

Interpretive guidelines for He-P 805 rules

He-P 805.01: Purpose:

ALR-SRHC means a long term care residence providing assistance at the supported residential care level pursuant to RSA 151:9VII(a)(2) and as described in RSA 151:9, VII (a)(2). You cannot call yourself an Assisted Living or state you provide Assisted Living services unless you are licensed as such. (See RSA 161-J)

He-P 805.02: Scope:

805.02: As referred to above: RSA 151:2 1(e)(2) states “Offering residents social, health or medical services including but not limited to medical or nursing supervision, medical care or treatment in addition to any services included in subparagraph (1): offering residents home-like living arrangements and social or health services including but not limited to, providing supervision, medical monitoring, assistance in daily living, protective care or monitoring and supervision of medications.”

RSA 151:9, VII (a)(2) states, “Supported residential health care, reflecting the availability of social or health services, as needed, from appropriately trained or licensed individuals, who need not be employees of the facility, but shall not require nursing services complex enough to require 24-hour nursing supervision. Such facilities may also include short-term medical care for residents of the facility who may be convalescing from an illness and these residents shall be capable of self-evacuation.”

805.02(a)(b)(1and2): Self- Explanatory.

He-P 805.03: Definitions:

Several definitions are new, some examples of these are: agent, guardian, personal representative, core services, personal assistance, protective care, household member, direct care personnel, respite care, administrative remedy, directed plan of correction, state monitoring, temporary manager, unusual incident, and self directed medication administration.

He-P 805.04: Initial License Application Submission:

805.04 (a)(1): The application must be completed in it’s entirely and signed as described in the rule. If an application does not contain all of the items required, the department shall notify the applicant in writing of the items required before the application can be processed. An initial license application is also required for a request for an increase in the number of beds, change in ownership, change in location or change of category.

805.04 (a)(2) and (3): Self- Explanatory.

805.04 (a)(4): Any licensing fee submitted to the department in the form of a check or money order and returned to the state for any reason, shall be processed in accordance with RSA 6:11-a. Licensing fees shall not be transferable to any other application(s).

805.04 (a)(5) through (9): Self- Explanatory.

805.04 (a)(10) and (a)(11): If you are on a municipal water system, you can submit a copy of the most recent water bill.

805.04 (a)(12): A written disclosure is required at the time of the initial application and on an annual basis thereafter. Each person required to complete a written disclosure statement must sign his or her own form.

805.04(a)(13): A criminal record check performed by the NH State Police is required at time of the initial licensing application to include the applicant, licensee, officers of the Board if a corporation, members of a LLC, Administrator and household members as defined in He-P 805.3(y).

805.04 (b) through (e): Self- Explanatory.

805.04(f): The department shall deny a licensing request in accordance with He-P 805.13(b) after reviewing the information in He-P 805.04(a)(12) and (13) if, after review, it determines that the applicant, licensee, administrator or a household member has been convicted of a sexual assault or other violent crime, or poses a threat to the health, safety or well-being of a resident.

He-P 805.05: Processing of Applications and Issuance of Licenses :

805.05 (a) through (d) and (f): Self- Explanatory.

805.05 (e): An inspection shall be completed in accordance with He-P 805.09 prior to the issuance of a license. An inspection to determine full compliance is required to get a new or revised license if:

- There is a change in ownership unless the current licensee has no outstanding administrative actions in process and there will be no changes by the new owner in the scope of services provided;
- A change in the physical location of the ALR-SRHC;
- A change in the licensing classification which means the specific category of services authorized by a license;
- An increase in the number of beds; or
- Occupation of space after construction, renovations or alterations.

He-P 805.06: License Expirations and Procedures for Renewals:

805.06(a): A license is valid for one year. A new license is valid on the date it is issued. Example – a license is issued June 19, 2007. It will expire on June 30, 2008. However, a renewal license will not expire after one year provided that the licensee has submitted a completed renewal application in accordance with He-P 805.06 (c), (d), and (e). The renewal application is usually mailed to the licensee approximately 5 months prior to the expiration of the current license.

805.06(b) and (c): Self- Explanatory.

805.06(d): A license continues to be valid although the expiration date has gone by provided the following requirements have been met:

- The licensee has submitted a complete renewal application in accordance with He-P 805.06 (c), (d), and (e).
- The department has either conducted its inspection or is in the process of conducting an inspection.
- The licensee has submitted a plan of correction (POC) for any deficiencies cited during the renewal inspections or any complaint investigations, and
- The POC has been accepted by the department and implemented by the ALR-SRHC.

805.06(e): Self- Explanatory.

He-P 805.07: ALR SRHC Construction, Modifications or Renovations:

805.07(a): In addition to submitting construction plans to the local fire authorities and the State Fire Marshal's Office at least 60 days prior to starting construction either for a new building or renovations as specified at He-P 805.07 (a) (1) – (4), the ALR-SRHC must submit plans to the Health facilities Administration for approval. Failure to do so could subsequently cause delays and additional expense. You must comply with all state building and fire codes. Town codes and ordinances are not always the same as state law and codes. In most instances, the most stringent law or code must be followed.

805.07(b): New construction, renovations, and any structural alterations to the building must comply with the state fire code Saf-C 6000, including but not limited to the health care chapter of NFPA 101 as adopted under RSA 153, and the state building code as adopted under RSA 155-A: 2.

805.07(c): Refer to the explanation for He-P 805.07 (a) above. You may start your construction modifications or renovations prior to receiving HFA's written approval but it is done at your own risk.

805.07(d): Self- Explanatory

805.07(e): See guidelines for He-P 805.07 (b) above.

805.07(f): In most instances, new construction and renovations must receive two inspections from the department prior to approval – An inspection from the Life Safety Code Coordinator and a Licensing and Evaluation Coordinator. The two inspections are rarely conducted at the same time due to conflicting schedules of staff.

He-P 805.08: ALR SRHC Requirements for Organizational or Service Changes:

805.08(a)(1) through (6): Self- Explanatory.

805.08(b)(1) through (3): Self- Explanatory.

805.08(c): Self- Explanatory.

805.08(d): Prior to changing administrators, the licensee must provide the following information to the department.

- A criminal background check from the N.H. Department of Safety unless the new administrator is currently an employee of the facility and has had a criminal background check done prior to hire.
- A written disclosure as specified at He-P 805.04 (a) (12).
- A resume to determine if the administrator qualifies in accordance with He-P 805.18 (k) or (l), and
- Copies of any applicable licenses.

If the Department does not approve the proposed administrator, you will be notified in writing.

805.08(e) through (m): Self- Explanatory.

He-P 805.09: Inspections:

805.09 (a)(1, - 3): The licensee must allow any department representative into the licensed premises to inspect:

- The premises,
- Any and all programs and services offered or rendered by the ALR-SRHC;
- Any records requested by the surveyor, both residents and personnel, including incident reports.

Inspection visits are not always conducted during business days. The department may make an unannounced visit any day of the week or time of day. If access to the premises, programs or records is denied the Department can issue a fine, suspension or revocation of the ALR-SRHC license.

805.09 (b)(1 - 7): A department representative(s) will conduct an inspection to determine full compliance with RSA 151 and He-P 805 for the purpose of obtaining an initial license. The initial license is an 8x10 document. This document is the property of the state of NH and must be returned to the department when the ALR-SRHC ceases to operate. A certificate will be provided to the ALR-SRHC annually and when there is new information. The certificate must be attached to the original license.

A revised certificate will be provided to the licensee after the Department approves any of the following:

- A change in Administrators;
- An increase or decrease in beds;
- The change of scope or a waiver.

An inspection to determine full compliance is required:

- To get a new or revised license;
- If there is a change in ownership unless the current licensee has no outstanding administrative actions in process and there will be no changes by the new owner in the scope of services provided;
- If there is a change in the physical location of the ALR-SRHC,
- If there is a change in the licensing classification which means the specific category of services authorized by a license; and
- If there is an increase in the number of beds, occupation of space after construction, renovations or alterations.

A department representative(s) will conduct an inspection to determine full compliance with RSA 151 and He-P 805 prior to the renewal of a license. Pursuant to RSA 541-A, if the department is unable to conduct an inspection prior to the expiration date of the current license, the license remains active until the inspection is completed. If the licensee submits the renewal application after the expiration date of the current license, an initial license application will be required and the licensee must meet all current laws, rules and codes.

805.09 (c) through (e): If deficiencies were cited as a result of an inspection or investigation, the licensee shall submit a POC, in accordance with He-P 805.12(c). A department representative(s) will conduct an inspection to verify the implementation of any POC accepted or issued by the department as part of an annual inspection or as a follow-up inspection focused on confirming the implementation of a POC. The above referenced inspection may be made at time of the next annual inspection or as determined by the department

He-P 805.10: Waivers:

805.10 (a) (1 - 4): Applicants or licensees who are requesting a waiver of a specific He-P 805 rule, must submit a written request for the waiver to the commissioner. Statutes (ex. RSA 151) cannot be waived. Although the department does not have a standardized waiver form, the waiver request must include the following information:

- The specific rule number you want to have waived;
- A detailed explanation as to why the waiver is necessary;
- What you are proposing to do to which will be equally as protective of public health and residents as the rule from which a waiver is being sought; and
- The period of time for which the waiver is sought.

Since some waivers require inspections prior to the waiver being processed, it would be prudent for the licensee to submit their waiver request as soon as possible.

805.10 (b): A waiver is not valid beyond 12 months unless you request it to be renewed.

805.10 (c) through (g): The licensee must apply to renew a waiver beyond the approved period of time. The licensee must submit the waiver request with the application for license renewal or at least 15 days prior to the expiration of the waiver; if it expires on a date other than the expiration date of the license certificate. A renewal request must include all the information required in the initial application and is subject to (b) through (f) above. If this is not done, the waiver will not be renewed.

He-P 805.11: Complaints:

805.11(a) (1 through 3): The department shall investigate all complaints that allege a violation of a law or rules, RSA 151 and/or He-P 805; an individual or entity who is not licensed as a ALR-SRHC, advertising themselves as an Assisted Living or providing assisted living services.

805.11(b) (1 through 3): Although it is preferred that complaints be in writing complaints may be made by phone or walk in. The complaint may be made anonymously, however, this makes it impossible for staff to obtain additional information. The alleged complaint must contain the following:

- The name and address of the ALR-SRHC, or the alleged unlicensed individual or entity; and
- A description of the situation that supports the complaint and the alleged violation/s of RSA 151 or He-P 805.

All complaints that allege a violation of RSA 151 or He-P 805 will be investigated.

805.11 (c)(1, 2), (d) and (e): The department will notify the ALR-SRHC of the results of the complaint investigation. If warranted, HFA-L will notify other federal, state or local agencies for example, Adult Protection Services, Ombudsman, Board of Nursing, the Attorney General's office. Although a complaint is investigated at the ALR-SRHC, the complaint may remain open for some time after the ALR-SRHC visit. If deficiencies are cited the licensee is required to submit a POC in accordance with He-P 805.12(c).

If the department determines the complaint is unfounded and or the complaint does not violate any statutes or rules, the department shall notify the licensee in writing and no further action will be taken.

