

## INTERPRETIVE GUIDELINES FOR He-P 804 RULES

### He-P 804.01. Purpose.

No guideline deemed necessary for this rule.

### He-P 804.02 (a) and (b). Scope.

No guideline deemed necessary for this rule.

### He-P 804.03. Definitions.

No guideline deemed necessary for this rule.

### He-P 804.04. Initial License Application Submission.

#### He-P 804.04 (a) (1).

A completed application means all of the items referenced in He-P 804.04 (a) (1) through (10) are completed. An application will not be complete until final construction and local approvals have been approved. Prior to purchasing a building, renovating, or beginning construction of a building, it is highly recommended to speak with the Life Safety Code Supervisor of Health Facilities Administration. The supervisor may have recommendations that may potentially avoid any conflicts between local fire safety codes and state codes.

#### He-P 804.04 (a) (2).

Floor plans need to specify the location of, and purpose of, every room and detail the specifics of all life safety features such as sprinklers, fire alarms etc. Incomplete floor plans may delay the processing of the application and the licensing of the facility. Any questions relating to the details of floor plans should be addressed to the Life Safety Code Supervisor for Health Facilities Administration.

#### He-P 804.04 (a), (3) and (4).

No guideline deemed necessary for this rule.

#### He-P 804.04 (a) (5).

See He-P 804.18 (k) and (l) for required qualifications for ALR-RC facilities.

#### He-P 804.04 (a) (6).

If the prospective administrator is a licensed health care professional such as a nurse or physical therapist, a copy of their current license must accompany the application.

#### He-P 804.04 (a) (7) a, 1 through 4.

The department supplies forms for the local town or city officials to sign. This form should have been supplied as part of the application package.

He-P 804.04 (a) (7) b.

If a building is under construction, the local officials should acknowledge on the form referenced above that the building is being built according to local codes and ordinances. This form must be completed before the building can be licensed.

He-P 804.04 (a) (8).

The requirements for an admission agreement can be found at He-P 804.16 (b), (1) through (20).

He-P 804.04 (a) (9).

The standard disclosure summary form may be obtained through the official website of the State of New Hampshire or calling Health Facilities Administration at (603) 271-3021.

He-P 804.04 (a) (10).

This rule requires the water supply to the building be tested to determine if it is potable or safe to drink. If the water supply to the building is from a public water supply, such as town water, a copy of the most recent water bill will suffice. Contact your water company or association to determine if your source of water is from a public water supply regulated by a state agency.

He-P 804.04 (a) (11), a and b.

See above explanation.

He-P 804.04 (a) (12) a through e.

The applicant, licensee, administrator, and every member of the household must sign a statement that they have not been convicted or had any other matters adjudicated as listed in He-P 804.04 (a) (12) a through d. Member of the household means anybody living in the building or house such as a son or daughter living with Mom and Dad in an apartment attached to the house. It does not mean every household member of the applicant, administrator etc. If the applicant or facility is a corporation, it may be necessary to call HFA to clarify who needs to sign this statement. If any of the persons signing the disclosure statement has had a conviction or adjudicated matter, it may be necessary to apply for a waiver to be allowed to work in the ALR-RC. See more details as to the specific findings that may be waived at He-P 804.18 (f), (1) through (3).

He-P 804.04 (a) (13).

The criminal records check must be on a form provided by the N.H. State Police. The form may be obtained through the official website of the State of New Hampshire or calling Health Facilities Administration at (603) 271-3021.

He-P 804.04 (b) and (c).

No guideline deemed necessary for this rule.

He-P 804.05 Processing of Applications and Issuances of License.

He-P 804.05 (a) through (f).

No guideline deemed necessary for this rule.

He-P 804.05 (g).

There will be two inspections that will occur at the ALR-RC before a license is issued. The Life Safety Supervisor or designee will make an appointment to come to the ALR-RC to inspect the building for compliance with applicable building and fire codes. A Licensing and Evaluation Coordinator will contact the administrator of record to arrange a consultation to review the laws and rules before conducting an inspection at the ALR-RC. Subsequently, the administrator and the Coordinator will arrange a time to review sample resident records, personnel records, policies, and procedures etc. at the ALR-RC. The department will advise and consult, if necessary, to assist any applicant achieve compliance with the applicable laws and rules.

He-P 804.05 (h).

See explanation above.

He-P 804.06. License Expirations and Procedures for Renewals.

He-P 804.06 (a).

A license is valid for one year in accordance to law. All providers must complete a renewal application prior to the expiration of the license or the provider will need to apply for a new license. The department mails renewal applications to each provider. However, it is the responsibility of the provider to ensure a renewal application is received and completed. In the event an ALR-RC has not received a renewal application at least 120 days prior to the expiration of the current license, the ALR-RC should call HFA. If a renewal application is completed and the current license has expired, a new license will be issued in accordance with RSA 541-A and He-P 804.06 (d) (1) through (3) and He-P 804.06 (e).

He-P 804.06 (b).

See above.

He-P 804.06 (c), (1) through (4).

No guideline deemed necessary for this rule.

He-P 804.06 (d), (1) through (3).

See explanation for He-P 804.06 (a) above.

He-P 804.06 (e).

No guideline deemed necessary for this rule.

He-P 804.07: ALR-RC Construction, Modifications or Renovations:

He-P 804.07 (a), (1) through (4).

It is strongly recommended to contact Health Facilities Life Safety Code Evaluators prior to initiating any building or renovating of any nature to any portion of a building, public or private. Failure to review any plans that require approvals may result in additional costs and extending the time of the project.

He-P 804.07 (b), (c), and (d).

No guideline deemed necessary for this rule.

He-P 804.07 (e), (1) and (2).

This rule references the laws RSA 153, RSA 155-A:2, and the rule Saf-C 6000. A link to these rules, and others, are available on the official website for the State of New Hampshire.

He-P 804.07 (f).

No guideline deemed necessary for this rule.

He-P 804.08: ALR\_RC Requirements for Organizational or Service Changes:

He-P 804.08 (a) through (d) (2).

No guideline deemed necessary for this rule.

He-P 804.08 (d) (3).

The license referred to in this rule is a license as health care professional such as a nurse or physical therapist etc., if applicable. There is no requirement in the state of N.H. for the administrator of an ALR-RC be licensed as an administrator.

He-P 804.08 (e) through (n).

No guideline deemed necessary for this rule.

He-P 804.09: Inspections:

He-P 804.09 (a) and (b).

No guideline deemed necessary for this rule.

He-P 804.09 (c).

The department determines on a case by case basis the need to conduct a follow-up inspection depending on the severity of the deficiencies and the contents of the plan of correction.

He-P 804.09 (d) and (e).

No guideline deemed necessary for this rule.

He-P 804.10: Waivers:

He-P 804.10 (a), (1) through (4).

A provider may request a waiver to any He-P 804 rule at any time. The information necessary when submitting a waiver is found at He-P 804.10 (a), (1) through (4). The commissioner or his designee reviews the waiver request and either (1). Grants the waiver as requested. (2). Grants the waiver with conditions or (3). Denies the waiver. There are no appeal options if waivers are not granted. The submission of a renewal application should include the submission of any previously granted waivers if applicable. Waiver requests should be mailed or faxed to The Department of Health and Human Services, Office of Program Support, Health Facilities Administration, 129 Pleasant Street, Concord, N.H. 03301.

He-P 804.10 (b).

A waiver is valid for 12 months or until the last day of the month that the license expires. For example. If a waiver is granted on September 1, 2008, and the license expires on December 31, 2008, the waiver is not valid on January 1, 2009.

He-P 804.10 (c), (1) through (3).

No guideline deemed necessary for this rule.

He-P 804.10 (d) through (g).

No guideline deemed necessary for this rule.

He-P 804.11: Complaints:

He- P 804.11 (a), (1) through (3).

RSA 151:6 I authorizes the department to investigate complaints. The law states, in pertinent part, “The department of Health and Human Services may investigate, in response to a complaint alleging a violation of this chapter or when it has good reason to believe that the provisions of this chapter or rules adopted under this chapter have been violated.”

