

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.]

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Part 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, 25-3-100.5, *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, state, and local statutes and regulations, including, but not limited to:
 - (A) This Chapter 8 as it applies to the type of facility licensed.
 - (B) 6 CCR, 1011-1, Chapter 2 – General Licensure Standards, unless otherwise modified herein.
 - (C) 6 CCR, 1011-1, Chapter 24 – Medication Administration Regulations.

- (D) 6 CCR 1007-2, Part 1, Regulations Pertaining to Solid Waste Disposal Sites and Facilities, Section 13, Medical Waste.
- (E) 6 CCR 1007-3, Part 262, Standards Applicable to Generators of Hazardous Waste.

Part 2 – Definitions

- 2.1 “Administrator” means a person who is responsible for the overall operation and daily administration, management, and maintenance of the facility.
- 2.2 “Department” means the Colorado Department of Public Health and Environment or its designee.
- 2.3 “Facility for Persons with Intellectual and Developmental Disabilities” means a facility specially designed for the active treatment and habilitation of persons with intellectual and developmental disabilities or a group home.
- 2.4 “Governing Body” means the individuals or service agency that has the ultimate authority and legal responsibility for the management and operation of the facility.
- 2.5 “Group Home” means a group living situation accommodating at least four (4), but no more than eight (8), persons which is licensed by the state and in which services and supports are provided to persons with intellectual and developmental disabilities. Group home means the same as “community residential home,” as the term is used in Section 25.5-10-214, C.R.S.
- 2.6 “Intellectual and Developmental Disability” means a disability that manifests before the person reaches twenty-two years of age, that constitutes a substantial disability to the affected person, and that is attributable to an intellectual or developmental disability or related conditions, including Prader-Willi syndrome, cerebral palsy, epilepsy, autism, or other neurological conditions when the condition or conditions result in impairment of general intellectual functioning or adaptive behavior similar to that of a person with an intellectual and developmental disability.
- 2.7 “Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)” means a residential facility that is certified by the Centers for Medicare and Medicaid Services (CMS) to provide active treatment, and habilitative, therapeutic, and specialized support services to adults with intellectual and developmental disabilities.
- 2.8 “Practitioner” means a physician, physician assistant, or advance practice nurse (i.e., nurse practitioner or clinical nurse specialist) who has a current, unrestricted license to practice and is acting within the scope of such authority.
- 2.9 “Resident” means an individual living in and receiving services from a facility for persons with intellectual and developmental disabilities.
- 2.10 “Self-administer” means the ability of a resident to take medication independently without any assistance from another person.
- 2.11 “Service Plan” means a written document that specifies identified and needed services, regardless of funding source or provider, to assist a person to remain safely in the community. For the purposes of this chapter, the term service plan includes, but is not limited to: service plans, individualized plans, individual service and support plans, and person-centered support plans as used within 10 CCR 2505-10.
- 2.12 “Special diet” means a diet with specific requirements, provided in accordance with a practitioner’s or registered dietitian’s order.

- 2.13 “Staff” means individuals providing services on behalf of and/or under the control of the facility, either as an employee, through a contract between the facility and the individual, or through a staffing agency.
- 2.14 “Volunteer” means an unpaid individual providing services on behalf of and/or under the control of the facility.

Part 3 – Licensing Requirements

- 3.1 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 Group 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 licensure requirements of 6 CCR 1011-1, Chapter 2.

3.3 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

- (1) Group Home: \$2,612.62.
- (2) Intermediate Care Facility for Individuals with Intellectual Disabilities: \$6,270.31.

(B) License Renewal. Effective July 1, 2022, the annual renewal fee shall be:

- (1) Group Home: \$391.90.
- (2) Intermediate Care Facility for Individuals with Intellectual Disabilities: \$1,672.08.

(C) Change of Ownership. Change of ownership shall be determined in accordance with the criteria set forth in 6 CCR 1011-1, Chapter 2, Part 2.6. The change of ownership fee shall be:

- (1) Group Home: \$2,612.62.
- (2) Intermediate Care Facility for Individuals with Intellectual Disabilities: \$6,270.31.

(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.