805.11(f)(1 through 3): The department shall provide written notification to the owner or person responsible, to include the date of the inspection, the reasons for the inspection and whether or not the inspection resulted in a determination that the services being provided require licensing under RSA 151:2, IV as an ALR-SRHC.

805.11 (g) through (i): Self- Explanatory

805.11 (j)(1 -4): The content of the complaint file is CONFIDENTIAL and will not be disclosed to the public. The department will not confirm or deny a complaint investigation. The complaint file content shall only be released to the following:

- To the department of justice when relevant to a specific investigation;
- To law enforcement when relevant to a specific criminal investigation;
- When a court of competent jurisdiction orders the department to release such information; or
- In connection with an adjudicative proceeding relative to the licensee.

Deficiency reports and POC's are NOT CONFIDENTIAL.

He-P 805.12: Administrative Remedies:

805.12 (a): An administrative remedy as defined by He-P805.03 (d) means an action imposed upon a licensee in response to non-compliance with RSA151 and He-P 805.

805.12 (a)(1): Self- Explanatory.

805.12 (a)(2): "Directed POC's" as defined by He-P 805.03 (t): means a plan is developed and written by the department that specifies the actions the licensee must take to correct identified deficiencies.

805.12 (a)(3): Self- Explanatory.

805.12(a)(4): “State monitoring” as defined by He-P 805.03 (bh): means the Department places individuals at an ALR-SRHC to monitor the operation and conditions of the ALR-SRHC.

805.12 (a)(5): “Temporary manager” as defined by He-P 805.03 (bi): means a person appointed by the department to assume responsibility for the day-to-day operation and administration of an ALR-SRHC.

805.12 (b)(1 through 3): Self- Explanatory.

805.12 (c)(1 through 7): Self- Explanatory.

805.12 (c)(8): If the revised POC is not acceptable, a directed POC (see above) and a fine will be imposed by the Department.

805.12 (c)(9 through 11): Self-Explanatory.

805.12 (d): A Directed POC can be imposed when the deficient practice is such that residents can or have suffered immediate or serious harm. Some examples are:

- Sprinkler or fire alarm system(s) are not functioning correctly;
- Staff is not qualified or insufficient to meet the needs of the residents
- Not enough food.

805.12 (e)(1 through 3): Self-Explanatory.

805.12 (f): The fines that can be imposed have increased in amounts. All fines are daily. Some examples are:

- For providing unlicensed services, the fine is \$2000.00 per day
- Admitting a resident whose needs you cannot meet; the fine is \$500.00 per day.

805.12 (f)(1 through 3): Self- Explanatory.

805.12 (f)(4): If you are not able to transfer a resident after it has been determined that you can not meet their needs, it is important to document attempts made to transfer the resident. You must still provide all services necessary to meet the resident’s needs while awaiting transfer.

805.12 (f)(5 through 19): Self- Explanatory.

805.12 (f)(20): If it has been determined that a deficiency has the potential to jeopardize the health, safety or well-being of residents, in addition to any other enforcement actions taken, the fines assessed shall be as follows: an additional \$1000.00 will be imposed if the same deficiency is cited within 2 years of the original deficiency or \$2000.00 if the same deficiency that is cited 3 times within 2 years of being fined.

805.12 (f)(21, 22): Self- Explanatory.

805.12 (g) through (i): Self- Explanatory.

He-P 805.13 Enforcement Actions and Hearings:

805.13 (a)(1- 3): Should the Department determine to deny, suspend, reclassify, or revoke a license, it shall notify the applicant or licensee, by certified mail. The notice will describe the reasons for the proposed action and the actions to be taken by the Department. It will also include information on how you can appeal the Department's decision. The determination by the Department shall become final 30 days after you receive the notice unless you have requested an appeal.

805.13 (b)(1-11): Self – Explanatory.

805.13 (c) and (d): Self- Explanatory.

805.13(e): For the purpose of this section, RSA 541:A-30, III states: If the agency finds that public health, safety or welfare requires emergency action and incorporates a finding to that effect in its order, immediate suspension of a license may be ordered pending an adjudicative proceeding. The agency shall commence this adjudicative proceeding not later than 10 working days after the date of the agency order suspending the license. A record of the proceeding shall be made by a certified shorthand court reporter provided by the agency. Unless expressly waived by the licensee, agency failure to commence an adjudicative proceeding within 10 working days shall mean that the suspension order is automatically vacated. The agency shall not again suspend the license for the same conduct, which formed the basis of the vacated suspension without granting the licensee prior notice and an opportunity for an adjudicative proceeding.

805.13(f): Self- Explanatory.

805.13 (g): RSA 541-A is Chapter 541, ADMINISTRATIVE PROCEDURE ACT. He-C 200 is the rules that govern appeals of decisions made by the department. The rules concerning hearings are intended to supplement the procedures established by RSA 541-A and any procedures that may have been by the department.

805.13(h) through (k): Self- Explanatory.

He-P 805.14: Duties and Responsibilities of the Licensee:

805.14(a): The ALR-SRHC must be in compliance with the rules for Supported Residential Health Care and all other federal, state, and local rules ordinances. For example: The ALR-SRHC wants to eliminate two rooms used for offices and use the room(s) for two additional licensed beds. In addition to complying with He-P 805 and RSA 151, the ALR-SRHC must comply with the local ordinances for health, building, zoning, and fire for the additional two beds. The buildings plans must be submitted and approved by the Life Safety Code Supervisor of Health Facilities Administration (HFA) and the State Fire Marshal's Office. It is the responsibility of the ALR-SRHC to call HFA and inquire about additional requirements before proceeding with any changes of ownership, management, building plans etc.

805.14(b)(1): The ALR-SRHC 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-SRHC 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-SRHC 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-SRHC 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-SRHC must document this and record the name of the person that signed.

The ALR-SRHC must have a written policy detailing how the ALR-SRHC will ensure residents' rights are protected. For example:

- The resident shall be treated with consideration, respect, and full recognition of the resident's dignity and individuality, including privacy in treatment and personal care. (RSA 151:21, I).
- The ALR-SRHC must review all of the residents' rights (RSA 151: 21, I-XIX) and have a policy to ensure each right is protected.
- The ALR-SRHC must have written procedures for the investigation and resolution of complaints that alleged a violation of rights. 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. Every staff member, including part-time, per diem etc., must be trained and involved with the implementation of the policy and procedures. Every staff member, including part-time, per diem etc., must be trained and involved with the implementation of the policy and procedures.

805.14(b)(2): Referencing He-P 805.14(j)(1)(a) through (c) and (2):

The ALR-SRHC must have written policies and procedures on the type of emergency restraints that will be used. Emergency restraints are authorized by RSA 151:21 IX to protect the resident or others from injury. The types of emergency restraints authorized by RSA 151:21 IX are physical restraints. A designated professional staff member may authorize the use of a physical restraint to protect a resident or others from injury. A professional staff member includes but is not limited to a registered nurse, a social worker with at least a bachelors degree, health care providers with a bachelors degree in a health related field, physical therapists, occupational therapists etc.

- Physical restraints should only be used for the least amount of time necessary to protect the resident or others from injury. The physical intervention(s) to be applied need to be painless and not dehumanizing. Painful manipulation of joints and muscles is prohibited. Staff will need to be trained in the use of the physical restraint. There are numerous professionally acceptable programs available that teach techniques and strategies for effectively managing an individual who may need to be physically restrained. It is recommended that such a program be considered. One such organization is the Professional Crisis Management Association Inc.
- The designated professional staff member may authorize the use of a specific “as needed” medication as a chemical restraint. However, the medication, dose, frequency, and route of administration must be within the parameters prescribed by a licensed practitioner. For example: Resident A has an as needed order for clonazepam, 1 mg, every 6 hours for anxiety. Resident A was given 1 mg of clonazepam at 2 pm for anxiety and begins to be verbally abusive at 6 pm. The designated staff member cannot authorize clonazepam to be given at 6 pm because the practitioner’s order states every six hours.
- If a ALR-SRHC determines no physical or chemical restraints will be utilized in the event of an emergency, what will the ALR-SRHC’s policy and procedure be for any resident who poses a risk to themselves or others?

- The ALR-SRHC must have written policies and procedures to determine when emergency physical or chemical restraints may be used.
- The ALR-SRHC must have written policies and procedures designating what professional members of the staff can authorize the use of emergency chemical or physical restraints.
- The ALR-SRHC must have written policies and procedures for the education and training on the limitations and the correct use of restraints.
- The ALR-SRHC must have a written policy and procedure describing the arrangement of transportation for residents other than to and from all medical appointments. The daily, weekly, or monthly fee must include transportation to and from any medical providers. See He-P 805.14 (c) (7). Some questions to consider are:
 - Does the daily/ monthly fee include all transportation requested or needed by a resident? If it does, are there any limitations?
 - If the daily/monthly fee does not include transportation, how will the ALR-SRHC assist the resident with accessing transportation?
 - Will there be a charge for transportation? If so, will the charge be by the mile or charged according to time increments such as \$15.00 every fifteen minutes? If the charge is in time increments, will the charge include the time a resident is shopping or conducting other business? Will there be a minimal charge? Will there be an additional charge when staff accompanies a resident?

The policy should be clear and unambiguous. The ALR-SRHC should provide the resident or legal agent with a copy of the policy prior to or upon admission.

805.14(b)(2): Referencing 805.16(c)(1) (i), (2):

The ALR-SRHC must have a written policy and procedure for the provision of hairdressing, telephone cable etc. Some questions to consider are:

- 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?
- Will there be an installation or deposit fee for telephone, cable, or air conditioners? Will the utility company or the ALR-SRHC bill the resident?
- Upon discharge or transfer, will a resident be reimbursed for any deposit or installation fee?
- Will the cost of cable, telephone etc. be pro rated if a resident transfers or is discharged before the end of the month?

The ALR-SRHC should provide the resident or legal agent with a copy of the policy prior to or upon admission.

805.14(b)(2): Referencing 805.16(c)(1)(i) 3:

The ALR-SRHC must have a written policy and procedure if an ALR-SRHC will act as a billing agent for third party services received by a resident. If an ALR-SRHC agrees to be billed for third party services received by a resident, how will the ALR-SRHC bill for the services? Will there be any late charges or interests if payment is late? Will there be any circumstances when the ALR-SRHC will terminate the service such as non-payment etc. The ALR-SRHC should provide the resident or legal agent with a copy of the policy prior to or upon admission.

805.14(b)(2): Referencing 805.16(c)(1)(i) 4:

The ALR-SRHC must have a written policy and procedure for monitoring any third party services contracted directly by the resident or family.

- Are there any third party services that will not be allowed?
 - If so, what are they?
 - If a resident or family hires any individual(s) to provide any service or treatment in the ALR-SRHC, the individual(s) will need to have completed all the requirements for personnel referenced in He-P 805.18 because He-P 805.03 (ar) defines personnel as any individual(s) who provide direct or indirect services, or both, to resident(s).