He- P 804.11 (b), (1) through (3).

This rule indicates “when practicable” complaints shall be in writing and contain the name, address, and telephone address of the person complaining (complainant). However, the department will accept and investigate, if necessary, any complaint regardless of the source, known or unknown in accordance with RSA 151:6 I. The department determines when a complaint will be investigated based upon the severity of the allegations. The department is not required by law or rule to inform a provider the source of the complaint. The department may inform the provider of the nature of the complaint prior to investigating if revealing such information will not hamper the investigative process.

He- P 804.11 (c) (1).

If a complaint is unfounded, the department will inform the provider of such in writing and close the file. If the complaint investigation results in a deficiency, the facility will receive a written report of findings that require a plan of correction.

He- P 804.11 (c) (2).

No guideline deemed necessary for this rule.

He- P 804.11 (d).

See explanation for He-P 804.11 (c) (1) above.

He- P 804.11 (e) through (j).

No guideline deemed necessary for this rule.

He-P 804.12: Administrative Remedies:

He-P 804.12 (a).

An administrative remedy as defined by He-P804.03 (d) means an action imposed upon a licensee in response to non-compliance with RSA 151 and He-P 804.

He-P 804.12 (a) (1).

No guideline deemed necessary for this rule.

He-P 804.12 (a) (2).

“Directed POC’s” as defined by He-P 804.03 (t): means a plan is developed and written by the department that specifies the actions the licensee must take to correct identified deficiencies.

He-P 804.12 (a) (3).

No guideline deemed necessary for this rule.

He-P 804.12 (a) (4).

“State monitoring” as defined by He-P 804.03 (bh): means the Department places individuals at an ALR-RC to monitor the operation and conditions of the ALR-RC.

He-P 804.12 (a), (5) and (6).

The suspension or revocation of a license must be done in accordance with RSA 151:7 and RSA 151:8.

He-P 804.12 (b), (1) through (3).

No guideline deemed necessary for this rule.

He-P 804.12 (c), (1) and (2).

No guideline deemed necessary for this rule.

He-P 804.12 (c) (3), a and b.

No guideline deemed necessary for this rule.

He-P 804.12 (c) (3) c.

A POC will not be accepted if the POC contains a plan that is contrary to law or rule. For example. A POC indicates residents will no longer be allowed to refuse medications. This is contrary to a resident's right to refuse care and treatment. In this matter, the resident and legal agent, if applicable, must be informed of the potential consequences of refusal and the resident's physician must be informed.

He-P 804.12 (c) (3) d.

No guideline deemed necessary for this rule.

He-P 804.12 (c) (4), (5), (6), and (7).

No guideline deemed necessary for this rule.

He-P 804.12 (c) (8).

The need for a directed POC or fine may be considered after all reasonable attempts to resolve the dispute have been exhausted.

He-P 804.12 (c) (9), (10), and (11).

No guideline deemed necessary for this rule.

He-P 804.12 (d) and (e).

No guideline deemed necessary for this rule.

He-P 804.12 (f), (1) through (20).

No guideline deemed necessary for this rule.

He-P 804.12 (f) (21).

Fines may or may not be daily depending upon the nature of the violation and severity. The department will determine on a case by case basis the number of days a fine may be imposed.

He-P 804.12 (f) (22).

No guideline deemed necessary for this rule.

He-P 804.12 (g) and (h).

No guideline deemed necessary for this rule.

He-P 804.13 Enforcement Actions and Hearings:

He-P 804.13 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j), and (k).

No guideline deemed necessary for this rule.

He-P 804.14: Duties and Responsibilities of the Licensee:

He-P 804.14 (a).

The ALR-RC must be in compliance with the rules for Assisted Living Residence- Residential Care and all other federal, state, and local rules ordinances. It is not reasonable to expect the department to be knowledgeable about every law or rule that may be applicable to your business. For this reason, this language is in the rules. A common example would be the operating status of a septic system. If known by the department, a faulty septic system would be referred to environmental services. The home would be required to comply with any directive from environmental services.

He-P 804.14 (b) (1).

The ALR-RC must have written policies and procedures setting forth the rights and responsibilities of admitted residents in accordance with the Patients' Bill of Rights. RSA 151:20 I requires that the ALR-RC receive written confirmation from every resident admitted verifying the resident has received a copy of the most recent version of the "Patients' Bill of Rights. (See RSA 151:21, 25 and 26) If for any reason, physical or mental, the resident is unable to understand or read the Rights the ALR-RC must make reasonable efforts to explain the Rights and have the explanation witnessed by a third party. If a resident refuses to give written confirmation, the ALR-RC must document the refusal and have the refusal witnessed by a third party. If a resident directs, verbally or otherwise, that another person is to sign for the receipt of the Rights, the ALR-RC must document this and record the name of the person that signed. The written policy must contain those safeguards referenced in law and rule . Those safeguards are (1) Posting the Residents' Rights in a public place so all pages are visible. The font size should be at least 12. (2) Posting the Long Term Care Ombudsman's telephone number. (3) Providing residents and families with a written copy of the facility's complaint procedure. Providing residents the use of a telephone for private conversations. (4) Providing staff, at least annually, with educational opportunities to understand the rights, observing potential abuse of resident rights and discussions how to proceed with any concerns or questions.

He-P 804.14 (b) (2): Referencing 804.14 (r).

The ALR-RC must have a written policy and procedure for smoking on the premises. Smoking in a residential care ALR-RC is governed by RSA 155:66, referred to as the indoor smoking act. If smoking is allowed, RSA 155:71 must be enforced. (I.e. have a designated smoking area) Additionally the area designated as a smoking area must comply with He-P 804.25 (f) (1)-(3) and the state Fire Code.

He-P 804.14 (b) (2): Referencing 804.16 (b) (12) a.

The ALR-RC must have a written policy and procedure describing the arrangement of transportation for residents. The rules do not require a home to provide transportation as part of the core service. The facility must assist with arranging for transportation. The intent of this rule is to provide the resident, or legal agent, and the home an understanding of the costs and availability of transportation to any destination. A prudent agreement would include (1) The availability of all local transportation whether free, subsidized, or private pay. (2) The availability of free transportation provided by the home, if any.

(3) The charge for the transportation according the miles or increments of time. (4) The charge if staff will accompany the resident and (5) Any limitations other than to and from all medical appointments.

He-P 804.14 (b) (2): Referencing 804.16 (b) (12) b.

The ALR-RC must have a written policy and procedure for the provision of hairdressing, telephone cable etc. Some questions to consider are. (1). Will the daily/monthly fee include such services? If not, will the service be available on the premises for a fee? If so, how often and what is the fee? (2). Will there be an installation or deposit fee for telephone, cable, or air conditioners? Will the utility company or the ALR-RC bill the resident? (3). Upon discharge or transfer, will a resident be reimbursed for any deposit or installation fee? (4). Will the cost of cable, telephone etc. be pro rated if a resident transfers or is discharged before the end of the month? (5). The ALR-RC should provide the resident or legal agent with a copy of the policy prior to or upon admission.

He-P 804.14 (b) (2): Referencing 804.16 (b) (12) c.

The ALR-RC must have a written policy and procedure for monitoring any third party services contracted directly by the resident or family. The reason for this rule is due to previous conflicts between providers, residents, and private caregivers. The admission agreement needs to address the following: (1). Can a resident hire a private caregiver? If yes, what rules will be applicable to the private caregivers? If the private caregiver(s) are not from a licensed Home Health Agency, the private caregivers will need to have a criminal background check conducted by the N.H.State Police, a 2 step TB test, and documented in-service for evacuation.

He-P 804.14 (b) (2): Referencing 804.16 (b) (12) d.

The ALC-RC must handle resident's funds, often referred to as petty cash, according to the law (RSA 151:24). In essence, the law requires: (1). Written authorization from the resident or legal agent to keep the funds. (2). Keep the money (funds), in a separate envelope (account). (3). Document (date and amount) when there is a deposit or withdrawal and give a receipt of such. (4). Provide a quarterly statement.