Part 4 – Governing Body

- 4.1 The facility shall have a governing body that is responsible for the management and oversight of the facility, including: policy, budget, and operational direction.
 - (A) The governing body shall establish a policy that defines its composition and authority.
 - (B) The governing body may oversee more than one facility, in which case it shall maintain separate documentation concerning the oversight of each facility, recognizing the unique characteristics of each location.
- 4.2 The governing body shall develop written policies, including, but not limited to, those required in other parts of these rules:
 - (A) Admission and discharge policies that fully comply with state and federal law and that meet the requirements of Part 8.1 of these rules, including that the facility shall only admit those individuals whose needs can be met within the accommodations and services the facility provides.
 - (B) Policies regarding the hiring or continued service of any administrator, staff, or volunteer whose criminal history records include a conviction or plea, or otherwise demonstrate conduct that could pose a risk to the health, safety, or welfare of the resident. At a minimum, the policies shall require consideration of:
 - (1) The history of convictions and pleas of guilty or no contest;
 - (2) The nature and seriousness of the crime(s);
 - (3) The time that has elapsed since the convictions or pleas;
 - (4) Whether there are any mitigating or aggravating factors; and
 - (5) The nature of the position to which the individual will be assigned.
 - (C) Personnel policies, as required by Part 6.
 - (D) Resident rights policies, in compliance with Part 9.1.
 - (E) Resident funds policies, as required by Part 10.1.
 - (F) Policies that ensure the appropriate procurement, storage, administration, and disposal of medications, in accordance with Part 14.6.
 - (G) Policies for medical services and therapeutic services, as required by Part 15.1.
 - (H) A policy for monitoring residents' weights, in accordance with Part 15.6.
 - (I) Policies for the provision of nursing services, in accordance with Part 16.1.
- 4.3 The governing body shall establish a system for monitoring and reviewing the physical, behavioral, and social needs and care of the residents receiving services at the facility.

- 4.4 The governing body shall ensure compliance with the requirements in Part 19 – Emergency Management Plan and Procedures.
- 4.5 The governing body shall appoint an administrator who meets the minimum administrator requirements at Part 5.2, to whom the governing body shall delegate authority to implement the facility policies and procedures, and is responsible for the day-to-day management of the facility.
- 4.6 The governing body shall ensure that a name-based criminal history record check is performed for the administrator prior to their employment, as follows:
 - (A) If the administrator has lived in Colorado for more than three (3) years at the time of application, the facility shall obtain a name-based criminal history record check conducted by the Colorado Bureau of Investigation.
 - (B) If the administrator has lived in Colorado for three (3) years or less at the time of application, the facility shall obtain a name-based criminal history record check for each state in which the applicant has lived during the past three years, conducted by the respective state's bureau of investigation or equivalent state-level law enforcement agency or other name-based report, as determined by the Department.
 - (C) If the criminal history record check reveals any convictions or pleas, the information shall be considered in accordance with the policies developed by the governing body in accordance with Part 4.2(B) of these rules.
 - (D) If the governing body becomes aware of information that indicates the administrator could pose a risk to the health, safety, and/or welfare of the residents, the governing body shall request an updated criminal history record check from the Colorado Bureau of Investigation and/or other relevant law enforcement agency.

Part 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, including, but not limited to:
 - (A) Ensuring that a recognized system of accounting is used to accurately reflect the financial operations of the facility and that a fiscal audit, including resident funds that are managed by the facility, is performed at least annually by a qualified independent auditor.
 - (B) Ensuring the maintenance of facility records, including, but not limited to, a daily census of current residents, admission and discharge records, and a master resident database.
 - (C) Ensuring a designee is available to fulfill the requirements of the administrator during periods when the administrator is not on-site or otherwise available via another method within a reasonable amount of time.
- 5.2 The administrator shall meet the minimum qualifications, as appropriate for the type of facility.
 - (A) The administrator of an intermediate care facility for individuals with intellectual disabilities shall meet at least one of the following combinations of education, experience, and/or credentials:
 - (1) An active, unrestricted Colorado Nursing Home Administrator License;

- (2) A bachelor's degree from an accredited college or university in education, social work, psychology, or a related field with at least four (4) years of work experience in the intellectual disability/developmental disability (ID/DD) field or other relevant human services field, including at least two (2) years of related supervisory experience; or
 - (3) An Associate's Degree in Nursing, with a current Colorado license as a Registered Nurse and at least four (4) years of work experience in the ID/DD field, including at least two (2) years of related supervisory experience.
 - (B) The administrator of a group home shall meet one of the combinations of education, experience, and/or credentials listed below:
 - (1) Either of the combinations of education and experience in (2) or (3) in subpart (A), above;
 - (2) A bachelor's degree from an accredited college or university in education, social work, psychology, or a related field, with at least one year of work experience in human services;
 - (3) An associate's degree from an accredited college in education, social work, psychology, or a related field, with at least two years of work experience in human services;
 - (4) Four years of work experience in human services; or
 - (5) Current employment as a group home administrator as of December 31, 2021.
- 5.3 The administrator shall be responsible for developing procedures and processes for the implementation of all facility policies developed by the governing body and for ensuring compliance with the requirements of these rules, including, but not limited to:
- (A) Personnel requirements found in Part 6;
 - (B) Staff training and evaluation, in compliance with Parts 7;
 - (C) Resident rights, investigation, and reporting requirements found in Part 9.2;
 - (D) An infection prevention and control program and related infection-control processes as required in Part 12;
 - (E) Policies and procedures related to controlled medication receipt, storage, administration and disposal, as required in Part 14.6;
 - (F) Policies and procedures regarding medical services and therapeutic services, in accordance with Part 15.1;
 - (G) Policies for monitoring the weight of residents, as required in Part 15.6; and
 - (H) The emergency preparedness plan, including family/guardian notification and training documentation requirements, as required in Part 19.