805.14(b)(2): Referencing 805.16(c)(1)(i) 5:

The ALR-SRHC must have a written policy and procedure for handling any resident funds. Management of resident funds is governed by RSA 151:24 I, II, and III. If an ALR-SRHC accepts personal funds and possessions from or on behalf of a resident for safekeeping and management, the ALR-SRHC must:

- Receive written authorization from the resident or legal agent. Funds mean any amount of money or possessions. The funds cannot be commingled with any ALR-SRHC funds.
- Establish a separate account to be used for petty cash for each resident and deposit in the account the amount of the personal needs allowance in accordance with RSA 167:27-a, if applicable.
- Provide a written receipt to a resident or legal agent when personal funds are received by an ALR-SRHC and the ALR-SRHC shall furnish the resident or legal agent with a quarterly statement of the funds and possessions. The statement shall contain the items and amount received, the sources, the disposition, and the date of each transaction.
- Upon discharge, the ALR-SRHC shall furnish the resident or legal agent a final statement and return all personal funds and possessions no more than 10 days after discharge.

In your policy you can also limit the amount of money the Resident can keep in their room.

805.14(b)(2): Referencing 805.16(c)(1)(i) 6:

The ALR-SRHC must have a written policy and procedure for holding a bed when a resident leaves the ALR-SRHC for medical treatment or other reasons. If payment is received, the ALR-SRHC must hold the bed for 10 calendar days (RSA 151:25). Questions to consider include:

- What is the ALR-SRHC's policy if a resident is absent for more than 10 days or for extended periods of time throughout the year?
- Will the bed be held for an indefinite period of time provided payment is received? Will there be a reduced rate?
- 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 1st of the month, is transferred to the emergency room on the 5th of the month and the ALR-SRHC is informed on the 10th of the month the resident will not be returning to the ALR-SRHC, will the resident be entitled to any portion of the monthly rate that has been paid?

The ALR-SRHC should provide the resident or legal agent with a copy of the policy prior to or upon admission.

805.14(b)(2): Referencing 805.16(c)(1)(i) 7:

The ALR-SRHC must have a written policy and procedure for storage and loss of resident's personal property. Questions to consider include:

- 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?
- Does the resident need to show proof of insurance for the property?
- Will there be a charge for storage?
- If a resident's personal property is missing, what will the ALR-SRHC do to determine if the property was stolen or misplaced?
- If eyeglasses, hearing aides, clothing etc. are ruined, how will the ALR-SRHC attempt to determine the cause and, if necessary, replace the item?

The ALR-SRHC should provide the resident or legal agent with a copy of the policy prior to or upon admission.

805.14(b)(2): Referencing 805.16(c)(1)(i) 8:

The ALR-SRHC must have a written policy and procedure for smoking on the premises. Smoking in a supported residential care ALR-SRHC 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 805.25 (f) (1)-(3) and the state Fire Code.

805.14(b)(2): Referencing 805.19(d): Self- Explanatory.

805.14(c)(1)(a): Core services are the minimal services that must be included in the daily, weekly, or monthly fee. The fee must include:

- Health and safety services to minimize the likelihood of accident or injury with protective care and oversight provided 24 hours per day to assist resident(s) with daily functioning.
- The provision of security, if necessary, to prevent the resident(s) from wandering in or outside the building if doing so poses a risk to the resident(s) or others. If necessary, the ALR-SRHC must:
 - Do routine checks to ensure all residents are accounted for.
 - Provide additional security for any resident who has exhibited signs of exit seeking or has a history of wandering.
 - Have a sign in and sign out sheet for any resident leaving the ALR-SRHC for any reason. All new staff, family, friends and others need to be reminded of this requirement in the event an evacuation is necessary and all residents must be accounted for.
- Personal assistance in accordance with He-P 805.03(ap).
- The care and treatment necessary to ensure residents do not develop pressure sores.
- Providing residents with a means to access staff from their room.
 - Will staff be conducting routine checks of every room including on the third shift or will there be an intercom or similar device readily available to residents to access staff when needed?
- Employing or contracting with personnel to provide residents with the care and treatment necessary to maintain their physical, mental, emotional, and social needs.
- Provision of an environment that is free from hazards, unnecessary noise, odors, and any other unwanted environmental factors that interfere with the milieu.

805.14(c)(1) b: The daily, weekly, or monthly fee must include twenty four hour supervision, protective care and oversight to ensure the resident(s) health status is maintained in accordance with the orders of licensed practitioners and other licensed/certified health care professionals and the service and treatment must be performed by licensed or otherwise qualified staff in accordance with nationally accepted standards.

805.14(c)(2): The daily, weekly, or monthly fee must include the ALR-SRHC's ability to respond or intervene in the event of any emergency such as a fire, flood, loss of power, loss of heat or air conditioning, bacteria or viral epidemic.

- Each ALR-SRHC shall develop a written plan to effectively manage potential emergencies or crisis. Refer to He-P 805.25 (g)(1 through 9).
- What is the ALR-SRHC's plan in the event the ALR-SRHC's heating system fails for an extended period of time during the winter?
- Is the ALR-SRHC prepared for loss of electricity for an extended period of time?

805.14(c)(3): The daily, weekly, or monthly fee must include medication services. See guidelines for He-P 805.17 for specific information.

805.14(c)(4): The daily, weekly, or monthly fee must include food services. See guidelines for He-P 805.21 for specific information.

805.14(c)(5): The daily, weekly, or monthly fee must include:

- Housekeeping, consisting of vacuuming or washing the floor of the resident's room and living areas, except the dining room and kitchen, at least one time per week.
- Cleaning the resident's bathroom and common bathrooms at least once daily or as needed.
- Dusting furniture in the resident's room and the ALR-SRHC at least every two weeks or as needed.
- Cleaning windows in the resident's room and the ALR-SRHC at least every *six* months or as needed.
- The walls of the resident's room and the ALR-SRHC must be cleaned as needed.

Maintenance services must include, but not limited to, maintaining all equipment such as fire sprinkler systems, smoke alarm systems, security systems, water systems, heating and air conditioning systems, roofing, plumbing, electrical, kitchen and other equipment necessary for the preservation of life. Maintenance also includes repairing or replacing flooring, walls, ceilings, bathroom fixtures, lights, furniture, beds etc. and painting as needed.

Laundry service must include:

- Washing and drying of the resident's personal laundry at least one time per week or more often if a resident wears the same clothes all the time or has a limited amount of clothes.
 - If a resident or legal agent requests personal laundry be done more than one time per week or there is a dispute regarding the amount of laundry the ALR-SRHC will do as part of the daily, weekly, or monthly fee, then the ALR-SRHC must specify in the admission contract the additional cost to do extra laundry.
 - If family or others do the laundry will the daily, weekly, or monthly fee be reduced?

- Bed linens must be washed at least one time per week or as needed. Clean bath, hand and face towels must be provided at least two times per week.

805.14(c)(6): The daily, weekly, or monthly fee must include activities.

- The ALR-SRHC must keep a journal specifying the day and type of activity that was offered or presented.
- Specific resident refusals must be noted.
- Activities can be personal, in small groups or inclusive of all. The ALR-SRHC can organize walking clubs, exercise, card games, puzzles, board games, coffee hour, music, trivia, painting, story telling, visits from local schools, boy scouts, girl scouts and local civic groups
- Watching television is not an activity. However, watching a video or specific movie as part of movie night or matinee is acceptable.
- It is the responsibility of the ALR-SRHC to learn what the majority of residents would enjoy and attempt to accommodate their needs. There is no minimum or maximum amount of time required for an activity. .

805.14(c)(7): The daily, weekly, or monthly fee must include assisting each resident with making all appointments with any physical, dental, or mental health care provider and ensuring each resident is transported to and from a provider.

805.14(c)(8): The daily, weekly, or monthly fee must include personal supervision to offset cognitive deficits. This ALR-SRHC must provide those residents with any cognitive deficit, whether temporary or permanent, with additional supervision to protect themselves and others from any harm or potential injury.

- Personal supervision may be as minimal as 30-minute checks or securing a specific portion of the ALR-SRHC or may require comprehensive supervision such as temporary one to one supervision or restricting specific resident-to-resident contact.
- Personal supervision may require assisting with dressing appropriately, grooming, eating, toileting, ambulating, or one to one temporary companionship.

805.14(d)(1)(2)(3): Providing access, as necessary, to services pursuant to RSA 151:2, IV and RSA 151:9, VII (a) (2) means any ALR-SRHC who has a resident who is financially eligible to receive Home and Community Based Care (HCBC), must provide access, as necessary, to social and health services from appropriately trained or licensed individuals that otherwise provide social and health services in a nursing facility such as nurses, licensed nursing assistants, physical therapists, dieticians etc. Residents who are not financially eligible to receive HCBC must receive the same services and treatment as referenced above.

Nursing care, physical therapy, occupational therapy etc. must be in accordance with the applicable law and rules governing the practice of health care professionals. For example, the delivery of nursing care is governed by RSA 326-B (Nurse Practice Act) and the administrative rule NUR.

The ALR-SRHC may provide short-term medical care for residents who may be convalescing from an illness provided the resident(s) are capable of self-evacuation. [See RSA 151:9, VII (a)(2)].

805.14 (e): The ALR-SRHC must provide on going access to community programs.
Providing access

- Means providing transportation to such services either directly or indirectly through public transportation, volunteers, families etc.
- Could be done within the ALR-SRHC. For example, the ALR-SRHC could host musical entertainment, local civic groups, church representatives, girl and Boy Scout troops, local politicians etc.

The ALR-SRHC 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.

805.14(f)(1)(2): The ALR-SRHC must provide as part of the daily/monthly fee, basic personal products to maintain cleanliness such as soap, toothpaste, toothbrush, shaving cream, toilet paper, shampoo, face and body towel etc. It does not mean a ALR-SRHC must provide shaving blades, hair brushes, blow dryers, curling irons, hair dryers, make-up or personal preference soaps, shampoos, toothpaste etc. However, the ALR-SRHC needs to provide access to finger and toenail clippers provided the clippers are sanitized immediately after use. 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.

805.14(g): The ALR-SRHC must provide training and education to all employees, volunteers, family 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.

Additionally, the ALR-SRHC must provide training and education on how to assist each resident with a need. If the ALR-SRHC or staff do not know what a residents needs are or do not know how to assist a resident with a need, the ALR-SRHC 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. Examples are;

- If a physical therapist demonstrates how to do range of motion exercises specific to one resident, the physical therapist must provide written verification of who was trained and competent to do the task.

- If a nurse teaches an employee how to provide nutrition to a resident with a G-Tube, the nurse needs to provide written verification of the training and who is competent to do the task.

The health care professional must provide supervision to those trained in accordance with the laws and practice act of the applicable profession.

This section also requires training for employees/volunteers etc. to assist residents with mental health needs.

805.14(h): See guidelines for 805.14(b)(2)

805.14(i): The ALR-SRHC must notify immediately, via phone, e-mail, fax or otherwise, the resident's legal agent and Health Facilities Administration (HFA) when a resident has been physically restrained due to an emergency to protect the resident or others from injury in accordance with RSA 151:21 IX.

- Immediately means within one hour unless circumstances warrant otherwise. If the initial notice is made by telephone, fax or e-mail, the ALR-SRHC must file a written report within 72 hours.
- If the restraint is used when HFA is closed, the notification must be made immediately when HFA is open. Business hours are 8am to 4:30pm, Monday through Friday, excluding holidays. Health Facilities toll free telephone number is 1-800-852-3345, extension 3021.
- The ALR-SRHC must promptly report the restraint to the resident's physician. The notification must include the same information required when reporting an unusual incident. See guidelines for He-P 805.14 (m) (1), m-j.