He-P 804.14 (b) (2): Referencing 804.16 (b) (12) e.

The ALR-RC must have a written policy and procedure for holding a bed when a resident leaves the ALR-RC for medical treatment or other reasons. If payment is received, the ALR-RC must hold the bed for 10 calendar days (RSA 151:25). Questions to consider include: (1). What is the ALR-RC's policy if a resident is absent for more than 10 days or for extended periods of time throughout the year? (2). Will the bed be held for an indefinite period of time provided payment is received? (3). Will there be a reduced rate? (4). If a resident transfers voluntarily or is discharged/transferred for medical reasons, will the resident receive a prorated share of the daily/monthly rate? For example, if a resident pays the monthly fee on the 1<sup>st</sup> of the month, is transferred to the emergency room on the 5<sup>th</sup> of the month and the ALR-RC is informed on the 10<sup>th</sup> of the month the resident will not be returning to the ALR-RC, will the resident be entitled to any portion of the monthly rate that has been paid? (5). The ALR-RC should provide the resident or legal agent with a copy of the policy prior to or upon admission.

He-P 804.14 (b) (2): Referencing 804.16 (b) (12) f.

The ALR-RC must have a written policy and procedure for storage and loss of resident's personal property. Questions to consider include: (1). Can a resident store any personal property on the premises other than the contents of the resident's apartment or room? If so, where and what is the cost? (2). Does

the resident need to show proof of insurance for the property? (3). Will there be a charge for storage? (4). If a resident's personal property is missing, what will the ALR-RC do to determine if the property was stolen or misplaced? (5). If eyeglasses, hearing aides, clothing etc. are ruined, how will the ALR-RC attempt to determine the cause and, if necessary, replace the item? (6). The ALR-RC should provide the resident or legal agent with a copy of the policy prior to or upon admission.

He-P 804.14 (b) (2): Referencing 804.16 (b) (12) g.

See guideline for 804.14 (b) (2) above referencing He-P 804.14 (r).

He-P 804.14 (c), (1) through (7).

Core services are those services provided to every resident regardless of the daily/monthly fee and the level of care required. However, a resident or legal agent may refuse a specified service to reduce the daily/monthly fee if the refusal does not adversely impact the resident's health and safety.

He-P 804.14 (d).

This rule requires an ALR-RC to regularly identify the census similar to what is sometimes referred to as a midnight census. The ALR-RC could use a calendar or other form to track the presence or absence of residents from day to day and determine each month and each year when resident(s) were present at midnight or absent.

He-P 804.14 (e).

The ALR-RC must provide onsite activities and access to community programs. Providing access does not mean the ALR-RC must provide transportation to the community. However, it does mean the ALR-RC will assist with accessing transportation to church, shopping, voting, visiting family etc. The activities can be done within the ALR-RC. For example, the ALR-RC could host musical entertainment, local civic groups, church representatives, Girl and Boy Scout troops, local politicians etc. The ALR-RC should conduct a survey to determine what events and activities may interests the residents and determine, within reason, what can be accomplished. This process needs to be ongoing throughout the year. Family members are an excellent resource for this purpose.

He-P 804.14 (f), (1) and (2).

The ALR-RC must include the cost, if any, of basic personal products to maintain cleanliness such as soap, toothpaste, toothbrush, and shampoo in the admission agreement. It does not mean a ALR-RC must provide shaving blades, hair brushes, blow dryers, curling irons, hair dryers, make-up or personal preference soaps, shampoos, toothpaste etc. The same bar of soap cannot be used for more than one resident. The personal care products do not need to be in the possession of each resident but must be readily available upon request.

He-P 804.14 (g).

The ALR-RC must provide training and education to all employees, volunteers, or others regarding the physical and mental health needs of each resident. The providers of the training/education must be qualified to do the training/education either by experience, education, or both. Verification of the providers' qualifications must be available for inspection at any time. A record of the training must be kept. Additionally, the ALR-RC must provide training and education on how to assist each resident with a need. If the ALR-RC or staff do not know what a residents needs are or do not know how to assist a

resident with a need, the ALR-RC will need to hire or otherwise provide someone who can. The training and education must be verified in writing specifying who did the training/education and written verification from the provider that the employee/volunteer etc. is competent to do the task.

He-P 804.14 (h).

Physical or chemical restraints shall only be used in the case of emergency, in accordance with RSA 151:21. IX. The ALR-RC should decide what measures will be utilized if a resident becomes physically aggressive. If it is determined a physical restraint may be necessary, the law requires a physician's order for the restraint for a specified and limited time. If a physical restraint is to be applied in an emergency, the ALR-RC must designate a professional staff person (nurse, social worker etc. ) who shall promptly report the restraint to the resident's physician or physician on call physician, if any. If the ALR-RC decides it will manage aggressive behavior in this manner, all staff will need to receive training in the type of restraint to be utilized. An ALR-RC may decide to manage aggressive behavior without restraining a resident. It is the obligation of the ALR-RC to educate staff what will be the protocol if a resident becomes physically aggressive.

The use of a PRN medication ordered by a physician for agitation or anxiety is not a chemical restraint. It would only be considered a restraint if the medication was continually given, the resident was very sedated most of the day and no other approaches were used to try to calm the resident.

He-P 804.14 (i).

The use of any physical or chemical restraint must be reported to the resident's legal agent and physician as soon as possible. In addition, the department must be notified during business hours, Monday through Friday, 8 am to 4:30 pm, excluding holidays.

He-P 804.14 (j).

Mechanical restraints are prohibited by rule. See definition at He-P 804.03 (ai). For example, a strap or belt secured to armrest of a wheelchair to prevent a resident from standing up and walking is a mechanical restraint although it is used for safety purposes and is requested by the family. The ALR-RC can request a waiver from this requirement provided the waiver(s) are resident specific.

He-P 804.14 (k).

No guideline deemed necessary for this rule.

He-P 804.14 (l), (1) through (4).

An unusual incident is an unanticipated death, an accident or unusual circumstance that resulted in an injury requiring treatment by a nurse practitioner, physician, or other licensed provider. If a resident is transported to the hospital because of symptoms that are not related to an accident or unusual circumstance, it need not be reported to the department as an unusual incident. Additionally, an elopement or other incident reported to the local police department is an unusual incident. The injury or circumstance must be reported to HFA during business hours, Monday through Friday, 8 am to 4:30 pm, excluding holidays. The reporting can be via telephone, fax, or e-mail. The information required when reporting an unusual incident can be found at He-P 804.14 (l) (1), (a) through (j). Health Facilities toll free telephone number is 1-800-852-3345.

In the event all of the information required in He-P 804.14 (l) (1), (a) through (j) is not available immediately, the ALR-RC must provide all the information required within 72 hours of the unusual incident. The required information must be provided either by fax, e-mail or in writing. Initially, if an injury appears to not require treatment by a licensed practitioner but hours or days later does require treatment by a licensed practitioner, this unusual incident must be reported as referenced above.

He-P 804.14 (m).

This section of rules requires providers to treat each resident regarding their rights as a resident in accordance to RSA 151:19-30. It is not reasonable or necessarily prudent to write an interpretive guideline for this section because there are numerous variables to consider for each individual right. A provider is encouraged to telephone or e-mail the department for clarification of any right, as the need exists.

He-P 804.14 (n).

No guideline deemed necessary for this rule.

He-P 804.14 (o), (1) and (2).

No guideline deemed necessary for this rule.

He-P 804.14 (p), (1) through (3).

No guideline deemed necessary for this rule.

He-P 804.14 (p) (4).

The ALR-RC must have written procedures for the investigation and resolution of complaints alleging a violation of rights made by residents, families, staff, and others. The procedures must be clear and unambiguous. A copy must be given to each resident and the resident's personal representative, if so designated by the resident. A written copy must be posted and available for inspection by anyone. Upon request, a copy must be provided to anyone at a reasonable cost of copying.

