation

- (A) Each room in the facility shall have heat, lighting and ventilation sufficient to accommodate its use and the needs of the residents.
- (B) All interior and exterior steps, interior hallways and corridors shall be adequately illuminated.
- (C) Intermediate Care Facilities for Persons with Developmental Disabilities submitting an initial license application after May 1, 2011 shall have nightlights that are controlled at the door of the bedroom.

22.9 Water

- (A) There shall be an adequate supply of safe, potable water available for domestic purposes.
- (B) Water temperatures shall be maintained at comfortable temperatures. Hot water shall not measure more than 110 degrees Fahrenheit at taps that are accessible by residents.
- (C) There shall be a sufficient supply of hot water during peak usage demands.

22.10 Common Areas

- (A) If the facility has one or more residents using a wheelchair, it shall provide a minimum of two entryways for wheelchair access and egress from the building.
- (B) The facility shall provide common areas that are sufficient to reasonably accommodate all residents.
- (C) The facility shall provide furnishings in all common areas that meet the needs of the residents and are in good repair.
- (D) All common areas and dining areas shall be accessible to residents utilizing an auxiliary aid without requiring transfer from a wheelchair to walker or from a wheelchair to a regular chair for use in dining area. All doors to those rooms requiring access shall be at least 32 inches wide.
- (E) Residents shall be allowed free use of all common living areas with due regard for privacy, personal possessions, and safety of all residents.

- (F) The facility shall have liquid soap and paper towels available in the common bathrooms of the facility.

22.11 Bedrooms

- (A) No resident shall be assigned to any room other than a regularly designated bedroom.
- (B) Effective May 1, 2011, all bedrooms shall meet the following square footage requirements:
 - (1) Single occupancy bedrooms shall have at least 100 square feet.
 - (2) Double occupancy bedrooms shall have at least 80 square feet per person.
 - (3) Bathroom areas and closets shall not be included in the determination of square footage.
- (C) The facility shall provide each resident with a clean comfortable mattress, maintained in a sanitary condition.
- (D) Resident bedrooms shall contain furnishings that meet the needs of the resident.
- (E) Each bedroom shall have adequate storage space or closets for a resident's clothing and personal articles.
- (F) Each bedroom shall have at least one window of eight (8) square feet, which shall have opening capability. All escape windows shall be maintained unobstructed on the interior and exterior of the facility.
- (G) The ground level outside of any basement resident bedroom shall be maintained at or below the window sill for a distance of at least eight feet measured out from the window.

22.12 Bathrooms

- (A) A full bathroom shall consist of at least the following fixtures: toilet, hand washing sink, toilet paper dispenser, mirror, tub or shower and towel rack.
- (B) The facility shall ensure compliance with the following criteria regarding the number of bathrooms per residents:
 - (1) The community residential home shall provide toilet and bathing facilities appropriate in number, size, and design to meet the needs of the residents,
 - (2) There shall be at least one full bathroom for every four (4) residents, and
 - (3) Community residential homes utilizing more than one level or floor for resident services and/or sleeping rooms shall have at least one full bathroom per floor.
- (C) The facility shall ensure the following accessibility criteria:
 - (1) There shall be at least one bathroom adjacent to the common living space that is available for resident use.

- (2) In any facility that is occupied by one or more residents utilizing an auxiliary aid, the facility shall provide at least one full bathroom as defined herein with fixtures positioned so as to be fully accessible to any resident utilizing an auxiliary aid.
- (D) The facility shall ensure each bathroom has the following safety features:
 - (1) Non-skid surfaces on all bathtub and shower floors,
 - (2) Grab bars properly installed at each tub and shower, adjacent to each toilet and as otherwise indicated by the needs of the resident population, and
 - (3) Toilet seats constructed of non-absorbent material and free of cracks.
- (E) The facility shall ensure that each resident is furnished with personal hygiene and care items.

22.13 Housekeeping, Linen and Laundry

- (A) Each facility shall establish organized housekeeping services that are planned and performed to provide a pleasant, safe and sanitary environment.
- (B) The facility shall either contract with a commercial laundry or maintain its own laundry that meets the following criteria:
 - (1) All laundry equipment shall be designed and installed to comply with state and local laws and possess appropriate safety devices.
 - (2) Laundry operations shall be located in an area that is separated from resident care units.
 - (3) The laundry procedures shall be performed in such a way that soiled linen and resident clothing emerge clean and free of detergents according to the laundry manufacturer instructions.
 - (4) Soiled laundry shall be processed frequently enough to prevent unsanitary accumulations.
 - (5) The temperature of the water during the washing and rinsing process shall be based upon the recommendations of the laundry detergent and the items being laundered.
- (C) There shall be a resident linen supply consisting of at least two complete changes times the number of resident beds. All linens shall be maintained in good repair.
- (D) Bed linens shall be changed as often as necessary, but in no case less than once a week.
- (E) The facility shall have a maintenance area separated from living quarters with adequate floor storage area that is equipped with the following:
 - (1) A hook strip for mop handles from which soiled mop heads have been removed;
 - (2) Shelving for cleaning materials;
 - (3) Hand washing tools; and

- (4) A waste receptacle with impervious liner.
- (5) For facilities with more than eight (8) beds, the maintenance closet shall also contain a sink (preferably depressed or floor mounted) with mixing faucets.

Editor's Notes

6 CCR 1011-1 has been divided into separate chapters for ease of use. Versions prior to 05/01/2009 are located in the main section, 6 CCR 1011-1. Prior versions can be accessed from the All Versions list on the rule's current version page. To view versions effective on or after 05/01/2009, select the desired chapter, for example 6 CCR 1011-1 Chap 04 or 6 CCR 1011-1 Chap 18.

History

Chapter 8 Subchapter 2 Definitions, Section 19; Subchapter 5 Definitions, Section 4.1 eff. 05/30/2009; Chapter 8 Section 3 repealed eff. 05/30/2009.

Chapter 8 entire rule eff. 04/30/2011.

Chapter 8 Sections 2.8, 20 – 21, 22.3(C), 22.5(A) – 22.5(B) eff. 08/14/2013; Chapter 8 Part 2.9 repealed eff. 08/14/2013.

Chapter 8 Sections 1.1 – 1.2, 2.2 – 2.8, 3.1 – 3.4, 4.4(A), 6.6, 7.2, 9.1, 13.2, 14.8, 15.9, 15.12, 16.1(C)-16.2(A) eff. 09/14/2014.

Chapter 8 Section 5.3 eff. 12/15/2014.