805.14(j): (See guidelines for He-P 805.14(b); He-P 805.14(j)(1) a; He-P805.14 (j)(1) b, and He-P 805.14(j)(1) c.)

805.14 (k): Mechanical restraints are limited to ankle and wrist bracelets or other similar devices worn by residents who have been identified as a risk for wandering outdoors, on campus or outside of a specific unit of the ALR-SRHC. Any electronic surveillance that detects movement and locks doors is a mechanical restraint. All of the above devices must comply with local and state fire codes. It is the responsibility of the ALR-SRHC to receive approval from the local fire department and the life safety code specialist of HFA before installing these devices. A Licensed Practitioner cannot authorize the use of a prohibited device.

805.14(l): Self- Explanatory.

805.14(m)(1): An unusual incident is any circumstance or injury, directly or indirectly, that requires treatment by a licensed practitioner. The injury or circumstance must be reported to HFA immediately via telephone, fax, or e-mail. Immediately means within one hour unless circumstances warrant otherwise. If the unusual incident occurs when HFA is closed, the notification must be made immediately when HFA is open. The information required when reporting an unusual incident can be found at He-P 805.14 (l) (a) through (j).

An emergency EMS transport related to a pre-existing condition as stated in He-P 805.25(d)(2) does not need to be reported.

Business hours at HFA are 8am to 4:30pm, Monday through Friday, excluding holidays. Health Facilities toll free telephone number is 1-800-852-3345, extension 3021.

In the event all of the information required in He-P 805.14 (l) (a) through (j) is not available immediately, the ALR-SRHC 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.

805.14(m)(2): An unanticipated death after an unusual incident occurs when a resident expires and no reasonable prudent person or health care employee could have predicted the death a week prior to the death. An exception would be a resident who has been diagnosed with a terminal disease. The unanticipated death must be reported to HFA in the same manner as the reporting of an unusual incident referenced in the guidelines for He-P 805.14(m)(1) above.

805.14(m)(3): When there is a missing resident, the ALR-SRHC must search the building and premises. The ALR-SRHC must determine the resident is not out of the building with family and others. When it is determined the resident is missing the ALR-SRHC must immediately notify the local police department, the resident's guardian, legal agent, or next of kin and HFA. The initial notification should be via telephone. Within 72 hours of the notification, the ALR-SRHC must provide to HFA a written report describing what ALR-SRHC staff did to locate the missing resident, the final outcome, and procedures the ALR-SRHC implemented to prevent a re-occurrence.

805.14(m)(4): See guidelines for 805.14(m) above.

805.14(n): Self-Explanatory or referenced in other sections of guidelines.

805.14(o): The ALR-SRHC cannot exceed the number of residents or beds as listed on the current certificate.

805.14(p)(1): The ALR-SRHC must notify the resident and the resident's legal agent 30 days in advance, in writing and via first class mail, of any increases in fees for any service provided directly or indirectly, if known, by the ALR-SRHC.

805.14(p)(2): Self- Explanatory.

805.14(q)(1): Self- Explanatory.

805.14(q)(2): Self- Explanatory.

805.14(q)(3): The ALR-SRHC must post in a public and conspicuous place so all pages are visible, the Residents' Bill of Rights in accordance with RSA 151:20 and RSA 151:21. The print should be minimally a size 12 font to accommodate residents and the public.

805.14(q)(4): The ALR-SRHC 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.

805.14(q)(5): The ALR-SRHC must post in a public and conspicuous place in the ALR-SRHC the address and phone number of the State of New Hampshire Long Term Care Ombudsman.

805.14(q)(6): The ALR-SRHC must post in a public and conspicuous place on each floor, unit, or section, the floor plan identifying all fire exits. The exit routes should be easily identifiable.

805.14(r): See guidelines for 805.14(b)(2) referencing 805.16(c)(1)(i) 8.

805.14(s): See guidelines for 805.14(b)(2) referencing 805.16(c)(1)(i) 8.

805.14 (t): See guidelines for 805.14(b)(2) referencing 805.16(c)(1)(i) 5.

805.14(u): Self- Explanatory.

805.14(v): See guidelines for He-P 805.12(c).

805.14(w): Self- Explanatory.

He-P 805.15: Resident Admission Criteria, Temporary Absence, Transfer, and Discharge Criteria:

He-P 805.15(a): Prior to accepting a new resident, the licensee must evaluate the individual using the resident assessment tool, a form that is provided by the department of Health and Human Services. It is important that the information on this form is as accurate as possible so that the licensee can determine whether or not the needs of the individual can be met at the ALR-SRHC. The information should be obtained in consultation with the prospective resident and/or legal guardian or agent, if any. Additional information can also be obtained from a family member, or anyone else with good knowledge of the individual. For example, if the individual is in a hospital or rehabilitation center, the licensee could obtain permission to speak with the people caring for the person. The following information would be very helpful in deciding whether or not to accept the individual for admission.

- How alert and oriented are they?
- If they have dementia, do they have a behavior problem when the sun goes down?
- Are they incontinent of urine or stool at any time during the day?
- Will they need nursing care or physical therapy?
- Will they be able to evacuate the building on their own or will they need assistance?
- Does the ALR-SRHC have enough staff, especially at night, to safely evacuate all of the residents?
- When a resident's dementia progresses from mild to moderate and they become an exit-seeker, will the ALR-SRHC staff be able to keep them safe?

According to RSA 151: 9, VII (a)(2), a resident in the ALR-SRHC shall not require nursing services complex enough to need 24-hour nursing supervision. The ALR-SRHC may keep a resident who is convalescing from a short-term medical illness as long as they are capable of self-evacuation.

He-P 805.15(b): When a resident needs lift equipment for transfers, there shall be a written procedure for its use based on the manufactures guidelines. All personnel operating the equipment shall have documentation of training and proficiency its use.

He-P 805.15 (c)(1): Any ALR-SRHC that has a resident with a stage 3 or higher pressure area shall have a nurse available, at a minimum, during times of wound care treatment and for wound assessments. There shall be a written procedure using a recognized standard of care such as Pressure Ulcer Guidelines from the Agency for Healthcare Policy and Research for the treatment of these pressure areas. The resident's record shall have documentation of all the attempts made to prevent the pressure area as well as every method used to keep it from getting worse.

(See **Appendix A** for additional information.)

He-P 805.15(c)(2)(a): Self- Explanatory.

He-P 805.15(c)(2)(b): Self- Explanatory.

He-P 805.15(c)(2)(c): RSA 151:2, IV states that an ALR-SRHC may admit residents who have been determined eligible for nursing ALR-SRHC services under a Medicaid home and community-based care (HCBC) waiver for the elderly and chronically ill and who have been referred to the ALR-SRHC as an alternative to placement in a nursing ALR-SRHC, provided that the clinical services and supports required by the person can be provided or obtained by the ALR-SRHC.

RSA 151:9, VII (a)(2) states that a resident can receive services from appropriately trained or licensed individuals, who need not be employees of the ALR-SRHC but shall not require nursing services complex enough to require 24-hour nursing supervision. Such facilities may also include short-term medical care for residents who may be convalescing from an illness but shall be capable of self-evacuation.

He-P 805.15(d): Individuals who are their own guardians can be admitted to an ALR-SRHC. Having a living will or durable power of attorney for health care is not a requirement for admission.

He-P 805.15(e): RSA 151:25 states that when a resident leaves the ALR-SRHC for emergency medical treatment, the ALR-SRHC 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-SRHC 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-SRHC 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-SRHC has not received payment for the period of absence, the resident shall have the option to return to the ALR-SRHC for the next available bed.

He-P 805.15(f)(1-3): Self- Explanatory. .

He-P 805.15(g): Together, the resident, their guardian or activated DPOA with the ALR-SRHC staff will plan the discharge or transfer. The ALR-SRHC must assist in finding another appropriate ALR-SRHC, if necessary, and helping to arrange for transportation of the resident and their personal belongings to the new destination.

He-P 805.15(h): Self- Explanatory.

He-P 805.15(i): A written notice must be give to a resident 30-days before the transfer or discharge takes place and must contain the following:

- The reason for the transfer or discharge;
- The date it will become effective;
- The place where the resident is going;
- The name, address, and telephone number of the long-term care ombudsman;
- 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
- A statement, which shall read: “You have a right to appeal the ALR-SRHC’s decision to transfer or discharge you. If you think you should not have to leave this ALR-SRHC, 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 805.15 (j): A written notice, as specified in (i) above, must be given as soon as practicable before a transfer or discharge in the following circumstances:

- If an emergency transfer or discharge is mandated by the resident’s increased health care needs or by the health or safety of other individuals in the home and there are written orders and medical justification by the resident’s licensed practitioner documented in the resident’s record.
- If the resident’s health has improved sufficiently so they no longer require services and there is documentation by the licensed practitioner in the resident’s record.
- If the resident has resided in the ALR-SRHC for less than 30 days.

He-P 805.16: Required Services:

805.16(a)(1): Full time, on-site administrator means the administrator is physically present in the ALR-SRHC or on campus at least 37.5 hours per week except for periodic absences from the ALR-SRHC for illness, vacations, or other related activities. In the event an administrator will be absent for an extended period of time, the ALR-SRHC shall appoint an interim administrator who is qualified in accordance with He-P 805.18 (k) and (l). The ALR-SRHC shall notify Health Facilities Administration (HFA) of the interim administrator in accordance with He-P 805.08 (d).

805.16(a)(2): 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.

805.16(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 805.18 (k) and (l). However, the designated administrator needs to demonstrate or provide proof of competency if requested by HFA.

805.16(b): The Residential Service Agreement, pursuant to RSA 161-J: 4, II (a.k.a. Standard Disclosure Summary), must be provided to the prospective resident or agent at least 24 hours prior to the resident deciding to live at the ALR-SRHC.

- A copy of the Standard Disclosure summary must be part of the resident's record. The purpose of the disclosure is to ensure the resident or agent understands what is and what is not included in the daily/monthly rate and what changes in the resident's health condition could increase the rate.
- If the ALR-SRHC has different daily/monthly rates based on the care needed by a resident (often referred to as levels of care), the ALR-SRHC must provide the resident or agent a copy of the assessment utilized to determine the levels.

The residential service agreement shall:

- "Specify policies related to all rate increases, including the period of advanced notice that will be provided to residents of changes in rates or costs;
- State the amount and purpose of any advanced payments required by the residence;
- Set forth the policy for refund of advanced payments in the event of termination of the contract or death of the resident;
- Include or attach a copy of the rules or policies governing resident conduct and responsibilities and the procedures for handling resident grievances;

- Include as a cover sheet, a standard disclosure summary in the form provided by the department; and
- Include a statement stating that the proposed resident has received the residential services agreement and attached standard disclosure summary, has read it or had it read to them and that the resident understands its contents.”

805.16(c)(1)(a): The ALR-SRHC must develop a written admissions contract that is provided to the resident, the resident’s legal agent or personal representative at the time of admission.