He-P 804.14 (p), (5) and (6).

No guideline deemed necessary for this rule.

He-P 804.14 (q) and (r).

See guidelines for 804.14(b) (2) referencing 804.14 (r).

He-P 804.14 (s).

See guidelines for 804.14 (b) (2) referencing 804.16 (b) (12) d.

He-P 804.14 (t) through (v).

No guideline deemed necessary for this rule.

He-P 804.15: Resident Admission Criteria, Temporary Absence, Transfer, and Discharge Criteria:

He-P 804.15 (a) (1).

Previous rules did not specifically determine the level of care provided in a facility licensed as an 804 home. This rule attempts to provide some guidelines although the department continues to evaluate each facility on a case by case basis. A provider can request a waiver to any rule in this section.

He-P 804.15 (a) (2).

The department will determine through inspection or otherwise if an ALR-RC is meeting the needs of residents.

He-P 804.15 (a), (3) and (4).

See the definitions for mobile and self evacuate in section 804.03 of these rules.

He-P 804.15 (a) (5) and (6).

No guideline deemed necessary for this rule.

He-P 804.15 (a) (7).

The rule indicates an ALR-RC may be limited to the amount of medical, nursing, or rehabilitation treatment provided. The rule He-P 804.15 (b) (1) infers the amount of medical, nursing, or rehabilitation services is limited to 21 visits per incident. This language was not in previous rules and the department will review this rule on a case by case basis considering the structural integrity of the building, the acuity level of all residents combined, the amount of and credentials of staff, and any applicable history.

He-P 804.15 (a) (8).

The department will determine through inspection or otherwise if a resident requires a nursing care plan or a multi-disciplinary care plan.

He-P 804.15 (a) (9).

No guideline deemed necessary for this rule.

He-P 804.15 (b) (1).

See guideline for He-P 804.15 (a) (7) above.

He-P 804.15 (b) (2).

See definitions of mobile and self evacuation in section He-P 804.03.

He-P 804.15 (c), (d), (e), and (f).

No guideline deemed necessary for this rule.

He-P 804.15 (g).

RSA 151:25 states that when a resident leaves the ALR-RC for emergency medical treatment, the ALR-RC shall hold the bed open for the resident for 10 calendar days, if there is reasonable expectation that the resident will return within 10 days and if the ALR-RC receives payment for the period of absence, provided that no town, city, county or state funds are used for such payment. An example of non-receipt of payment would be when the ALR-RC is receiving HCBC funding for a resident then those days that the resident is hospitalized would not be paid by HCBC. If the absence is longer than 10 days, or the ALR-RC has not received payment for the period of absence, the resident shall have the option to return to the ALR-RC for the next available bed.

He-P 804.15 (h).

The words discharge and transfer have essentially the same meaning in the law. A transfer or discharge occurs when the discharging facility ceases to be legally responsible for the care of the resident. However, there is an exception stated in RSA 151:19 VII – “Transfer shall not include the temporary movement of a resident from a facility to a hospital or other location for emergency medical treatment, as long as the facility is in compliance with RSA 151:25.” In the event a facility refuses to readmit a resident for the reasons stated in RSA 151:25 following a therapeutic leave, a transfer shall be deemed to have occurred when the decision not to readmit is made. If a resident fractures a hip and is transported to a hospital, receives surgery, goes to a rehabilitation facility for physical therapy and returns to the facility, a transfer or discharge has not occurred. The transfer or discharge occurs when the facility determines a transfer/discharge is necessary for the reasons stated in RSA 151:21 V. When a resident is transferred/discharged for medical reasons or for the health or safety of other residents, the resident’s physician or nurse practitioner must be consulted and must document the basis for the discharge/transfer.

A written notice must be give to a resident 30-days before the transfer or discharge takes place and must contain the following. (1). The reason for the transfer or discharge. (2). The date it will become effective. (3). The place where the resident is going. (4). The name, address, and telephone number of the long-term care ombudsman. (5). The name, address, and telephone number of the agency responsible for the protection and advocacy system for a developmentally disabled or mentally ill individual, if applicable. (6). A statement, which shall read: “You have a right to appeal the ALR-RC’s decision to transfer or discharge you. If you think you should not have to leave this ALR-RC, you may file an appeal in the superior or probate court”. A copy of the notice must be placed in the resident’s record and given to the resident, their next of kin, their personal representative, legal guardian, and the Office of the Long-Term Care Ombudsman, 129 Pleasant St, Concord, NH 03301.

He-P 804.16: Required Services:

He-P 804.16 (a) (1).

Full time, on-site administrator means the administrator is physically present in the ALR-RC or on campus at least 37.5 hours per week except for periodic absences from the ALR-RC for illness, vacations, or other related activities. In the event an administrator will be absent for an extended period of time, the ALR-RC shall appoint an interim administrator who is qualified in accordance with He-P 804.18 (k). The ALR-RC shall notify Health Facilities Administration (HFA) of the interim administrator in accordance with He-P 804.08 (d).

He-P 804.16 (a) (2).

This rule specifies the necessary education and experience to be an administrator. The specifications are straightforward. Degrees must be from an accredited institution. The Department will determine if a degree is from an accredited institution on a case-by-case basis if necessary. The determination of experience in a health related field for administrators' qualifications would be decided on a case-by-case basis, if necessary.

He-P 804.16 (a) (3).

Designating an alternative administrator means the licensee or administrator has designated, in writing, who is responsible for the health and safety of the residents in his or her absence. All staff on all shifts need to know who has been designated this responsibility. The person so designated does not need to meet the qualifications of the administrator in accordance with He-P 804.18 (k) and (l). However, the designated administrator needs to demonstrate or provide proof of competency if requested by HFA.

He-P 804.16 (b) (1).

No guideline deemed necessary for this rule.

He-P 804.16 (b) (2).

The core services according to definition are those services included in the basic rate. Core services can be found at He-P 804.14 (c), (1) through (7).

He-P 804.16 (b) (3).

The admission agreement must include the frequency of cost of care increases. If the agreement states cost of care increases will be preceded by a written 30-day notice, this is sufficient for this rule. The ALR-RC can request a waiver from this provision.

He-P 804.16 (b) (4).

The admission agreement must include the time period covered by the agreement. If the agreement states cost of care increases will be preceded by a written 30-day notice, this is sufficient for this rule.

He-P 804.16 (b) (5).

The acuity level that the ALR-RC can care for can be found at He-P 804.15 (a), (b), and (c).

He-P 804.16 (b) (6).

The law – 151:21 V states, in pertinent part, that residents can be discharged after appropriate discharge planning. Due to the varying circumstances involved with each discharge/transfer, it is not possible to write a guideline describing appropriate. The department will decide on a case by case basis if discharge planning was appropriate. However, the admission agreement must include the role the ALR-RC will take in discharge planning.

He-P 804.16 (b) (7).

This rule requires an ALR-RC to provide the maximum length of time that medical, nursing, or rehabilitative care and services can be provided at the ALR-RC. The rule – 804.15 (b) – does not specify the length of time these services can be provided. The rule indicates these services can be longer than 21 visits per incident. The department will determine on a case by case basis if these services are provided longer than 21 visits per incident.

He-P 804.16 (b) (8).

This rule requires an ALR-RC to include the house rules in the admission agreement. The ALR-RC can develop any house rules provided the rules are not contrary to any rule or law applicable to licensing.

He-P 804.16 (b) (9).

No guideline deemed necessary for this rule.

He-P 804.16 (b) (10).

Same guideline as He-P 804.16 (b) (6) above.

He-P 804.16 (b) (11).

This rule requires the admission agreement to include the cost of services, if any, that will not be included in the daily or monthly rate. In addition, this rule requires the ALR-RC to provide information as to who will be responsible for arranging the additional service and the fee and payment, if known.

He-P 804.16 (b) (12) a.

The admission agreement needs to provide information regarding the cost, if any, and the availability of transportation. The rules do not specify that transportation must be included in the daily/monthly fee for core services. The rules do require the ALR-RC to assist with arranging for transportation. The costs for transportation based on mileage or time, including staff time, must be part of the agreement.