Part 6 – Personnel and Staffing

- 6.1 The administrator shall ensure staff members and volunteers are qualified by education, training, and/or experience.
- 6.2 The administrator, or their designee, shall ensure that a name-based criminal history record check is performed for each staff member or volunteer providing direct care, supervision, or having unsupervised contact with a resident, prior to their employment or acceptance as a volunteer.
- (A) If the applicant has lived in Colorado for more than three (3) years at the time of application, the facility shall obtain a name-based criminal history record check conducted by the Colorado Bureau of Investigation.
 - (B) If the applicant has lived in Colorado for three (3) years or less at the time of application, the facility shall obtain a name-based criminal history record check for each state in which the applicant has lived during the past three years, conducted by the respective state's bureau of investigation or equivalent state-level law enforcement agency or other name-based report, as determined by the Department.
 - (C) If the criminal history record check reveals any convictions or pleas, the information shall be considered in accordance with the policies developed by the governing body in accordance with Part 4.2(B) of these rules.
 - (D) If the administrator becomes aware of information that indicates a staff member or volunteer could pose a risk to the health, safety, and welfare of the residents, the administrator shall request an updated criminal history record check from the Colorado Bureau of Investigation and/or other relevant law enforcement agency.
 - (E) If the facility contracts with a staffing agency for the provision of resident services, it shall require the staffing agency to meet the requirements of this part.
- 6.3 The facility shall establish written policies concerning pre-employment physical evaluations and employee health. Those policies shall include, at a minimum:
- (A) Tuberculin skin testing of each staff member or volunteer prior to direct contact with residents; and
 - (B) The imposition of work restrictions on direct care staff or volunteers who are known to have any illness in a communicable stage, including, at a minimum, that such individuals be barred from direct contact with residents or resident food.
- 6.4 The facility shall maintain personnel records on each staff member and volunteer. Such records shall be available for Department review and shall include, but not be limited to:
- (A) Application and/or resume, date of hire or acceptance of volunteer service, and date duties started;
 - (B) Documentation of orientation and training, including first aid and CPR certification, if applicable;
 - (C) Verification of credentials;
 - (D) Results of criminal history record checks and follow-up, if applicable; and

- (E) Evidence regarding the absence or control of communicable diseases, including tuberculosis or hepatitis B, as applicable.
- 6.5 The administrator shall develop a written plan of organization detailing the authority, responsibility, and functions of different types of personnel.
- 6.6 There shall be written personnel policies including, but not limited to:
 - (A) Job descriptions and assigned responsibilities;
 - (B) Conditions of employment or volunteer service;
 - (C) Management of employees and volunteers; and
 - (D) Restrictions of on-site access by staff or volunteers with drug or alcohol use that would adversely impact their ability to provide resident care and services.
- 6.7 The administrator shall ensure that each staff member is provided notice of the personnel policies when hired and shall ensure the policy is explained during the initial orientation and after any policy changes are made.
- 6.8 The administrator shall ensure that there is sufficient trained staff on duty to meet the needs or potential needs of all residents at all times, considering individual needs such as the risk of accident, hazards, or other challenging events.
 - (A) The administrator shall ensure that the facility does not depend upon residents to perform staff functions.
 - (B) A facility may use volunteers, but any volunteer shall not be included in the facility's staffing plan in lieu of employees.
 - (C) The facility shall ensure that at least one staff member with current certification in first aid is available on site when residents are present, unless such residents are unsupervised in accordance with their service plan.
 - (D) The facility shall ensure that at least one staff member with current certification in cardiopulmonary resuscitation (CPR) and obstructed airway techniques is available on site when residents are present, unless such residents are unsupervised in accordance with their service plan.
- 6.9 Each staff member and volunteer shall be physically and mentally able to adequately and safely perform all functions essential to their assigned responsibilities.

Part 7 – Training

- 7.1 The administrator shall develop and implement a policy and procedure for the initial orientation and on-going training of staff and volunteers to ensure that all duties and responsibilities are accomplished in a competent manner. The policy and procedure shall include, but not be limited to:
 - (A) Ensuring each staff member or volunteer completes an initial orientation prior to providing any care or services to a resident. Such orientation shall include, at a minimum:
 - (1) The care and services provided by the facility;

- (2) Assignment of duties and responsibilities specific to the staff member or volunteer;
 - (3) Infection prevention and control and universal precautions, as required in Part 12.2;
 - (4) Emergency response policies and procedures, including:
 - (a) Recognizing emergencies;
 - (b) Relevant emergency contact numbers;
 - (c) Fire response, including facility evacuation procedures;
 - (d) Basic first aid;
 - (e) Automated external defibrillator (AED) use, if applicable; and
 - (f) Serious illness, injury, and/or death of a resident.
 - (5) Reporting requirements, including occurrence reporting procedures within the facility and reporting abuse, neglect, mistreatment, or exploitation;
 - (6) Resident rights;
 - (7) Prevention of abuse and neglect; and
 - (8) An overview of the facility's policies and procedures and how to access them for reference.
- (B) Ensuring each staff member or volunteer receives training on the following topics prior to that staff member or volunteer having unsupervised contact with residents:
- (1) Training specific to each individual resident, as relevant to their job duties, including, but not limited to:
 - (a) Medical protocols and therapy programs;
 - (b) Needs related to activities of daily living;
 - (c) Specialized services;
 - (d) Individual interests and preferences;
 - (e) Individual evacuation capabilities; and
 - (f) Dietary and nutritional needs.
 - (2) Person-centered care;
 - (3) Maintenance of a clean, safe, and healthy environment, including appropriate cleaning techniques, as applicable;
 - (4) Food safety, in compliance with Part 13.3, as applicable to job duties; and