- The ALR-SRHC must receive written verification that the parties received a copy of the agreement.
- The contract must include the daily, weekly, or monthly fee for services.

805.16(c)(1)(b): The daily, weekly, or monthly fee must include the core services referenced at He-P 805.14 (c) 1 through 8.

805.16(c)(1)(c): The admission contract must clearly indicate when there will be an increase in the daily, weekly, or monthly fee. A 30-day written notice must be given to or mailed to the resident, legal agent or personal representative in accordance with He-P 805.12 (p) (1).

805.16(c)(1)(d): The admission contract must indicate the time period for which the contract is applicable.

805.16(c)(1)(e): The admission contract must include the rules (house rules) developed by the ALR-SRHC.

- An ALR-SRHC can establish rules provided the rules do not conflict with the residents’ civil rights or laws and rules governing the licensing of the ALR-SRHC. For example, an ALR-SRHC cannot have a house rule requiring a resident to choose the house physician because the Resident Bill of Rights (RSA 151:21) provides a resident the right to choose a physician.
- An ALR-SRHC can determine, by house rule, who may come on the premises to provide third party services such as nursing services.
- Some common rules are visiting hours, parking, meal service, smoking, use of common areas, pets, and behavior of fellow residents, family, and visitors.

805.16(c)(1)(f): Self-Explanatory.

805.16(c)(1)(g): The admission contract must contain the ALR-SRHC’s responsibility when transferring or discharging any resident whether the transfer or discharge is voluntary or involuntary. The requirements can be found at RSA 151:21 V in the Residents’ Bill of Rights and RSA 151:26.

- Appropriate discharge planning referenced in RSA 151:21 V means the planning must minimally include assistance with arranging for transportation, including moving personal belongings, to the new destination. Providing the resident, legal

- agent, or other with the resident's medications and any durable medical equipment if owned by the resident.
- Providing the new provider, if applicable, with copies of the most recent needs determination (A.K.A. Resident Assessment), care plan, quarterly progress notes, nursing assessment, multi-disciplinary care plan, current medication record and licensed practitioner's order for transfer.
 - The ALR-SRHC has a responsibility to ensure the receiving ALR-SRHC can meet the needs of the transferring resident.
 - If a ALR-SRHC has reason to believe a resident is being coerced to transfer to a ALR-SRHC that cannot meet the needs of a resident, the ALR-SRHC should report this information to Elderly and Adult Services, Adult Protection Services.

805.16(c)(1)(h)1: The admission contract must include information about the availability of nursing care, physical therapy, and other health care treatment that is not included in the daily, weekly, or monthly fee.

805.16(c)(1)(h)2: The admission contract must include information about who will arrange and coordinate the services of healthcare professions such as registered nurses, physical therapists, occupational therapists etc.

805.16(c)(1)(h)3: The admission contract must include information about the costs and payment for nursing and other health care services if this service is not included in the daily, weekly, or monthly fee. If the ALR-SRHC retains the exclusive right to provide nursing and other health care, will the daily, weekly, or monthly fee include the provision of nursing and other health care services? If yes, how will the ALR-SRHC determine how many minutes, hours etc. of nursing etc. will be included in fee? If the fee is based upon a nursing or other assessment with numerical scores indicating the level or cost of care, the resident and legal agent, or both, must be given a copy of the assessment utilized to determine costs.

805.16(c)(1)(i): See guidelines for 805.14(b)(2).

805.16(c)(1)(j): See guidelines for 805.17(c)(1)-(3).

805.16(c)(1)(k): The admission contract must include a list of the personal grooming and hygiene products provide by the ALR-SRHC.

- The daily, weekly, or monthly fee must include products for personal grooming and hygiene. Such products include soap, shampoo, toothpaste, toothbrush, and toilet paper.
- The ALR-SRHC is not required to buy specific brands of these products.
- If liquid soap is not provided, each resident should be provided a bar of soap to be used exclusively for one resident.
- The admission contract must list the personal grooming and hygiene products that will be provided and how often certain products will be replaced such as toothbrushes and personal bars of soap.

805.16(c)(2): See guidelines for 805.14(b)(1).

805.16(c)(3): The admission contract must include information pertaining to residents' rights if they are discharged or transferred against their will. This information is found in RSA 151:26 I and II and must be included in the admission contract.

805.16(c)(4): The admission contract must contain the ALR-SRHC's policy and procedure for the investigation and resolution of reports of abuse, neglect, or exploitation. The policy and procedures must include the information for reporting suspected abuse, neglect or exploitation to incapacitated adults or children in accordance with RSA 161-F: 46 (Protective Services to Adults) and RSA 169:C-29 (Child Protection Act- Reporting Law).

805.16(c)(5): See guidelines for 805.14(q)(5).

805.16(c)(6): The admission contract must contain information regarding the resident's right to have advance directives such as financial power of attorney, durable power of attorney, living wills, and do not resuscitate (DNR) orders. The information should briefly explain the benefit of having advance directives and how to access the information necessary to develop the directives.

- An excellent resource for the most current information and laws regarding health care proxies and do not resuscitate orders can be found at www.healthynh.com.

805.16(c)(7): The admission contract must specify if personnel, directly or indirectly employed by the ALR-SRHC, must be certified in cardiopulmonary resuscitation (CPR), certified in first aid, or both as a condition of employment and continued employment.

805.16(d): The needs of every resident must be assessed prior to admission, every six months, and upon a significant change, on a form, referred to as Resident Assessment Tool (RAT), provided by the Commissioner of Health and Human Services. An individual who has been trained to complete the form in accordance with RSA 151:5-a III and He-P 805.16(e) must complete the RAT

805.16(e): See guideline for 805.16(d) above.

805.16(f)(1): The Resident Assessment Tool (RAT) must be completed in consultation with the resident and legal agent, if applicable. The consultation may be via telephone. However, the resident and legal agent must be consulted and the ALR-SRHC must provide the date(s) the resident and legal agent, if applicable, were consulted.

805.16(f)(2): Self-Explanatory.

805.16(f)(3): The RAT must be completed no more than six months from the completion of the initial RAT except when there is a significant change in the resident's functional and cognitive abilities or limitations in accordance with He-P 805.03(bg). A new RAT must be completed upon a significant change and every six months thereafter unless there is another significant change. The purpose of completing the RAT every six months and upon a significant change is to revise the plan of care, if applicable, to assist the resident with additional needs and/or to determine if the ALR-SRHC can continue to meet the medical, emotional, and social needs of the resident.

805.16(g): If there is a prompt or score of 2 on the RAT in any category, a licensed nurse must complete a nursing assessment of the resident within 72 hours of completing the RAT. An LPN may complete the nursing assessment but a registered nurse must co-sign the assessment within 72 hours.

805.16(h)(1): The nursing assessment must contain a medication review. The medication review includes:

- Reviewing written practitioner's orders for medications, treatments etc. and the medication record to verify the orders and the record are the same.
- Determining if there are any orders for checking residents' pulse, blood pressure or other parameters prior to taking any medications.
- AIMS or DISCUS tests if a resident is taking any psychotropic medications. Assuring that PRN medication orders include the reason for the medication and the maximum amount to be taken in a 24-hour period.
 - The medication record should indicate the effectiveness of PRN medications. The effectiveness of medications taken for pain should be assessed.
- Clarifying any orders that may be ambiguous.

805.16(h)(2): The nursing assessment must include a review of :

- The resident's clinical record including the physical or mental health need that prompted a nursing assessment on the Assessment Tool. This review ensures the resident is receiving any and all treatments that have been prescribed by practitioners and the need for any follow-up treatment.
- Pertinent notes and talking to direct care staff regarding the resident's ability to ambulate, assist with ADL tasks, skin integrity, and evacuating the building.
- The resident's care plan considering the Resident Assessment Tool, nursing assessments, mental health assessments, and any other assessments pertinent to the resident's health.
- The resident's diet and any recent changes in the resident's weight.

The review must include a determination from the nurse if the resident's physical and mental health needs are being met at the ALR-SRHC. The nurse must include recommendations for nursing care, if any, and implement any necessary changes to the resident's plan of care, if applicable.

805.16(h)(3): The nursing assessment must include a determination if the resident has any pain.

- If yes, is the resident's practitioner aware of the pain and are any pain medications or therapies effective for treating the pain.
- Does the resident's medication administration record indicate the effectiveness of routine or PRN medications taken for pain?

The assessment must include vital signs.

- Vital signs that are outside the acceptable parameters must be reported to the resident's practitioner promptly.
- The assessment must include an assessment of the resident's cognitive, mental, and behavioral health.
- The assessment must include a review of the resident's psychological functioning to the social environment at the ALR-SRHC.

805.16(i): If the nursing assessment recommends the need for nursing care, the licensed nurse must develop and implement a nursing care plan(s) for each need requiring nursing care within 24 hours.

- If an LPN develops the nursing care plan(s), the plan(s) must be co-signed by a registered nurse within 24 hours.
- The nurse is responsible for ensuring the plan(s) are implemented and designating who is responsible for implementing the plan(s).
- The nurse must legibly sign and date the nursing care plan(s). The required components of a care plan can be found at He-P 805.16 (m) (1)-(6).

805.16(j)(1): See guideline for 805.16(i) above.

805.16(j)(2): The nursing care plan(s) must be reviewed no more than 24 hours following the completion of each future nursing assessment. The nurse must legibly sign and date when the review was completed.

805.16(j)(3) and (4): The nursing care plan(s) must be available to each person designated by the nurse on the care plan(s) as being responsible for implementing the care plan. The nurse is responsible for any teaching required to implement the care plan(s) and ensuring the plan(s) are completed as written.

805.16(k): See guideline for 805.16(g) and 805.16(i) above.

805.16(l): Nursing care plan(s) developed by licensed nurses or care plan(s) developed by any other individual must include participation of the resident and any other individual as directed by the resident. The individual developing care plan(s) must validate, in writing that the resident and/or individual so designated by the resident, participated in the development of the care plan(s). If the resident or other individual did not participate, the developer of the care plan(s) must validate, in writing, the reason.

805.16(m): Self-Explanatory.

805.16(n)(1): See guideline for 805.16(i) above.

805.16(n)(2): See guideline for 805.16(j)(2) above.

805.16(n)(3): See guideline for 805.16(j)(3) and 805.16(j)(4).

805.16(n)(4): See guideline for 805.16(i) above.

805.16(o): Self-Explanatory.

805.16(p): Progress notes for care plan(s), other than nursing care plan(s), must be written every 3 months.

- Progress notes for nursing care plan(s) must be written monthly by a nurse.
- The contents of a progress note, other than a progress note for a nursing care plan(s), can be found at He-P 805.16(q) (1) –(5).

805.16(q) through (u): Self-Explanatory.

805.16(v): There are 3 options for annual health examinations for residents.

- They can refuse. The resident must sign this refusal at least every year.
- The resident's practitioner can specify, in writing, that an annual physical is not necessary and specify, in writing, an alternative time frame.
- The resident must have a health examination every 12 months.

805.16(w): Self-Explanatory.