He-P 804.16 (b) (12) b.

No guideline deemed necessary for this rule.

He-P 804.16 (b) (12) c.

In the event a resident hires a companion or other person to work exclusively for them at the ALR-RC, the ALR-RC must have a policy for monitoring such individuals. The department has determined that such individuals must have a criminal background check, a 2 step TB tests, and in-service for emergency evacuation. It is recommended the ALR-RC provide such individuals with a copy of the ALR-RC's rules pertaining to their conduct while on the premises. Licensed health care professionals providing limited services such as physical therapists, occupational therapists, and nurse practitioners are not considered individuals hired by a resident.

He-P 804.16 (b) (12) d.

See guideline for He-P 804.14 (b) (2) referencing He-P 804.16 (b) (12) d.

He-P 804.16 (b) (12) e.

See guideline for He-P 804.14 (b) (2) referencing He-P 804.16 (b) (12) e.

He-P 804.16 (b) (12) f.

See guideline for He-P 804.14 (b) (2) referencing He-P 804.16 (b) (12) f.

He-P 804.16 (b) (12) g.

See guideline for He-P 804.14 (r).

He-P 804.16 (b) (13).

The admission agreement must include the ALR-RC's policy for managing medication. The policy needs to include any additional costs for ordering, re-ordering, and delivery of medications. Should a resident or family member decide to provide this service themselves, it is recommended the ALR-RC include in the policy a provision that any medication not available to a resident within 24 hours will be purchased by the ALR-RC and billed to the resident or family because the rules require medications be available within 24 hours.

He-P 804.16 (b) (14).

No guideline deemed necessary for this rule.

He-P 804.16 (b) (15).

The ALR-RC must have written policies and procedures setting forth the rights and responsibilities of admitted residents in accordance with the Patients' Bill of Rights. The ALR-RC must receive written confirmation from every resident admitted verifying the resident has received a copy of the Residents' Bill of Rights in accordance with the most recent version of RSA 151:21, I-XIX. If for any reason, physical or mental, the resident is unable to understand or read the Rights the ALR-RC must make reasonable efforts to explain the Rights and have the explanation witnessed by a third party. If a resident refuses, the ALR-RC must document the refusal and have the refusal witnessed by a third party. If a resident directs, verbally or otherwise, another person to sign for the receipt of the Rights, the ALR-RC must document this and record the name of the person so directed.

The ALR-RC must have a policy and procedure for implementing the Bill of Rights. The policy needs to include written procedures for the investigation and resolution of complaints alleging a violation of rights made by residents, families, staff, and others. The procedures must be clear and unambiguous. A copy must be given to each resident and the resident's personal representative, if so designated by the resident. A written copy must be available for inspection by anyone and, upon request, a copy must be provided to anyone at a reasonable cost of copying. The policy must include the requirement that the Bill of Rights will be posted in a public and conspicuous place in the ALR-RC so that all pages are visible. The policy must state that all employees have received a copy of the Bill of Rights and have received training to implement the Bill of Rights upon hire and annually. The policy needs to include the address and telephone number of the Ombudsman's Office for the purpose of filing a complaint. The policy must include a notice that all staff are required by law to report any suspected abuse, neglect, etc. of adults or children to the local authorities or the applicable state agency

He-P 804.16 (b) (16).

No guideline deemed necessary for this rule.

He-P 804.16 (b) (17).

See guidelines for He-P 804.16 (b) (15) above.

He-P 804.16 (b) (18), (19), and (20).

No guideline deemed necessary for this rule.

He-P 804.16 (c).

No guideline deemed necessary for this rule.

He-P 804.16 (d).

Any staff or other person can complete the Resident Assessment Tool (RAT) provided the person has completed an in-service conducted by department staff or approved members of the two residential care associations of New Hampshire.

He-P 804.16 (e), (f), and (g).

He-P 804.16 (h).

Nursing Care is allowed in an ALR-RC. See guidelines for He-P 804.15 (a) (7).

He-P 804.16 (i) and (j).

No guideline deemed necessary for this rule.

He-P 804.16 (k).

Care plans for the needs of residents can be identified upon completion of the RAT. In addition to the care plans identified upon completion of the RAT, the ALR-RC may identify other needs that require a care plan. The care plans must include the components specified in this section. There is no required format for writing care plans.

He-P 804.16 (l), (1) through (4).

No guideline deemed necessary for this rule.

He-P 804.16 (m).

A care plan may not be required after the completion of the RAT.

He-P 804.16 (n) and (o).

A progress note must be written every 3 months for needs identified on the RAT. The objective of a progress note is to review the methods being used to assist a resident and determine if the methods, as

written, are achieving the goal for which they were intended. The note should identify any substantial change in the resident's physical or mental abilities in the past 3 months and determine if the methods for assisting the resident should be revised based on any changes

He-P 804.16 (p) (1).

The department does not provide a form for completing a nursing assessment. The assessment must contain the components specified in He-P 804.16 (g), (1) through (3).

He-P 804.16 (p) (2) through (7).

No guideline deemed necessary for this rule.

He-P 804.16 (q), (r), (s), (t), (u), (v), (w), (x), (y), and (z).

He-P 804.17: Medication Services:

He-P 804.17 (a).

This rule requires an ALR-RC to have a written order from a licensed practitioner for every prescription and over the counter medication for residents.

He-P 804.17 (b).

Within reason, considering the specific medication and circumstances, a medication should be available for a resident within 24 hours. In the event a medication will not be available within 24 hours, the rule indicates a physician could approve of any delay. It is recommended the admission agreement contain a clause that allows an ALR-RC to purchase and bill a resident or family member when a resident or family agree to purchase and supply medications.

He-P 804.17 (c), (1) through (3).

The intent of this rule is to provide new, per diem, or "pool" staff a written procedure for obtaining, re-ordering, and receiving medications. It also requires a procedure for recording new medication orders.

He-P 804.17 (c) (4).

Any medication error or observed side effects of a medication should be reported to the resident's physician as soon as possible but no later than 24 hours. If necessary, the emergency room of the nearest hospital should be called if this occurs on a weekend or holiday.

He-P 804.17 (d), (e), (f), (g), (h), (i), (j), (k).

No guideline deemed necessary for this rule.

He-P 804.17 (l), (1) and (2).

This is a new rule for an ALR-RC. The rule requires an ALR-RC to have a written procedure to avoid any mistakes when a licensed practitioner changes the dose or the frequency of a medication and the label on the container will no be the same as the order. When this event occurs, the ALR-RC is required to place a colored sticker on the container to readily identify there has been a change in the dose

or the frequency of the medication. The rule additionally requires the ALR-RC to change the medication record by crossing out the record for the specific medication and writing a new order on a new row on the medication record.

He-P 804.17 (l) (3).

No guideline deemed necessary for this rule.

He-P 804.17 (m), (n), (o), and (p) (1).

He-P 804.17 (p) (2).

This rule prohibits an ALR-RC from using one over the counter medication for use by numerous residents. Each resident must have their own container marked with their name and the medication shall be taken as prescribed by a licensed practitioner or the directions on the container.

He-P 804.17 (q).

No guideline deemed necessary for this rule.

He-P 804.17 (r).

This rule requires all medications to remain in the original container with one exception. A resident who has a written order from a licensed practitioner to self administer medications without supervision and has been assessed by the ALR-RC to have the physical and mental capability to self administer may remove medications from the original container and use a medi-planner or similar storage arrangement.

He-P 804.17 (s).

This rule requires medications be stored to prevent cross contamination. It is recommended that oral, otic, ophthalmic, and parental medications be stored separately.

He-P 804.17 (t).

No guideline deemed necessary for this rule.

He-P 804.17 (u).

Although counting controlled prescription medications is not mandatory in an ALR-RC, it is recommended a policy and procedure be developed and implemented to minimize the potential of theft and ensuring residents receive medications as ordered.