- (5) Medication administration policies, procedures, and responsibilities.
 - (C) Training and drills for Emergency Management as required in 19.2.
 - (D) Training and orientation documentation requirements, including that such orientation and training be documented in the staff member's or volunteer's personnel file.
- 7.2 The administrator shall develop and implement a process for staff monitoring.
- (A) There shall be an annual written evaluation of staff competency specific to the duties required at the facility and resident needs.
 - (B) If a staff member fails the annual competency evaluation, the administrator shall, at a minimum, provide and document 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, each volunteer, and each newly admitted resident capable of self-evacuation. Training shall occur within seven (7) working days of employment or moving into to the group home.

Part 8 – Admissions

- 8.1 The facility shall have and implement 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 The facility shall ensure that it obtains the essential information pertinent to the care and support of the resident, including a medical evaluation report, either prior to or upon admission of a resident.
- 8.3 The facility shall only admit residents to regularly designated bedrooms.
- 8.4 The facility shall ensure the number of residents admitted to each bedroom does not exceed the number for which the room is designed and equipped.

Part 9 – Resident Rights

- 9.1 Each facility shall develop and implement written policies and procedures for residents' rights which shall address the client rights set forth in 6 CCR 1011-1, Chapter 2, Part 7, and Sections 25.5-10-218 through 225, C.R.S. Such policies and procedures shall also include specific provisions regarding:
- (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 30 days prior to the effective date when there is a decision to terminate services or transfer the resident, regardless of who initiated the termination or transfer.
 - (C) Assurance that any resident transfer, including between facilities or within the same facility, 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:
 - (1) Incident and/or occurrence reports;
 - (2) Verbal and written reports from residents, advocates, families, guardians, friends of residents, or others;
 - (3) Verbal and written reports of unusual or dramatic changes in behaviors or residents; and
 - (4) A plan for unannounced supervisory visits to each residence or facility on all shifts, no less than quarterly.
- (E) Procedures for identifying, reporting, reviewing, and investigating all allegations of abuse, mistreatment, neglect, and exploitation consistent with applicable legal and regulatory requirements.
- (F) Procedures for timely and appropriate disciplinary action up to and including termination of staff and appropriate legal recourse against any staff member or volunteer who has engaged in abuse, mistreatment, neglect, or exploitation of a resident.

9.2 The facility administrator shall ensure implementation of the following:

- (A) All staff members and volunteers 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) The facility ensures immediate reporting to the facility administrator or designee by any staff member or volunteer who observes or is aware of abuse, mistreatment, neglect, or exploitation of a resident, and documentation of prompt action to protect the safety of the affected resident and all other residents in the facility.
- (E) The facility reports any alleged incident or occurrence to the individual(s) legally authorized to receive the information within 24 hours and to the Department by the next business day, consistent with 6 CCR 1011-1, Chapter 2, Part 4.2.
- (F) All alleged incidents of abuse, mistreatment, neglect, exploitation, or injuries of unknown origin shall be thoroughly investigated within five (5) working days.
 - (1) An investigative report shall be prepared that includes, at a minimum:
 - (a) The preliminary results of the investigation;
 - (b) A summary of the investigative procedures utilized;
 - (c) The investigative findings, including recommendations;
 - (d) The administrative review; and

(e) Timeline for the action(s) to be taken.

- (2) If the alleged incident is subject to external investigation by law enforcement, adult protective services, or other appropriate oversight authority, the facility shall submit an addendum to the documentation of its investigation within five (5) working days after the completion of such external investigation.

Part 10 – Resident Funds

- 10.1 The facility shall develop and implement written policies and procedures consistent with legal and regulatory requirements regarding resident funds. These procedures shall include the ability for residents to access funds at any time.
- 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 funds 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 or other individual legally authorized to receive the information within a reasonable amount of time, not to exceed thirty (30) days.

Part 11 – Resident Records

- 11.1 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.
- 11.2 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 intellectual or 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, primary care practitioner, dentist, and case manager; and
- (3) Special needs, allergies, special diet requirements, 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 service plans, as appropriate, developed within the previous 12 months;

- (3) Record of prescriptions of medications prescribed 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;
- (6) Any other information relevant to the health of the resident; and
- (7) Individual interests and preferences, including community activities.