805.16(x)(1): If a resident refuses any care or services that has the potential of adversely affecting their physical or mental health and safety or that of others, the ALR-SRHC must inform the resident or legal agent of the potential negative consequences of refusing care or services.

- The resident's practitioner must be notified.
- The ALR-SRHC must have written verification that the resident and/or legal agent received in writing, or verbally, the potential consequences of the refusal.
- If it appears the resident and/or legal agent does not have the cognitive ability to understand the consequences, the ALR-SRHC must report this information to Adult Protective Services, Division of Adult and Elderly Services, and the Office of the Long Term Care Ombudsman if the resident is 60 years of age or older.
- The ALR-SRHC must keep an accurate written record of the care and treatment that is refused and the reason for refusal, if known.

- Example. If a resident who is diabetic is refusing to eat and drink numerous meals, the ALR-SRHC must keep an accurate written record of the amount of food and liquid consumed each meal, the type of food and liquid, and what alternatives foods and liquids were offered throughout the day.
- The resident's weight and blood sugar should be taken, if not refused, as directed by their practitioner.
- If the resident is refusing to have their weight recorded or blood sugars taken as directed by their practitioner, an accurate written record of the refusal must be kept specifying when and how often the resident refused.

The accurate written information will be consequential if it is necessary to activate a durable health care proxy or initiate guardianship.

805.16(x)(2): See guideline for 805.16(x)(1) above.

805.16(x)(3): See guideline for 805.16(x)(1) above.

805.16(y): The ALR-SRHC must have a written, legible information data sheet, also known as an emergency data sheet, that will be readily available to give to emergency medical personnel or others in the event the resident must be transferred to receive emergency care. This sheet must be periodically reviewed to ensure the information is accurate.

805.16(z): The information data sheet must contain the

- The resident's full name and nickname preferred by the resident, if applicable.
- The name, address, and telephone number of the resident's next of kin, guardian, or legal agent, if any.
- All of the known diagnosis.
- All medications, including over the counter medications and supplements, taken by the resident including name of the medication, dosage, frequency and when the last dose(s) of all medication was given and when the next dose(s) are due to be given. An accurate and legible copy of the medication administration (observation) record is acceptable.
- The resident's date of birth, health insurance information, and any known allergies.
- The resident's functional limitations such as hard of hearing, speech impediments, vision impairments, or resident's ability to understand.
- A copy of an advanced directive such as a living will, do not resuscitate order or organ donor directive.
- Any other information that may be helpful to physicians and others providing treatment in an emergency situation.

805.16(aa): The ALR-SRHC must have an accurate, legible form for recording any accident or unusual incident that results in an injury that is treated by a licensed practitioner. The determination if an injury requires the intervention of a licensed practitioner should be made by, or in consultation with, a nurse or other licensed health care professional.

- If a nurse or other health care professional is not available to determine if an injury requires the care of a licensed practitioner, the resident's practitioner or on call practitioner should be consulted.
- Family members should not be determining the need to see a practitioner unless the resident's health care proxy has been activated – meaning: A resident's practitioner has stated, in writing, the resident lacks the mental capacity to make informed health care decisions and the person so designated in the health care proxy can make health care decisions.

805.16(aa)(1)(2)(3)(4)(5): Self-Explanatory.

He-P 805.17: Medication Services:

805.17 (a): Self-Explanatory.

805.17 (b): All medications, treatments and diets must be available within 24 hours. If the medication is not available within 24 hours the ordering practitioner must be notified of the reason why and it must be documented in the resident's chart. If a resident has a mail order prescription plan, the provider must obtain the medication from a local pharmacy until the mail order arrives. If the family obtains medication for the resident, the ALR-SRHC is still held responsible for having all medications available within 24 hours.

805.17 (c) (1-3): The ALR-SRHC shall have a written policy and system in place instructing:

- Will the ALR-SRHC, the resident or the resident's family orders the medications?
- Will the ALR-SRHC require residents to specify a pharmacy?
- If a specific pharmacy is not mandated, who will pick the medications up?
- Will there be a charge to pick up the medications?

Example, the ALR-SRHC may have difficulty obtaining medications from a resident's family. The ALR-SRHC must have a policy in writing that states how the ALR-SRHC will remain in compliance with all medication regulations.

805.17 (d) and (e): Self-Explanatory.

805.17 (f): It is the responsibility of the ALR-SRHC to call the licensed practitioner and get the maximum allowed dose and other information regarding PRN medications.

805.17 (g) through (k): Self-Explanatory. .

805.17 (l): When personnel are unable to obtain a new prescription label, the following must occur:

- The sticker should not be put on the cap of the bottle as bottle caps can be switched and the sticker should not cover the label
- The personnel will cross out the previous order on the Medication Record and will then write the new order in the next available space on the Medication Record. For example, the licensed practitioner has changed the dose of Atenolol from 25mg BID to 50mg BID.
- Staff will cross out the order for 25mg of Atenolol BID and will write the new order for Atenolol 50mg BID in the next available space.
- The colored sticker may remain on the bottle until:
 - a. A maximum of 90 days from the date of the new order. Or:
 - b. Until the medication in the bottle is empty. Or:
 - c. Until the expiration date on the bottle for PRN medications or the bottle is empty.

805.17 (m): RN's and LPN In accordance with Nur 500 should only take telephone orders. A nurse or an LPN can implement a change after speaking with a licensed practitioner, but unlicensed people can only implement the change after receipt of a written order from a licensed practitioner.

805.17 (n) through (p): Self-Explanatory.

805.17(q): All medications must be kept in the original container. Residents who self-medicate are allowed to fill and utilize a medication system that does not require the medication to remain in the container as dispensed by the pharmacist.

805.17 (r): The rule should say “otic” not “optic”

805.17 (s) through (u): Self-Explanatory.

805.17 (v): This regulation **ONLY** pertains controlled drugs that have not been dispensed to a specific resident. These medications must be picked up by a pharmacist or a pharmacist's representative and **not** destroyed by any other person.

805.17 (w): This regulation pertains to controlled drugs that have been dispensed to an individual resident. They are to be destroyed by two people, documented in the resident's record. Flushing the medication down the toilet is a preferred method.

805.17 (x) through (z): Self-Explanatory. .

805.17 (aa): When a resident dies, all medication must be destroyed by the ALR-SRHC and not given to the family.

805.17 (ab) and (ac): Self-Explanatory.

805.17 (ad): See definition of self-administration of medications in He-P 805.03(bd)

805.17 (ad)(1 through 4): Self-Explanatory.

805.17(ad)(5): The resident can ONLY fill the pill planner. It may not be filled by anyone else including family members.

805.17 (ae): See definition of self-direct administration of medication in He-P 805.03 (be). The Resident must be assessed every 6 months or sooner to determine if the Resident continues to be competent to self-direct medications without supervision. No home is required to allow a resident to self-direct medications without supervision but if you do you must follow the 805-17 (ae)(1through 4).

805.17 (af): (Clarification of this rule). If a resident self-administers medication with supervision, as defined in He-P 805.03 (bc), personnel (who have successfully completed the 4-hour medication class as required by He-P 805.17(am), shall comply with (1 through 5).

805.17(ag) and (ah): Self-Explanatory.

805.17 (ai): The medication may not be left on the bedside table or any other surface for the resident to take at a later time. In order to be sure that the medication has been taken, the staff member must stay and observe the Resident taking the medication.

805.17 (aj): A licensed nurse cannot delegate an LNA to **administer** medication. This is not allowed by the LNA practice act. However, a licensed nurse can delegate to an unlicensed staff members to administer medication under the nurse's license. The nurse must comply with all regulations in RSA 326 and Nur chapter 400. Only routine medications (no PRN meds) can be delegated unless the nurse assesses the Resident before the PRN medication is given.

805.17(aj)(1) through (5)(c): Self-Explanatory.

805.17(aj)(5) d: The nurse must assess the resident who is to receive delegated medication no more than 30 days prior to the delegation occurring.

The nurse must determine that:

- The resident's condition is stable; and
- The resident is appropriate for receipt of medication via delegation.

805.17 (ak): Self-Explanatory.

805.17(al)(1): Allergies or allergic reactions to medications must be included in the medication record. They should also be posted on the front of a resident's chart on a bold (often orange or pink) colored sticker.

Some common allergies among residents are medications (penicillin, sulfa, psychotropic medications) and certain types of muscle relaxants. Other allergens may be shellfish, bee stings, and other food items.

805.17 (al)(2) through (5): Self-Explanatory.

805.17 (al) (6): It is never acceptable to leave blank spots (holes) on the medication record. Some reasons for medications not being taken include, the resident is away from the ALR-SRHC, ill, medication not being available, refusal by the resident, etc. All of these need to be documented on the medication record and included in the Resident's record.

805.17 (am) through (ap): Self-Explanatory.

805.17 (aq): Facilities may now have stock non-prescription medications. However only the licensed nurse or MNA may administer them.

805.17 (ar) through (at): Self-Explanatory.

He-P 805.18 Personnel:

805.18 (a): The licensee must provide sufficient numbers of personnel, full time or part time, on a 24-hour basis to provide care and services to all residents in accordance with the residents' assessment and care plan.

The determining factor in the sufficiency of staff, including both numbers of staff and their qualifications, will be the ability of the ALR-SRHC to meet the resident's needs in accordance with RSA 151:5-a Needs Determination; Assuring Appropriate Care and the residents/ care plans.

805.18 (b): Self-Explanatory.

805.18 (c): If the night staff person is sleeping in the ALR-SRHC that has 8 or fewer beds, it must have an electronic communication system so that each resident has the ability to communicate his/her needs to the staff person. Requiring a resident's roommate to contact personnel is not acceptable

Listening devices such as baby monitors which the resident can not turn off shall not be used as they are considered an invasion of privacy.

805.18 (c)(2): If the ALR-SRHC has residents with dementia, history of eloping or a resident who wants to leave or threatens to leave, the ALR-SRHC must have a warning system that alerts staff that an exit door has been opened.

The ALR-SRHC must have a procedure for testing the system to assure that it is functioning.

805.18 (c)(3): The resident's care plan must be followed and the needs must be met for residents who are not at their usual functioning level or have an unusual illness or those who must be monitored or have vitals taken.

805.18 (d): The ALF-SRCF that has 9 or more licensed beds, must have at least 1 awake staff person at all times. Additional staff may be necessary to meet all the needs of the Residents .The licensee may apply to the department for a waiver when the census of the ALR-SRHC is 8 or less.

805.18 (e): Self-Explanatory.

805.18 (f)(1): Refer to RSA 151:3-c Criminal Record Check Required.

The licensee must require that every employee submit a notarized criminal conviction record release authorization form, as provided by the division of state police, which authorizes the NH State Police to release his or her criminal conviction record to the ALR-SRHC pursuant to RSA 106-B:14. The ALR-SRHC shall maintain the confidentiality of all criminal conviction records.

805.18(f)(2): Self-Explanatory.

805.18(g): Self-Explanatory.

805.18(h): If the criminal record check finds that a potential employee has any of the findings listed in (g) above and the licensee still wants to employ the individual, the administrator can submit a waiver request to HFA in accordance with He-P 805.10 Waivers (a) thru (g). The applicant must not be offered employment or work in the ALR-SRHC until the waiver is granted.