He-P 804.17 (v), (w), (x) (y), (z), (aa), (ab), (ac), and (ad).

No guideline deemed necessary for this rule.

He-P 804.17 (ae).

This rule should state medications shall not be administered to residents except as allowed by (ad) (4) above, not (af) below.

He-P 804.17 (af) (1), (2), (3), (4), (5), and (6).

No guideline deemed necessary for this rule.

He-P 804.17 (af) (7).

Any resident who self administers without supervision should not be receiving any assistance from the ALR-RC staff except storing the resident's medication per the resident's request, in a locked cabinet in a location other than the resident's room. However, the ALR-RC can assist the resident with ordering, re-ordering, receiving, and transporting medication.

He-P 804.17 (ag), (1) through (4).

The intent of this rule is to allow a resident with a physical disability, the independence to self administer medications. The rule requires the ALR-RC to assess the resident to ensure the resident has the cognitive ability to safely self direct staff to administer their medications. This assessment must be completed at least every 6 months or if the resident has had a significant change in their cognitive abilities. At least annually, a licensed practitioner must state the resident has the cognitive ability to self direct staff to administer their medications due to a physical limitation. An LNA may be prohibited from administering medications in this situation and should consult the Board of Nursing for clarification.

He-P 804.17 (ah).

No guideline deemed necessary for this rule.

He-P 804.17 (ai).

This rule indicates personnel are not to physically handle medications when supervising (observing) residents taking their medications. This means personnel are not to touch the medication or pill(s). Personnel can touch the containers, packets etc.

He-P 804.17 (aj), and (ak).

No guideline deemed necessary for this rule.

He-P 804.17 (al).

The 4 hour medication supervision educational program must be taught by a licensed practitioner, pharmacist, nurse, medication nurse assistant, or any person who has completed a 4 hour program that includes all of the curriculum and instructions of the program referenced in rule He-P 804.17 (am). Any person teaching the program must have a copy of their credentials to teach the program and must confirm, in writing, that their student received 4 hours of training in a medication supervision program that complies with the curriculum and instructions referenced in He-P 804.17 (am). The rule allows the program to be taught through electronic media. The person(s) producing, teaching, or writing the program via CD, DVD, Internet, or other teaching method must have the same credentials as above and the program must contain 4 hours of instructions containing the curriculum and instructions referenced in He-p 804.17 (am). The department may require any person receiving the training through electronic media to produce the source of their training.

He-P 804.17 (am), (1) and (2).

No guideline deemed necessary for this rule.

He-P 804.17 (am) (3).

The majority of documentation requirements is the professional standards for accurately managing the medication record such as recording changed doses or frequency of medications, discontinuation of medications, missed doses, refusals, errors, the reason for prn medications and their effects.

He-P 804.17 (am) (4), (5), and (6).

No guideline deemed necessary for this rule.

He-P 804.17 (an).

Any person who can provide proof of 4 hours of training in a medication administration or medication supervision program that contains the information specified in He-P 804.17 (am), has met the requirements of the required 4 hours of training regardless of where the training was obtained or how long ago.

He-P 804.17 (ao).

This rule prohibits the ALR-RC from having any medications, including over the counter medications, without the name(s) of the residents on the containers, packets etc. If 3 residents take Tylenol, there must be 3 containers of Tylenol, each with the individual resident's name on the container. One container of Tylenol could not be used for the 3 residents.

He-P 804.18 Personnel

He-P 804.18 (a).

There is no rule requiring a specified number of staff based upon the number of residents. If through inspection or otherwise, the needs of residents are not being met as determined by factual findings of avoidable negative consequences to one or more residents, the department may determine an ALR-RC does not have sufficient qualified staff to meet the need of resident(s).

He-P 804.18 (b).

Staff may sleep in an ALR-RC with 16 or fewer beds provided residents, from their bedrooms, can wake up the sleeping staff from the room in which they sleep via a communication system. Whatever device or system is used for this purpose, the ALR-RC will need to demonstrate the device or system is effective for the intended purpose. The use of a device often referred to as a baby monitor will not be allowed because this device is contrary to the resident's right to privacy.

He-P 804.18 (c) (1).

See guideline for He-P 804.18 (b) above.

He-P 804.18 (c) (2).

This rule has two terms that do not have a definition and can be subjective. The words are “dementia” and “wander prevention system.” There are too many variables that may interact regarding the need to enforce this rule. The goal of rules and the goal of the department is to provide a safe home, within reason. For the purpose of this rule, it is not necessary that a resident have a diagnosis of dementia or similar memory impairment for this rule to be applicable. If a facility, family, or other has reason to believe a resident may attempt to leave the home, regardless of the reason, when staff are sleeping, it is the responsibility of the home to provide an alarm at every exit door. There is no requirement the alarms be wired into the home’s electrical panel. There are alarms available that operate on batteries for a reasonable cost. The alarms can easily be turned on and off. It is recommended there be a scheduled maintenance check of the batteries in these alarms.

He-P 804.18 (c) (3).

No guideline deemed necessary for this rule.

He-P 804.18 (d).

No guideline deemed necessary for this rule.

He-P 804.18 (e).

Criminal records checks must be completed on a form provided by the New Hampshire State Police. There are no exceptions. The form is available on the official State of New Hampshire website or by calling the state police at 271-2538.

He-P 804.18 (f).

For the purpose of this rule, all household members 18 years of age or older is applicable to those individuals who are living in the ALR-RC. It does not mean all household members living with an employee or with an applicant for employment.

He-P 804.18 (f), (1) and (2).

No guideline deemed necessary for this rule.

He-P 804.18 (g), (1), (2), and (3).

The records, if any, of any convictions obtained from the New Hampshire State Police may not specifically reference the crimes referenced in this section. For example, the prospective employee may have been convicted of willful concealment. This crime is not referenced in this section. However, the ALR-RC should ask the prospective employee the specifics of the crime to determine if fraud or exploitation was involved. The ALR-RC is encouraged to ask the department

He-P 804.18 (h).

An applicant or household member having a conviction or other finding referenced in He-P 804.18 (f), (1) through (3), cannot be offered a position or reside in the home unless a waiver to the rule He-P 804.18 (e) (f) has been granted by the department.

He-P 804.18 (i) and (j).

No guideline deemed necessary for this rule.

He-P 804.18 (k), (1) through (4).

The qualifications required to be an administrator in an ALR-RC is listed in this section. The department will verify on a case by case basis, if necessary, if a degree if from an accredited institution, or if the experience required is sufficient. It is the burden of the applicant to prove, if necessary, the requisite information.

He-P 804.18 (l), (1) through (5).

See guideline for He-P 804.18 (k) above.

He-P 804.18 (m).

The 12 hours of continuing education must be obtained during the time the license is valid. For example, May 1, 2008 through April 30, 2009. The educational hours may be obtained through video, audio, books etc. The topics must relate to the operation of the ALR-RC. The department will determine on a case by case basis if a provider has met this standard. It is the burden of the administrator to provide proof of completion or attendance of any continuing education hours.

He-P 804.18 (n), (o), and (p).

No guideline deemed necessary for this rule.

He-P 804.18 (q) (1).

A physical examination or health screening must be completed before any employee has contact with residents or food. The rule does not specify the contents of the examination or screening. A physical examination or health screening that has been completed within the past year is acceptable.

A 2-step Mantoux TB test is two inoculations of the TB serum. The first shot and reading must be negative before the employee can have contact with food or residents. If the first test is negative, the employee can begin to work and the second shot should be administered no later than 3 weeks. However, there are some exceptions. An employee who has proof of a negative 1-step Mantoux test in the past 12 months can begin work provided another 1-step Mantoux test is administered upon employment and the second test is negative. According to CDC guidelines, this method of testing can detect the tuberculin virus that otherwise may be missed. This does not mean an employee can have a negative Mantoux TB test prior to employment and receive the second test within 12 months.

He-P 804.18 (q) (2).

See guideline above.

He-P 804.18 (q) (3).