11.3 Continuing Record Requirements

- (A) Each facility shall maintain current and accurate program and medical records for individual residents that also contain:
 - (1) All information required by Part 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 service plans, as appropriate, along with documentation of their implementation and progress toward meeting the goals;
 - (4) Documentation of resident interaction in the community, including activities offered and resident participation;
 - (5) Current photo of resident;
 - (6) General physical characteristics;
 - (7) General description of personality characteristics;
 - (8) Quarterly weight and annual height measurement;
 - (9) Records of interventions and treatments provided by practitioners, therapists, nurses, and other professional staff;
 - (10) Records of prescriptions ordered and medication administered in the previous 12 months;
 - (11) Date, time, and circumstances of resident's death, when applicable; and
 - (12) Documentation related to special diets, as required in Part 13.
- (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.

11.4 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.

Part 12 – Infectious Disease Prevention and Control

- 12.1 The administrator shall develop and implement an infectious disease control program with procedures that reflect the scope and complexity of the services provided in the facility. The program shall be based on nationally recognized standards for infection control and shall require the adequate investigation, control, and prevention of infections. Topics addressed shall include, but not be limited to:
 - (A) A requirement that at least one individual trained in infection control shall be employed by or available to the facility;
 - (B) Methods for identifying and tracking infection patterns and trends among employees, volunteers, or residents and initiating a response;
 - (C) Procedures for handling soiled linen and clothing, storing personal care items, and general cleaning which minimize the spread of pathogenic organisms;
 - (D) Maintenance of a sanitary environment;
 - (E) Mitigation of risks associated with infections and the prevention of the spread of communicable disease, including, but not limited to: hand hygiene, bloodborne and airborne pathogens, and respiratory hygiene and cough etiquette for residents and staff;
 - (F) Coordination with other federal, state, and local agencies including, but not limited to, a method to determine when to seek assistance from a medical professional and/or the local health department;
 - (G) The reporting of diseases as required by the Department's Rules and Regulations Pertaining to Epidemic and Communicable Disease Control, 6 CCR 1009-1; and
 - (H) The protective isolation of residents who have an infectious disease.
- 12.2 The facility shall provide initial and ongoing training for staff on the principles of infection prevention and control; universal precautions; management of blood, other body fluids, or potentially infectious waste; and cleaning and disinfection techniques.

Part 13 – Dietary Services

- 13.1 All food shall be procured, stored, and prepared safely.
- 13.2 At least a three-day supply of food and drinking water shall be available in the facility in case of emergency.
- 13.3 Staff handling, preparing, or serving food shall complete food safety training and maintain evidence of completion as part of the personnel file in accordance with Part 7.1(D). Food safety training shall be provided by recognized food safety experts or agencies, such as the Department's Division of Environmental Health and Sustainability, local public health agencies, or Colorado State University Extension Services. At a minimum, a certificate of completion of the available online modules is sufficient to comply with this part. The successful completion of other accredited food safety courses is also acceptable.

- 13.4 The facility shall ensure residents have the opportunity to be involved in planning meals and choosing available snacks.
- 13.5 Meals shall provide a nutritionally adequate diet for all residents consistent with generally recognized national or state dietary standards and/or guidelines.
- 13.6 The facility shall have a diet manual that provides guidance for the preparation of diet menus including special diets.
- 13.7 The facility shall have a registered dietician perform an initial review of all special diets to ensure they meet diet guidelines and ensure a review of all changes to the special diets of the residents. Such reviews shall be documented in the resident's record.
- 13.8 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.
- 13.9 Meals shall vary daily and be appropriate for holidays and seasonal conditions.
- 13.10 Residents shall have access to the kitchen, food, and supplies at all times, unless a restriction is assessed to be appropriate and documented in the resident record.
- 13.11 Between-meal snacks of nourishing quality shall be available.
- 13.12 Residents shall be allowed to cook unless an assessment determines the resident is not capable of cooking in a safe manner and documentation of such assessment is part of the resident record.
- 13.13 Staff support shall be provided to all residents who need assistance during meals, as evidenced by an inability to self-feed within 15 minutes of food being presented.
- 13.14 Special Diets
 - (A) Known food allergies and prescribed special diets shall be documented and such information shall be made available to facility staff preparing meals.
 - (B) The administrator or their designee shall ensure that all staff, including volunteers and temporary staff, are aware of and provide food, supplies, and adaptive equipment in compliance with residents' food allergies and/or special diet requirements.
 - (C) The facility shall provide food that meets residents' special diet requirements.
 - (D) The facility shall document a resident's refusal to eat their special diet as part of the resident record.

Part 14 – Medications

- 14.1 On at least a quarterly basis, the facility shall ensure that medications and dosage taken by residents who are self-administering are reviewed by a licensed nurse or other licensed provider who is legally authorized to monitor medications within their own scope of practice.
- 14.2 Prescription medications shall be administered from containers or packages that are lawfully labeled.
- 14.3 The facility shall ensure that the primary care practitioner designated to coordinate a resident's care reviews each resident's medication on an annual basis for a stable regimen and whenever there is a new medication added or a change in the medication regimen.