805.18 (i): If the licensee discovers any of the information required by (g) above at a later date, they must notify the department in writing at the following address:

Office of Operations Support
Health Facilities Administration
129 Pleasant Street
Concord, New Hampshire 03301

805.18(j): Self-Explanatory.

805.18(k)(1) through (4): It is the responsibility of the administrator to demonstrate to the Department that their degree is from an accredited institution. A copy of a current NH license, as appropriate, must also be made available to the Department representative.

805.18(l)(1) through (5): Refer to He-P805.18 (k)(1).

805.18(m): Self-Explanatory.

805.18(n): Self-Explanatory.

805.18(n)(1) and (2): The Board of Nursing has stated that direct supervision refers to having the supervisor in close proximity to the licensee, either in the same room or the same building. Indirect supervision requires the supervisor to be readily accessible but not necessarily on the floor or in the building. Thus, having telephone communication with a supervisor who is available to assist in an identified problem would meet the definition of indirect supervision.

A RN, LPN or ARNP who is licensed in New Hampshire or another compact state must supervise a LNA.

805.18(o): Self-Explanatory.

805.18(p): Self-Explanatory.

He-P 805.18(q)(1): A health screening is to be completed by an appropriate health professional, which may include a licensed practitioner, or an RN. The results of the health screening must be in the employee's record as required by He-P 805.18 (v) (10).

He-P 805.18 (q)(2): Self-Explanatory.

He-P 805.18 (q)(3) and (r): **See Appendix B** for additional information.

He-P 805.18 (s): The rules identify the minimum content of the personnel orientation program. Any ALF-SRCF may add additional time and content. The orientation program is not required for individuals that do not have direct contact with residents. For example: the piano player who comes to the residence.

He-P 805.18(1) and (2): Self-Explanatory.

He-P 805.18 (s)(3): The employee's job description should describe this.

He-P 805.18 (s)(4) and (5): Self-Explanatory.

He-P 805.18 (s)(6): Refer to He-P 805.22 for specifics.

He-P 805.18 (s)(7): Refer to He-P2300.

He-P 805.18 (s)(8): These are the requirements for reporting child and adult abuse, neglect and exploitation. All personnel are mandatory reporters. The ALR-SRHC policy cannot prohibit personnel from making reports to the appropriate state agencies.

He-P 805.18 (t): The ALR-SRHC must have documentation in the individual personnel file that the person attended the required training.

He-P 805.18 (u): Each policy and procedure must contain an original date and the date of yearly review.

- The licensee or designee must sign the policies and procedures.
- The licensee or designee must sign that the policy was reviewed.
- Every new policy must be signed and dated.

He-P 805.18 (v)(1) through (4): Self-Explanatory.

He-P 805.18 (v)(5): Personnel may have more than one job description. For instance a resident aide may also cook and serve meals. In that instance the individual must sign the job description for both positions.

He-P 805.18 (v)(6) through (11): Self-Explanatory.

He-P 805.18 (w): At the time of the initial offer for employment and annually thereafter, all personnel must sign the statement relative to convictions and findings in any state.

He-P 805.18 (x) through (y): Self-Explanatory.

He-P 805.19 Records:

805.19(a), (b)(1) and (2): Self-Explanatory.

805.19(b)(3): The name and telephone number of the resident's primary licensed practitioner and any other specialty practitioners whose services they are receiving.

805.19(b)(4) through (9): Self-Explanatory.

805.19(b)(10): All assessment and care plans dates should state month, day, and year.

805.19(b)(11): The date of admission should be in the record.

805.19(b)(12) through (14): Self-Explanatory.

805.19(b)(15): See guidelines for 805.16(aa).

805.19(b)(16): Self-Explanatory.

805.19(b)(17): See guidelines for 805.15(g).

805.19(b)(18): See guidelines for 805.15(f)(1-3).

805.19(b)(19): See guidelines for He-P 805.17(af)(4and5) and (al)(1through 6).

805.19(b)(20): See guidelines for He-P 805.16(z)(1-10). Not 805.16(x).

805.19(b)(21): Self-Explanatory.

805.19(b)(22): Staff should document a resident's refusal of any care or service even when it does not rise to the level of a threat to health, safety or well-being (e.g. Refusing to have hair shampooed or room cleaned).

805.19(c): The following persons can have access to information in a resident record:

- The resident;
- The ALR-SRHC administrator;
- The ALR-SRHC's staff for reason of care;
- The resident's personal representative or guardian;
- Any individual authorized by the court;
- Any individual authorized, in writing, by the resident.

805.19(d) through (g): Self-Explanatory.

He-P 805.20 Respite Care In :

805.20(a) through (d): Self-Explanatory.

He-P 805.21 FOOD SERVICES:

805.21(a)(1)(2): Self-Explanatory.

805.21 (a)(3): Each resident has dietary needs. The ALR-SRCH is responsible to ensure that the resident receives whatever diet is necessary, whether it be low sodium, no concentrated sweets or even a vegetarian diet.

805.21(b) through (j)(1 and 2): Self-Explanatory.

805.21(j)(3): The amount of drinking water required is at least 64 ounces per person per day.

805.21(k): Refer to He-P 2300.

805.21(l): Self-Explanatory.

805.21 (m): The dated food must be discarded after 7 days.

805.21(n) through (t): Self-Explanatory.

He-P 805.22 Infection Control

805.22 (a): The licensee must establish and maintain an infection control program that is designed to educate staff. The program must also provide policies and procedures that assure a safe, sanitary and comfortable environment that prevents the development and transmission of disease and infection.

Personnel records must show documentation that that all staff is trained in the ALR-SRHC's infection control program as required by He-P 805.18(s)(6) and He-P 805.18 (t)(2).

- Personnel from non-licensed staffing agencies must receive annual training in the ALR-SRHC's infection control program before providing direct care to residents or work with food.

805.22 (b)(1): The licensee must have a written policy and procedure for hand washing techniques and must require staff to wash their hands after each direct resident contact for which hand washing is indicated by acceptable professional standards.

- Procedures must be followed to prevent cross contamination, including hand washing or changing gloves after providing personal care, or when providing tasks among individuals which provide the opportunity for cross contamination to occur.
- The ALR-SRHC must have enough available sinks for hand washing with hot and cold running water that are stocked with soap, water and paper towels.
- Hand sanitizers can be used and be available in residential care areas. Staff shall follow the directions on the containers.
- Installation of sanitary hand washing material must follow the life safety guidelines.

805.22 (b)(2): The 's infection control must have a system to monitor and investigate causes of infection (nosocomial) and community acquired) and manner of spread.

- The ALR-SRHC should, for example, maintain a separate record on any infection that identifies each resident with an infection, that states the date of infection, the causative agent, the origin or site of infection and describes what cautionary measures were taken to prevent the spread of the infection within the ALR-SRHC.
- Surveillance data should be reviewed and recommendations made for the prevention and control of additional cases.
- The written infection control program should be periodically reviewed by the ALR-SRHC and revised as indicated.

Current standards for infection control program should address the following. (The following are not regulatory requirements but provide a guideline.)

- Definition of nosocomial ALR-SRHC acquired infections and communicable diseases.

- Risk assessment of both residents and staff.
- Early detection of residents who have signs and symptoms of an infection or communicable disease.
- Measures for the prevention of communicable disease outbreaks, including TB, flu, hepatitis, scabies and MRSA.
- Isolation procedures for requirements for infected and at risk residents.
- Use of an in-service education regarding standard precautions, for example, universal precautions/body substance isolation.
- Hand washing, respiratory protection, linen handling, housekeeping, needle and hazardous water disposal, as well as other means for limiting the spread of communicable organisms.
- Proper use of disinfectants, antiseptics and germicides in accordance with the manufacturers' instructions EPA and FDA label specifications to avoid harm to staff, residents and visitors.
- Measures for the screening of the health care workers for communicable disease, and for the evaluation of workers exposed to residents with communicable diseases including TB and blood borne pathogens.
- Work restrictions guidelines for an employee that is infected or ill with a communicable disease.
- Sanitizing of tubs, whirlpools and multiple use equipment to be performed according to manufacture's direction.
- Gloves must be available when handling body fluids or materials containing or contaminated with body fluids.

805.22(b)(3): The licensee must have a written policy for identifying, documenting and investigating reportable infections and reportable communicable infections. The infection control program should be able to identify new infections quickly, paying particular attention to residents at high risk for infections. Ex: Residents who are semi-immobilized, have decreased mental status, are nutritionally compromised or have altered immune systems.

- Masks, gloves and clothing must be available for staff to wear when caring for a resident with an infectious disease or illness.
- Written Protocols used for caring for residents with MRSA following hospital admissions must be available.
- Limiting visitors to the residence during flu season may be necessary.
- Supplying masks to visitors may be used.
- The ALR-SRHC must have documentation of infectious or contagious diseases or illnesses.
- If a resident shares a room with another resident with a reportable infectious disease the ALR-SRHC have a written policy to protect the resident who is disease free.
- The ALR-SRHC must be able to isolate a resident with a reportable infectious disease to a room that has bathroom and bathing areas.

805.22(b)(4): The licensee must have a written policy and procedure for the handling, storage, transportation and disposal of those items identified as infectious waste in Env-Wm 2604.

- Disposal of wound care materials, body fluids or blood stained material must be carried out within regulation.
- Required disposal receptacles such as red bags or impervious containers must be available to direct care staff.
- Laundry, sheets, towels or clothing stained with blood or body fluids must be washed separately from other linen.
- Cleaning supplies must be available and appropriate to the needs of the residents.
- Refer to Env-Sw 103.28, which is regulated by Env-Sw 904 concerning infectious waste.

This refers to Sharps that have been used in human care regarding hypodermic needles and syringes, discarded materials contaminated with blood from humans who are isolated to protect others from communicable diseases and waste material that results from the administration of medical care.

805.22(b)(5): The licensee must have a policy to manage the reporting requirements for infectious and communicable diseases as required by He-P 301.

There must be documentation that staff, volunteers and independent contractors have been oriented to the reporting requirements of RSA 161 and RSA 169-C:29.

The ALR-SRHC should keep a record of reported infectious and communicable diseases that includes names, dates types of diseases.

805.22(c)(1) through (3): Self-Explanatory.

805.22(c)(4): The infection control program must be available for staff to review in the event there is an infection in the ALR-SRHC.

805.22(d) through (f): Self-Explanatory.

805.22(g): There must be bandages available in the ALR-SRHC in the event that the bandages become wet or soiled.

805.22(h): Self-Explanatory.

805.22(i): A record of immunization must be maintained in the ALR-SRHC and reported to the department's immunization program.

Information is reported to: Bureau of Immunization

29 Hazen Drive
Concord, NH 03301
271-3850

If staff works at more than one ALR-SRHC and receives the immunization at the other ALR-SRHC the personnel file must contain documentation that the staff was immunized at the other ALR-SRHC.

If a resident transfers to another ALR-SRHC the record of immunization can be transferred to the other ALR-SRHC.

He-P 805.23 Sanitation

805.23(a) through (d): Self-Explanatory.

805.23 (e) The ALR-SRHC must be able to regulate the temperature of the hot water and must have a thermometer for testing.