The rules for TB testing will be according to the recommendations of the Centers for Disease Control. If recommendations change for the state of New Hampshire, the department will implement the changes and inform providers via mail of the changes.

He-P 804.18 (r).

Some individuals have a reaction to a TB test and the test should not be administered. In this instance, the employee should complete a questionnaire regarding the absence or presence of symptoms of TB such as excessive coughing, sweating at night, fever etc. The questionnaires or the information is available on the web, local health departments, or physician's offices.

He-P 804.18 (s) (1).

See guideline for He-P 804.14 (b) (1).

He-P 804.18 (s) (2).

This rule requires orientation to include an explanation of the ALR-RC's complaint procedure for residents, not a complaint procedure for employees.

He-P 804.18 (s) (3), (4), (5).

No guideline deemed necessary for this rule.  
He-P 804.18 (s) (6).

See guidelines for section He-P 804.22.

He-P 804.18 (s) (7).

This rule requires training and/or instructions for employees preparing, serving, and storing food. The rule He-P 804.21 (k) (2) requires food to be stored, prepared, and served according to He-P 2300. He-P 2300 are extensive rules utilized to inspect restaurants, hospital kitchens etc. The department will, if necessary, refer to these rules during kitchen inspections. The ALR-RC must have proof that kitchen employees received orientation/training in their respective responsibilities in the kitchen regarding food safety.

He-P 804.18 (s) (8).

This rule references two laws – RSA 161-F:46 and RSA 169-C:29. Employees must be informed of these two laws during orientation. In essence, the laws require each citizen to report any abuse, neglect, exploitation, etc. of any adult or child to the applicable state or local government. Failure to do so could be reason to be charged accordingly.

He-P 804.18 (t).

No guideline deemed necessary for this rule.

He-P 804.18 (u).

This required annual review for direct care employees is only applicable to those employees who supervise residents taking their medications or who give medications to residents as directed by a resident with physical limitations. It is not applicable to all direct care employees.

He-P 804.18 (v) (1), (2), (3), (4), (5), (6), (7), (8), (9), (10), and (11).

No guideline deemed necessary for this rule.

He-P 804.18 (w), (x), and (y).

No guideline deemed necessary for this rule.

He-P 804.19 Resident Records

He-P 804.19 (a).

All resident information required by rule must be available for inspection. However, records can be thinned or culled and stored in numerous binders.

He-P 804.19 (b), (1) and (2).

No guideline deemed necessary for this rule.

He-P 804.19 (b), (3) through (13).

No guideline deemed necessary for this rule.

He-P 804.19 (b) (14).

See guideline for He-P 804.14 (L), (1) through (4).

He-P 804.19 (b), (15) through (20).

No guideline deemed necessary for this rule.

He-P 804.19 (c) and (d).

No guideline deemed necessary for this rule.

He-P 804.19 (e).

This rule requires resident records to be safeguarded against unauthorized use or assess. This does not mean records need to be locked unless an ALR-RC chooses to lock records or there is reason to believe records are not safeguarded against unauthorized use.

He-P 804.19 (f) and (g).

No guideline deemed necessary for this rule.

He-P 804.20 Respite Care in ALR-RC.

He-P 804.20 (a).

Respite care means the admission of a resident for no more than 21 consecutive days. The resident must be mobile and able to self evacuate. See definition at He-P 804.03 (ak) and He-P 804.03 (bi).

He-P 804.20 (b).

A discharge plan must be developed for any resident admitted for respite services.

He-P 804.20 (b) (1).

See guidelines for He-P 804.14 (b) (1).

He-P 804.20 (b) (2).

The admission contract for a respite resident must contain the core services referenced at He-P 804.14 (c), (1) through (7). Additionally, the ALR-RC cannot admit a resident who requires medications be administered by a licensed nurse or medication nursing assistant. Otherwise, the contents of the contract is to be determined by the parties.

He-P 804.20 (b) (3).

Referenced in He-P 804.20 (b) (2) above.

He-P 804.20 (b) (4), a and b.

No guideline deemed necessary for this rule.

He-P 804.20 (b) (4), c.

This rule means the medication has not expired according to the pharmacy label.

He-P 804.20 (b) (4), d.

This rule means all medications are in the original container as dispensed by a pharmacy and the contents have not be altered in any manner.

He-P 804.20 (b) (5).

This rule indicates a resident may not be admitted if the resident needs nursing care as determined by the completion of the Resident Assessment Tool (RAT). The department will assess on a case by case basis if a resident needs nursing care.

He-P 804.20 (b), (6) and (7).

No guideline deemed necessary for this rule.

He-P 804.20 (c) and (d).

No guideline deemed necessary for this rule.

He-P 804.21 Food Services

He-P 804.21 (a), (b), (c), (d), (e), (f), (g), (h), and (i).

No guideline deemed necessary for this rule.

He-P 804.21 (j), (1) and (2).

No guideline deemed necessary for this rule.

He-P 804.21 (j) (3).

The department has determined an ALR-RC must have 1 and ½ gallons of drinking water available for each resident in the event there is a loss of water.

He-P 804.21 (k) (1).

No guideline deemed necessary for this rule.

He-P 804.21 (k) (2).

This rule references the rules He-P 2300. A link to these rules, and others, are available on the official website for the State of New Hampshire. If necessary, the department will reference these rules for inspecting kitchens and related services. The rules are comprehensive and some sections may not be applicable to all providers. The intent of the rules is to provide guidelines to prevent food from being contaminated with bacteria and the prevention food born illnesses.

He-P 804.21 (k) (3), (4), and (5).

No guideline deemed necessary for this rule.

He-P 804.21 (l), (m), (n), (o), (p), (q), (r), (s) and (t).

No guideline deemed necessary for this rule.

He-P 804.22 Infection Control

He-P 804.22 (a).

There is information available, for no charge, for the prevention and control of communicable diseases and infections at the Centers for Disease Control (CDC) Website.

He-P 804.22 (b) (1), (2), and (3).

See guideline for He-P 804.22 (a) above.

He-P 804.22 (b) (4).

This rule references the rule Env-Wm 2604. A link to these rules, and others, are available on the official website for the State of New Hampshire.

He-P 804.22 (b) (5).

This rule references the rule He-P 301. A link to these rules, and others, are available on the official website for the State of New Hampshire.

He-P 804.22 (c), (1) through (4).

See guideline for He-P 804.22 (a) above.

He-P 804.22 (d), (e), (f), (g), and (h).

No guideline deemed necessary for this rule.

He-P 804.22 (i).

AN ALR-RC must provide documentation to verify receipt or refusal of the flu shot for every resident in accordance with the law – RSA 151:9-b I and II. The ALR-RC does not need to pay for the shot. However, The ALR-RC must provide the flu shot to all consenting employees in accordance with the law – RSA 151:9-b IV. The ALR-RC is additionally required to determine if all residents have received or refused immunization against pneumococcal disease as required by RSA 151:9-b II.

He-P 804.23 Sanitation.

He-P 804.23 (a).

The department will determine on a case by case basis if an ALR-RC is clean, safe, and sanitary on the exterior and interior.

He-P 804.23 (b).

Same guideline as above.

He-P 804.23 (c).

No guideline deemed necessary for this rule.

He-P 804.23 (d).

The plumbing code for the State of New Hampshire indicates the hot water should not exceed 120 degrees.

He-P 804.23 (e).

The temperature of rinse water for the purpose of sanitizing kitchen utensils, plates, etc. is 180 degrees. The kitchen utensils, food preparation surfaces, and laundry may be sanitized using anti-bacterial detergents.

He-P 804.23 (f).

No guideline deemed necessary for this rule.

He-P 804.23 (g).

The law, RSA 147-A:2 VII, can be obtained through the official State of New Hampshire Website. On the home page, to the left, is a link for laws and rules.

He-P 804.23 (h), (i), (j) (k).

No guideline deemed necessary for this rule.

He-P 804.23 (l).

For the purpose of this rule, trash means food. Receptacles used for paper products only are not considered trash.