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- 14.4 At the time of discharge or transfer, medications administered by the facility shall be given to the resident's legal guardian, nurse, or qualified medication administration staff member at the new residence, and this shall be documented in the resident record.
- 14.5 The governing body shall establish and implement written policies and procedures that ensure the appropriate procurement, storage, administration, and disposal of all medications including, but not limited to:
- (A) All medications, including, but not limited to, pro re nata (PRN) or "as needed" medications, shall be administered only by persons as authorized by law.
 - (B) Residents may self-administer medications unless they are determined to be incapable of safe self-administration by a licensed provider and such determination is documented and included in the resident record.
 - (1) The facility shall report non-compliance, misuse, or inappropriate use of known medications by a resident who is self-administering medications to the resident's primary care practitioner.
 - (2) The facility shall seek a review of the resident's determination related to self-administration, as follows, and retain updated documentation of the determination as appropriate:
 - (a) When non-compliance, misuse, or inappropriate use of known medications is reported to the resident's primary care practitioner.
 - (b) When there are changes in the resident's medications, routines, or circumstances that may impact their ability to self-administer medications.
 - (c) At least annually.
 - (3) All such reviews shall be documented in the resident's record.
 - (C) Facilities are allowed to use qualified medication administration persons (QMAPs) for medication administration, provided the following conditions are met:
 - (1) The facility fully complies with Sections 25-1.5-301 through 25-1.5-303, C.R.S., and 6 CCR 1011-1, Chapter 24 – Medication Administration Regulations;
 - (2) Group homes must meet the definition of facility at Section 25-1.5-301(2)(h), C.R.S.; and
 - (3) QMAPs shall not independently determine a resident's ability to self-administer medications.
 - (D) All medications shall be stored in locked containers according to the appropriate light and temperature conditions, and all controlled medications shall be double locked, except that residents capable of self-administering some or all of their medications shall be allowed to keep those medications in locked containers in their own rooms.
 - (E) There shall be 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.
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- (F) Staff shall report medication errors and refusals to the program director, consulting nurse, and primary care practitioner and shall ensure such errors and refusals are documented in the medication administration record.
 - (G) There shall be a policy and procedure for administration and transport of medications to facilitate community integrations and other activities such as day programs, vacations, and home visits.
- 14.6 The administrator shall ensure the implementation of and compliance with all policies and procedures related to controlled medication receipt, storage, administration, and disposal.
- 14.7 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.
- 14.8 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.
- 14.9 Non-prescription drugs may be purchased by residents capable of self-administration.

Part 15 – Medical Services, Therapeutic Services, and Equipment, Supplies, and Assistive Technology

- 15.1 The governing body shall establish and the administrator shall implement written policies and procedures for medical services and therapeutic services based on documented applicable standards of practice.
- 15.2 Medical services, therapeutic services, diagnostic services, equipment, and assistive technology shall be provided in a timely manner as ordered by the authorized, licensed prescriber.
- 15.3 Each resident shall have a primary care practitioner designated to coordinate the resident's care.
- 15.4 A record of all prescribed medical services or therapeutic services shall be maintained as part of the resident record.
- 15.5 Changes in resident's physical condition shall be reported to the nurse. Following the nurse's assessment, the facility shall ensure the primary care practitioner is notified in a timely manner and others in accordance with facility policy.
- 15.6 The governing body shall develop and the administrator or designee shall implement a written policy for monitoring each resident's weight. The policy shall include:

- (A) For the purposes of this rule, a significant weight change is a five percent (5%) change in one (1) month, seven and a half percent (7.5%) change in three (3) months, or ten percent (10%) change in six (6) months. A serious weight change is above those percentages in the same timeframes.
- (B) Weight monitoring shall be documented and promptly assessed for significant/serious weight changes.
- (C) The facility shall promptly notify the primary care or other appropriate practitioner when significant/serious weight changes occur and document this notification in the resident record.

15.7 Medical Services

- (A) 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 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.
- (B) 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. If the resident does not have teeth, an oral examination by a practitioner may be substituted for the dental examination and the frequency and documentation requirements in this rule shall apply to such oral examinations.
- (C) Other medical and dental services and follow-up shall be obtained as ordered by the primary care or other practitioner and shall be documented in the resident record.

15.8 Therapeutic Services

- (A) For the purpose of this Chapter 8, the term therapeutic services shall include, but not be limited to: physical therapy, occupational therapy, speech and Language therapy, and similar services.
- (B) The facility shall ensure that all therapeutic services utilized by residents are provided by persons or facilities that are licensed, certified, or otherwise authorized by law to provide such therapies and meet the applicable standards of practice.
 - (1) Unlicensed staff may provide therapeutic services only if such staff has been trained by a person licensed, certified, or otherwise authorized by law to provide such therapies.
 - (a) The facility shall document the name and professional title of the person providing such training and the content of such training.
 - (b) The facility shall document the therapeutic service training received by unlicensed staff and have such documentation readily accessible.
 - (2) Unlicensed staff may provide therapeutic services only when a protocol with specific instructions for providing such therapies is documented.