805.23(f): Self-Explanatory.

805.23(g): The ALR-SRHC should have a MSDS for every cleaning solution and compound considered hazardous as defined in RSA 147-A:2 VII.

805.23(h): Self-Explanatory.

805.23(i): The licensee must obtain a permit to use a pesticide and hire an individual that is licensed to use pesticides. RSA 430:29 XXVI defines pesticides as:

- “Any substance or mixture of substance intended for preventing, destroying, repelling or mitigating any pest.
- Any chemical or biological agent or substance or mixture of substances of such agents, intended to control a pest or for use as a plant regulator, defoliant or desiccant.”

805.23(j) and (k): Self-Explanatory.

805.23(l): During the meal preparation times, the receptacles may remain uncovered.

805.23(m)(1): Self-Explanatory.

805.23(m)(2): The laundry room must have designated clean and dirty areas. The soiled linen area will contain the washing machines and the washed linen will go from the machines to the dryers in the clean area. Clean dry materials will be covered during transportation to the storage area.

805.23(m)(3): Self-Explanatory.

805.23(m)(4): Blood, wound drainage, MRSA contaminated linen or clothing should be handled as infectious waste.

805.23(n): An example of a non-porous floor is a floor with a carpet or wood.

805.23(o) and (p): Self-Explanatory.

He-P 805.24 Physical Environment:

805.24(a): The physical environment includes ramps, stairwells, checking for trip hazards throughout the ALR-SRHC.

805.24(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.

805.24(d): 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.

805.24(e) and (f): Self-Explanatory.

805.24(g): If there are no windows that can be opened, a fan or some other ventilations system must be installed to provide fresh air and odor control.

805.24(h): Self-Explanatory.

805.24(i): If there are separate household, or personnel bathroom facilities, there needs to be 1:6 for residents, and the separate facilities would not be counted.

805.24(j) and (k): Self-Explanatory.

805.24(l), (m) and (o): Measurements are taken of the floor space available. Closet space and bathrooms are not counted towards the total square footage.

805.24(n): Any bedroom that will be added to an existing will need to meet the square foot requirements of (l) and (m) above. Any bedroom taken off line, and then put back on line will need to meet the square foot requirements of (l) and (m) above.

805.24(p): Doors and walls must comply with NFPA 101, Life Safety Code, and either be fire rated or smoke partitions, and may be required to be self closing. Licensed rooms cannot be used for storage areas, staff living space or any other use and still remain licensed rooms.

805.24(q): Self-Explanatory.

805.24(r): Resident's personal possessions should be clean and sanitary if they are going to be allowed into the ALR-SRHC. Any electrical component brought into the ALR-SRHC should be inspected, inspected for tears, frays, bends, or any damage to the cord or equipment.

805.24(s) and (t): Self-Explanatory.

805.24(u): The amount of required lighting will be determined by the need and the desires of the resident.

805.24(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. All staff should be trained in how to operate all door locks so that in an emergency this can be accomplished quickly.

805.24(w): Screens should be tight fitting, and in good repair to prevent insects from entering the ALR-SRHC.

805.24(x): Self-Explanatory.

He-P 805.25 Emergency and Fire Safety

805.25 (a): This applies to all new He-P 805 facilities. Facilities that are licensed now as He-P 805's will be addressed on a case-by-case basis. Consideration will be taken into account such as the facilities evacuation plan, evacuation capabilities, RAT scores, staffing levels, FSES scores, and resident acuity. 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.

805.25 (b): Wireless smoke detectors are still powered from the electrical service, but are interconnected, meaning that if one is activated they all will activate, wirelessly.

They need to be installed according to manufacturers 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 and documented

Carbon monoxide detectors are only required one on each floor, but it is suggested that there is one placed in each smoke compartment of the facility. They are not required to be hardwired, and should be installed and serviced according to manufacturers recommendations. For maximum safety, carbon monoxide detectors should have a UL, or Factory Mutual stamp.

805.25 (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.

805.25 (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 acceptable notification.

805.25 (e 1,2,3,4,5,6): Self-Explanatory

805.25 (f): If smoking is allowed only outside the facility, the smoking materials should be placed in a designated area, far enough away from the building to prevent smoke from entering, and not on combustible porches or decks. 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, this way if a cigarette is left burning, it will fall into the ashtray, and not onto a combustible surface.

805.25 (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. There should be a plan on whom to contact in each of these situations, and who may be able to assist. The plan should include where the residents could be evacuated to for a short time period, and how their needs would be met, and where they could be evacuated to for a long-term evacuation, and how their needs would be met.

805.25 (h): If it is unknown who the local emergency management director for your town or city is, contact your town offices, city hall, or local police or fire department. The plan should also be reviewed by your local fire department if different than the emergency management director, so they are aware of, and approve your evacuation plans.

805.25 (i): This approval must be in writing from the emergency management director.

805.25 (j): Each employee means any per diem employees, part time employees, and anyone who will have a job, or patient contact during an actual emergency situation. This means that the fire alarm system must be activated for every fire drill that is run. If your facility needs assistance in how this should occur you should contact your local fire department so that they can assist, or train you in how this should be accomplished.

805.25 (k): If instruction is not applicable, this should also be noted in the personnel file, so that the Inspector will know that this rule was not overlooked. This should not be an overused rule, and will not exempt an employee from more than one drill per year.

805.25 (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.

805.25 (m): The two fire drills must be in the facility that the employee will be working in, and must be actual drills, and not training or silent drills.

805.25 (n): To include all shifts means that there should be one drill per quarter during the day, evening, and night shifts. Recommended times for the sleep drills in a facility that evacuates would be about an hour after all residents have gone to sleep, or about an hour before all residents wake. This practice is done so that not only will the staff be prepared should an emergency occur in the middle of the night, but the residents will know how to evacuate from their rooms at night.

805.25 (o): Great care should be taken to make sure that the names of the personnel on the fire drill forms are written legibly so that the inspector can read them. This is needed to check for compliance with the quarterly fire drill requirements. If the inspector cannot read names on the fire drills, then the employee will not be counted on that drill, and may not meet the quarterly fire drill requirements.

805.25 (p): This office cannot waive any requirements of NFPA 101, and any variance requests should be submitted to the NH State Fire Marshals office, as they are the authority adopting the State Fire Code.

Appendix A

The assessment of pressure ulcers must involve the entire resident, not just the ulcer, and be the basis for planning treatment and evaluating its effects. This assessment should include the resident's physical health, common complications, nutritional status, pain level, and psychosocial health.

Assess the pressure ulcer initially for location, stage, size, sinus tracts, undermining, tunneling, exudates, necrotic tissue, and the presence or absence of granulation tissue and epithelialization. Pressure ulcers should be assessed at least once a week, but deterioration either in the resident's overall condition or in the ulcer itself mandates more immediate reassessment as well as a reevaluation of the treatment plan.

Pressure ulcers should be uniformly described to facilitate communication among staff and to ensure adequate monitoring of the progress toward healing.

- Be specific in your documentation such as:
- Location – draw a picture or take a colored picture;
- Size – include length, width, and depth measurements, in centimeters using a measuring device;
- Drainage – describe the amount color, and odor;
- Undermining/Tunneling – present or absent, if present, measure involvement in centimeters and location within the wound (use the clock method and measure with an applicator);
- Character of Wound – describe the kind of tissue present in the wound including reference to the presence of granulation tissue, slough, epithelial tissue, etc.
- Stage – see guidelines below. If eschar is present, you will not be able to stage accurately until after debridement of the wound.

The pressure ulcer should be classified as follows:

Stage I: Non-blanchable erythema of intact skin is the first sign of skin ulceration. In individuals with darker skin, discoloration of the skin, warmth, edema, indurations, or hardness may also be indicators.

Stage II: Partial thickness skin loss involving epidermis, dermis or both.

Stage III: Full thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining adjacent tissue.

Stage IV: Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g. tendon or joint capsule). When eschar is present, a pressure ulcer cannot be accurately staged until the eschar is removed.

A resident with a pressure ulcer should have a nutritional assessment, with nutritional status reassessed periodically according to the resident's condition. The goal of this assessment is to ensure that the resident's diet contains nutrients adequate to support healing, especially dietary protein.

Part of the resident's treatment plan should include positioning techniques that decrease the amount of "tissue load" (the distribution of pressure, friction, and shear on the tissue) and provide levels of moisture and temperature that support tissue health and growth. The ALR-SRHC should establish a written repositioning schedule designed to protect uninvolved areas as well as the pressure ulcer itself.

Avoid positioning the resident on a pressure ulcer. Use positioning devices to raise the area off the support surface. Avoid using donut-type devices. Use devices such as pillows or foam to prevent contact between bony prominences (such as knees or ankles). Maintain the head of the bed at the lowest degree of elevation consistent with medical conditions and other restrictions. Limit the amount of time the head of the bed is elevated. Shearing forces are produced when adjacent surfaces slide across one another. Shear is exerted on the body when the head of the bed is elevated. In this position, the skin and superficial fascia remain fixed against the bed linens while the deep fascia and skeleton slide down toward the foot of the bed. Shear forces are also generated when individuals sitting in a chair slide down in the chair. As a result of shear, blood vessels in the sacral area are likely to become twisted and distorted, and tissue may become ischemic and necrotic. It is important to use positioning techniques and devices to help individuals maintain their position in bed or chair.

A resident who has a pressure ulcer on a sitting surface should avoid sitting. If pressure on the ulcer can be relieved, limited sitting may be allowed. Reposition the sitting individual so that points under pressure are shifted, at least, every hour. If this schedule cannot be kept, return the resident to bed. Residents who are able should be taught to shift their weight every 15 minutes. Select a cushion based on the specific needs of the individual who requires pressure reduction in a sitting position.

When a resident goes to a wound care clinic, the ALR-SRCH should request a written report from the clinic describing the condition of the pressure ulcer and whatever progress has been made with healing. The clinic should also provide the ALR-SRCH with any treatment plan that needs to be done by the ALR-SRCH staff.

Appendix B

The following is excerpt from Baseline Testing for *M. tuberculosis* Infection:

“If tuberculin skin test (TST) is used for baseline testing, two-step testing is recommended for health care worker (HCW) whose initial TST results are negative. If the first step TST is negative, the second-step TST should be administered 1-3 weeks after the first-step TST result was read. If either 1) the baseline TST result is positive or 2) the first-step TST result is negative and the second step TST result is positive, TB disease should be excluded, and if excluded, than the HCW should be evaluated for treatment of LBTI. If the first and second step TST results are both negative, the person is classified as not infected with *M. tuberculosis*.”

The following is an excerpt from Baseline Testing for *M. tuberculosis* Infection after TST within the previous 12 months:

“A second TST is not needed if the HCW has a documented TST result from any time during the previous 12 months. If a newly employed HCW has had a documented negative TST result within the previous 12 months, a single TST can be administered in the new setting.”

A suggested employee symptomatology screening includes the following:

Have you developed any signs/symptoms in the past year?

- a. Unexplained fatigue
- b. Unexplained weight loss
- c. Unexplained loss of appetite
- d. Low grade fever
- e. Night sweats
- f. Persistent cough
- g. Chronic respiratory symptoms
- i. Sputum production