He-P 804.23 (m) (1), and (2).

No guideline deemed necessary for this rule.

He-P 804.23 (m) (3).

Containers used to transport dirty laundry should not be used to transport clean laundry although the container may have been sanitized because thorough sanitizing of a container may not be practicable.

He-P 804.23 (m) (4).

The rules, Env-SW 103.28, can be obtained through the official State of New Hampshire Website. On the home page there is a link to the left for laws and rules.

He-P 804.23 (n) and (o).

No guideline deemed necessary for this rule.

He-P 804.23 (p).

An ALR-RC has its own water supply if the water is from a well or other source that is not part of a public water system. The water from public water systems must be tested on a regular basis.

He-P 804.24 Physical Environment

He-P 804.24 (a).

This includes ramps, stairwells, and checking for trip hazards throughout the facility.

He-P 804.24 (b), (1) and (2).

Oil fired burners, furnaces, and/or boilers need to be inspected and maintained annually. Any solid burning appliance needs to be inspected annually, including the chimney per NFPA 211. Any gas fired burners, furnaces, and/or boilers need to be serviced per the manufacturer recommendations. These can usually be found in the instruction manuals provided with the furnaces. Any questions should be directed to the installer, or the manufacturer. Electrical heating systems do not have service requirements.

He-P 804.24 (c).

See guideline for He-P 804.24 (b) above.

He-P 804.24 (d), (1) and (2).

Portable space heaters are not allowed in resident areas for any reason. For maximum safety, heaters should have a UL listing or a Factory Mutual listing.

He-P 804.24 (e) and (f).

No guideline deemed necessary for this rule.

He-P 804.24 (g).

If there are no windows that can be opened, a fan or some other ventilations system should be installed to provide fresh air and odor control.

He-P 804.24 (h).

No guideline deemed necessary for this rule.

He-P 804.24 (i).

If there is a separate household or personnel bathroom facilities, there needs to be one bathroom for every six residents, and the bathroom(s) in the separate household would not be counted.

He-P 804.24 (j) and (k).

No guideline deemed necessary for this rule.

He-P 804.24 (l).

The temperature of water for bathing should not be scalding. The plumbing code recommends water be no more than 120 degrees.

He-P 804.24 (m).

Measurements are taken of the available floor space. Closet and bathroom space is not counted towards the total square footage.

He-P 804.24 (n).

Any bedroom added after the effective date of these rules will need to comply with the square foot requirements referenced in He-P 804.24 (m).

He-P 804.24 (o).

See guideline for He-P 804.24 (m) above.

He-P 804.24 (p), (1) through (6).

Doors and walls must comply with the life safety code NFPA 101, be fire rated, and may be required to be self closing.

He-P 804.24 (q).

No guideline deemed necessary for this rule.

He-P 804.24 (r).

Any electrical component brought into the facility should be inspected for tears, frays, bends, or any damage to the cord or equipment. Resident's personal possessions should be clean and sanitary if they are going to be allowed into the facility.

He-P 804.24 (s).

The amount of square feet required for common areas such as living and dining rooms will be determined on a case by case basis considering the population to be served.

He-P 804.24 (t).

The department will review the effectiveness of the ALR-RC's communication system on a case by case basis considering the size of the ALR-RC, the layout, and the population that is served.

He-P 804.24 (u).

Most providers of electrical service will test the lighting in an ALR-RC for no charge. There are recommended standards for lighting depending upon the tasks being completed or location such as staircases. The department may require an ALR-RC to have tests conducted if lighting appears inadequate during an inspection or otherwise.

He-P 804.24 (v).

Slide bolts on either side of the door are prohibited. Any lock on the door shall have a key or pushpin readily available to the staff on duty and all staff need to demonstrate the ability to unlock doors quickly in the event of an emergency.

He-P 804.24 (w).

Screens should be tight fitting and in good repair to prevent insects from entering the facility.

He-P 804.24 (x).

This rule reads as He-P 804.24 (w) and should read as He-P 804.24 (x). The rule indicates self closing doors do not need to be designed for easy opening in the event of an emergency. This is an error. All doors need to be easily opened in the event of an emergency.

He-P 804.25 Emergency and Fire Safety

He-P 804.25 (a).

This applies to all He-P 804 facilities. Any facility which plans on having a "defend in place" policy will need to come as close as possible to the health care chapter of the fire code, and possibly have the building evaluated by a third party Fire Protection Engineer. This should be approved in writing by the local fire authority.

He-P 804.25 (b).

Wireless smoke detectors are still powered from the electrical service, but are interconnected, meaning that if one is activated, all will activate, wirelessly. The alarms need to be installed according to manufacturer's recommendations, and serviced accordingly. For maximum safety, smoke detectors should have a UL, or Factory Mutual stamp. Fire extinguishers need to be maintained and serviced annually, according to NFPA 10, and must be inspected every month by the facility or its designee with written verification. One carbon monoxide detector is required for each floor, but it is suggested there is one placed in each smoke compartment of the facility. The detectors are not required to be hardwired, and should be installed and serviced according to manufacturer's recommendations. For maximum safety, carbon monoxide detectors should have a UL, or Factory Mutual stamp.

He-P 804.25 (c).

This could include training for staff and residents, working with your local fire department to make them aware of the special situations in your facility.

He-P 804.25 (d).

Immediately means as soon as practical. The first concern is the mitigation of the emergency and the safety of the residents. Then the call should be placed to DHHS. A phone call to Health Facilities Administration, with a message left on the voice mail during hours that the office is not open is acceptable notification.

He-P 804.25 (e) (1), (2), (3), (4), (5), and (6).

No guideline deemed necessary for this rule.

He-P 804.25 (f).

If smoking is allowed only outside the facility, it should be in a designated area away from combustible porches, decks etc. and be far enough away from the building to prevent smoke from entering. The area should be kept clear of leaves and shrubs to prevent an outside fire from starting. Metal receptacles and safe ashtrays shall be kept in this area. For maximum safety, ashtrays used should be the type that have the raised ridges in the center for cigarettes to be placed, allowing the cigarette to fall into the ashtray if left unattended.

He-P 804.25 (g).

This plan should include how long the residents could remain in the facility with the loss of electricity, water, heat, and/or severe weather. A plan identifying whom to contact in each of these situations should be developed. The plan should include where the residents could be evacuated for a short time period, and how their needs would be met, and where they could be evacuated for a long-term evacuation, and how their needs would be met.

He-P 804.25 (h).

If it is unknown who the local emergency management director is for your town or city, contact your town offices, city hall, or local police or fire department. If the local emergency management director is not the local fire department, the local fire department needs to approve the evacuation plans.

He-P 804.25 (i).

This approval must be in writing from the emergency management director.

He-P 804.25 (j).

Each employee means any per diem and part time employee or anyone who will assist residents during an actual emergency. This means that the fire alarm system must be activated for every fire drill that is run. Contact your local fire department for any assistance or training if necessary.

He-P 804.25 (k).

If instruction is not applicable, this should be noted in the personnel file to inform the inspector that this rule was not overlooked. No employee or other will be exempt from more than one drill per year.

He-P 804.25 (l).

This is not an exemption for all employees to miss one drill per year; this is to allow for the unusual incidents where it is impossible to get an employee into compliance.

He-P 804.25 (m).

The two fire drills must be in the facility where the employee works and must be an actual drills, not a training or silent drill.

He-P 804.25 (n).

To include all shifts means there is a drill every 3 months during the day, evening, and night shifts. The recommended time for the sleep drills is about an hour after all residents have gone to sleep, or about an hour before most residents are awake. This practice prepares staff should an emergency occur in the middle of the night and residents are familiar with evacuation from their rooms.

He-P 804.25 (o).

The names of the personnel on the fire drill form should be legible to determine compliance during inspections. Names that are not legibly written may not be considered as attendance during the quarterly fire drill requirement.

He-P 804.25 (p).

The department cannot waive any requirements of NFPA 101, and any variance requests should be submitted to the NH State Fire Marshal's Office.