- (3) All therapeutic services provided by trained, unlicensed staff shall be supervised and monitored at least quarterly. Such supervision and monitoring shall be documented in the resident file and include:
 - (a) Reviewing to ensure services are being provided as prescribed; and
 - (b) Ensuring that the individual providing the service documented the service at the time the service was provided.
- (4) All therapeutic services provided by trained, unlicensed staff shall be supervised and monitored annually by a person licensed, certified, or otherwise authorized by law to provide such services.

15.9 Equipment, Supplies, and Assistive Technology

- (A) Residents who use wheelchairs, adaptive equipment, or other assistive technology services shall receive professional reviews at the prescribed or recommended frequency to ensure the continued applicability and fitness of such devices. Such reviews shall be documented in the resident record.
- (B) Wheelchairs and other assistive technology devices shall be maintained according to the manufacturer's guidelines.
- (C) 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.
- (D) Each resident shall have dentures, eyeglasses, hearing aids, and other aids as needed and prescribed by the appropriate professional. Resident refusal to use such aids shall be documented in the resident record.
- (E) The facility shall have individual resident equipment and supplies necessary to meet each resident's continuing medical needs.

Part 16 – Nursing Services, Specialized Care, and Social Services

16.1 Nursing Services

- (A) The facility shall develop and implement written nursing policies and procedures that address the nursing needs of the residents.
- (B) The facility shall have sufficient licensed nursing staff available to respond to the needs of the residents.

16.2 Specialized Care: A facility providing specialized care must meet the following requirements:

- (A) For the purpose of this Chapter 8, specialized care includes:
 - (1) Catheter care;
 - (2) Ostomy care;
 - (3) Tracheostomy care;
 - (4) Breathing treatments;

- (5) Oxygen saturation monitoring;
 - (6) Blood pressure monitoring;
 - (7) Preventive skin care including appropriate pressure relieving/reducing devices.
 - (B) There shall be a record of any specialized care prescribed by a physician or other practitioner and/or delegated by a registered nurse or licensed practical nurse.
 - (C) The provision of specialized care shall be documented by the staff providing the service.
 - (D) Specialized 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, and the unlicensed staff has been deemed competent to provide such services through direct observation by the person providing the training.
 - (1) All specialized care provided by trained, unlicensed staff shall be monitored by a registered nurse or licensed practical nurse in accordance with their practice act, but no less than quarterly, and annually by a person licensed, certified, or legally authorized to provide such services. Such monitoring shall be documented in the resident file and include:
 - (a) Observing the unlicensed staff performing the specialized care to ensure ongoing competency to provide such service;
 - (b) Reviewing to ensure care is being provided as prescribed; and
 - (c) Ensuring appropriate documentation of care by the individual providing the service, at the time the service was provided.
- 16.3 Social Services. The facility shall provide appropriate social services and/or care coordination to residents and families, and consultation to the staff.

Part 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 practitioner.
- 17.2 The facility shall ensure that a physician, licensed nurse, or other practitioner has developed a written, individualized gastrostomy service protocol for each resident requiring such service, and that the protocol is updated each time the orders change for that resident's gastrostomy services. Each protocol shall include, but not be limited to:
- (A) The proper procedures for preparing, storing, and administering nutritional supplements through a gastrostomy tube, including, but not limited to:
 - (1) The type of gastrostomy tube used by the resident;
 - (2) A list of all equipment and materials required for the procedure;
 - (3) The position of the resident during and after feeding;
 - (4) Procedures for cleaning the gastrostomy site and surrounding skin;
 - (5) Procedures for cleaning the gastrostomy equipment; and

- (6) Instructions for documenting the procedure.
 - (B) The routine care and maintenance of the external gastrostomy site.
 - (C) The identification of possible problems associated with gastrostomy services and the extent to which an unlicensed individual may address the problem, including, but not limited to:
 - (1) Notification to licensed staff and/or providers regarding changes in the gastrostomy site;
 - (2) Signs of infection;
 - (3) Procedures to follow when the resident experiences coughing, nausea, or vomiting;
 - (4) Leakage around the stoma; and
 - (5) Procedures to follow when a gastrostomy tube has been dislodged or pulled out.
 - (a) Unlicensed individuals may not reinsert a gastrostomy tube, except that an unlicensed individual may take actions as directed/delegated by a licensed provider in an emergent situation if the resident is at risk of stoma site closure.
 - (D) The names and contact numbers of the resident's physician, licensed nurse, or other 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 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 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 physician, licensed nurse, or other practitioner 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 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. Such monitoring shall be documented in the record of the individual receiving gastrostomy services.
- 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 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. If changes in protocols occur, the facility shall document training and competency of unlicensed staff on the new protocol.
- 17.8 The facility shall ensure that the primary care practitioner or ordering physician annually reviews and approves the protocol for each resident receiving gastrostomy services.
- 17.9 For each resident, the facility shall ensure the following documentation for each gastrostomy service provided to the resident is included in the resident's record:
 - (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.

Part 18 – Facility Reporting Requirements

- 18.1 Each facility shall comply with the occurrence reporting requirements set forth in 6 CCR 1011-1, Chapter 2, Part 4.2.
- 18.2 Each facility shall notify the Department 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:
 - (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.

Part 19 – Emergency Management Plan and Procedures

- 19.1 The governing body shall ensure that an evaluation of risks to the facility is completed using an all hazards approach. This evaluation must address natural and human-caused crises. Such an evaluation of risks shall be reviewed at least annually and updated as necessary, and shall include, but not be limited to:
- (A) Fire;
 - (B) Severe weather, including but not limited to tornados, blizzards, and flooding;
 - (C) Security threats, including threatened or actual acts of violence;
 - (D) Gas leaks/explosions;
 - (E) Internal system failures, such as: electrical outages, internal structural collapse, or flooding; and
 - (F) Bioterror, pandemic, or disease outbreak events.
- 19.2 The administrator shall develop and implement a written emergency management plan addressing the hazards identified in Part 19.1, above, and including, at a minimum:
- (A) Arrangements for alternative housing, transportation, and the provision of necessary medical care if a resident's primary care practitioner is not immediately available;
 - (B) Procedures that ensure notification of families or guardians in an emergency;
 - (C) Procedures for addressing interruptions in the normal supply of essentials, including, but not limited to: water, food, heat/air conditioning and ventilation, medications, and personal protective equipment (PPE). The plan shall ensure continuation of operations for at least 72 hours;
 - (D) Processes ensuring the protection and transfer of resident information, as needed; and
 - (E) Routine drills to ensure staff and resident familiarity with emergency procedures, as appropriate, including:
 - (1) Fire drills in accordance with state and local laws and regulations, but no less than quarterly; and
 - (2) An annual mock exercise that addresses all the items listed in Part 19.1.
- 19.3 The administrator shall ensure training in emergency procedures as follows:
- (A) Each new staff member or volunteer shall be trained in emergency procedures prior to providing unsupervised resident care.
 - (B) Each resident capable of self-evacuation shall be trained in emergency procedures within seven (7) days of moving into the facility.
 - (C) Such training shall be documented in either the personnel file or resident record, as applicable.

- 19.4 The facility shall conduct and document a monthly review of its response to the items listed in Part 19.1 of this chapter including its policies and procedures and training of staff and residents.

Part 20 – Compliance with FGI Guidelines

Any construction or renovation of a facility for persons with intellectual and developmental disabilities shall conform to Part 3 of 6 CCR 1011-1, Chapter 2, unless otherwise specified in this current chapter.

Part 21 – Physical Environment

- 21.1 The facility shall maintain a home-like environment that is clean, sanitary, and free of hazards to health and safety.
- 21.2 All interior areas including basements and garages shall be safely maintained to protect against environmental hazards.
- 21.3 All exterior areas shall be safely maintained to protect against environmental hazards including, but not limited to:
- (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.
- 21.4 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 25.5-10-215, 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 1002-43.
- 21.5 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.
- 21.6 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.

- (C) Kerosene heaters shall not be permitted within the facility.
- (D) 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.
- (E) Carts used to transport refuse shall be enclosed, constructed of impervious materials, used solely for refuse, and maintained in a sanitary manner.
- (F) Incinerators shall comply with state and local air pollution regulations and be constructed in a manner that prevents insect and rodent occupation.
- (G) If private sewage disposal systems are used, system design plans and records of maintenance shall be kept on the premises and available for inspection.
- (H) 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.

21.7 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 as needed, provided by maintenance personnel or by contract with a pest control company, using the least toxic and least flammable effective pesticides.
- (C) Solutions, cleaning compounds, pesticides, and other hazardous substances shall be labeled and stored in a safe manner.

21.8 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.

21.9 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.

21.10 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 areas. 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.

21.11 Bedrooms

- (A) The facility shall ensure that each resident resides in a regularly designated bedroom.
- (B) 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.

21.12 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 group 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) Group 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.

21.13 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 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 secured maintenance area separated from living quarters with adequate floor storage area that is equipped with:
 - (1) Storage space for housekeeping equipment, supplies, and chemicals;
 - (2) An area for handling chemicals;
 - (3) Hand washing supplies;
 - (4) A waste receptacle with impervious liner; and
 - (5) For facilities with more than eight (8) beds, the secured maintenance area shall also contain a sink (preferably depressed or floor mounted) with mixing faucet.

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 Chapter 04 or 6 CCR 1011-1 Chapter 18.

History

Subchapter 2 Definitions, rule 19; Subchapter 5 Definitions, rule 4.1 eff. 05/30/2009. Subchapter 4 Part 3 repealed eff. 05/30/2009.

Entire rule eff. 04/30/2011.

Rules 2.8, 20-21, 22.3(C), 22.5(A)-22.5(B) eff. 08/14/2013. Rule 2.9 repealed eff. 08/14/2013.

Rules 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.

Rule 5.3 eff. 12/15/2014.

Rule 3.4 (A)-(C) eff. 07/01/2019.

Rules 1.1, 9.1, 9.2(E), 18.1, 21 eff. 01/14/2020.

Rule 3.4 eff. 07/01/2020.

Entire rule eff. 01/14/2022.