ADULT FOSTER CARE GROUP HOMES TECHNICAL ASSISTANCE MANUAL

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Bureau of Community and Health Systems (BCHS)

ADULT FOSTER CARE LICENSING DIVISION

STATE OF MICHIGAN
Department of Licensing and Regulatory Affairs (LARA)

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PART 1. GENERAL PROVISIONS

AFC Administrative Rules

R 400.14102 [15102] Definitions as used in these rules:

(a) "Act" means Act No. 218 of the Public Acts of 1979, as amended, being 400.701 et seq. of the Michigan Compiled Laws.
(b) "Administrator" means the person who is designated by the licensee to be responsible for the daily operation and management of the adult foster care small group home. The administrator may be the licensee.
(c) Admission policy" means a home's public statement of its purpose, eligibility requirements for admission, and application procedures for admission.

TECHNICAL ASSISTANCE: If the home requires a deposit, application fee, admission fee, advance care payment or any other special fee as a condition of admission, this information is to be clearly stated in the admission policy and/or fee policy.

(d) "Assessment plan" means a written statement which is prepared in cooperation with a responsible agency or person, and which identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical and behavioral needs and wellbeing and the methods of providing the care and services, taking into account the preferences and competency of the individual.

(e) "Assistive device" means the use of an item such as a pillow or pad or medically supplied therapeutic support that is intended to achieve or maintain the proper position, posture, or balance of a resident. An assistive device may also be an item that is intended to promote, achieve, or maintain the resident's independence. Anything that is used with the intent to restrain a resident and that does not permit the resident to remove the device by himself or herself is a restraint and is not an assistive device.

(f) “Capacity” means the maximum number of residents for which a home is licensed.

(g) “Designated representative,” means that person or agency which has been granted written authority, by a resident, to act on behalf of the resident or which is the legal guardian of a resident.

TECHNICAL ASSISTANCE: Pursuant to the adult foster care rules, a resident may appoint a designated representative. A designated representative often assumes many responsibilities and interacts with the resident and AFC home on a regular basis. The scope of the designated representative’s authority is established in the AFC rules. If a resident appoints a designated representative, it does replace the

resident's right to make his/her own decisions. Limited exceptions may exist for court-appointed guardians and/or other persons acting with lawful authority.

The following references to AFC licensing rules illustrate the role of a designated representative:

- ***Participation in the admission process***
- ***Provide necessary intake and health care information as well as facilitate receipt of a health care appraisal. Rule 400.14301/400.15301(6) (e) and (f).***
- ***Assist with the completion of a written assessment plan at the time of admission and review with the licensee at least annually. Rule 400.14301/400.15301(4).***
- ***Review and approve a written resident care agreement at the time of admission and at least annually thereafter. Rule 400.14301/400.15301(6) and 400.14301/400.15301(9).***
- ***Receipt of notices from the licensee such as notice of:***
- ***Incident, accident, death, illness, or absence. Rule 400.14311/400.14311.***
- ***Discharge or emergency discharge. Rule 400.14302/400.15302(3) and Rule 400.14302/400.15302(4).***
- ***Property remaining on the licensee's premises after discharge or death. Rule 400.14315/400.15315(15) and Rule 400.14315/400.15315(16).***
- ***Occurrence of fire and property damage of more than $5,000.***
- ***Rule 400.14403/400.15403(15).***
- ***Use of repeated or prolonged crisis intervention. Rule 400.14309/400.15309(1).***
- ***Repeated and prolonged use of medicine prescribed on an "as-needed" basis.***
- ***Rule 400.14312/400.15312(4).***

Receipt of documents if not contained in the Resident Care Agreement such as the:

- ***House rules. Rule 400.14302/400.15302(2).***
- ***Resident care agreement. Rule 400.14301/400.15301(8).***
- ***Refund agreement. Rule 400.14301/400.15301(6) (j) and Rule 400.14315 /400.15315(14).***
- ***Resident rights. Rule 400.14304/400.15304(1).***
- ***Change of residency of resident and provide written consent if appropriate. Rule 400.14302/400.15302(6).***
- ***Admission and discharge policies. Rule 400.14302/400.15302(1) and Rule 400.14301/400.15301(6)(i).***

- ***Handling of resident funds and valuables as required by Rule 400.14315/400.15315.***

(h) "Direct care staff" means the adult who is designated by the licensee to provide personal care, protection, and supervision to residents.

TECHNICAL ASSISTANCE: This term applies to the individual who performs any one of the described functions.

(i) "Discharge policy" means a home's written statement of the conditions and procedures by which a resident is discharged from the home.

TECHNICAL ASSISTANCE: The discharge policy must be consistent with the requirements outlined in the rules that address discharge.

(j) "Health care appraisal" means a licensed physician's, licensed physician's assistant's, or registered nurse's statement that provides an assessment of the general physical condition of a resident.

TECHNICAL ASSISTANCE: ***An acceptable health care appraisal must be in writing, legible and on a department-authorized form.***

(k) "Home" means an adult foster care small or large group home.
(l) "House rules" means those rules which are established by the licensee, and which constitute expectations for resident conduct.
(m)"Isolation" means the complete and unattended separation of a resident from staff and other residents.
(n) "Members of the household" means all persons who live in the home, exclusive of residents.

TECHNICAL ASSISTANCE: "Members of the household" includes adults and children. At the time of the original/renewal licensing investigation/evaluation, the licensing consultant is to establish the identity of all persons residing in the home.

(o) "Occupants" means all persons who live in the home.
(p) "Physical restraint" means the bodily holding of a resident with no more force than is necessary to limit the resident's movement.
(q) "Premises" means the home, grounds, and all other appurtenances.
(r) "Program statement" means a written description of the home's program, which shall at a minimum include the following:

i. The population to be served.
ii. Program goals, services, in addition to those provided in the home, and community resources to meet the residents' needs.

iii. Services to be provided in the home to the residents, including a description of the types of staff competencies that are necessary to carry out these services.
iv. A description of any contract agreement through which services and programs are provided.

TECHNICAL ASSISTANCE: The licensing consultant is to review the program statement submitted for completeness, consistency with the home's house rules (if available) and admission policy, and the licensee/administrator's qualifications, training, and experience. A new program statement is to be obtained whenever there is a change in the home's program. The licensing consultant is to document their review in the LSR or in an addendum to the LSR.

If the facility represents to the public that it provides services to persons with Alzheimer's Disease or any form of related dementia, the program statement must also comply with Section 400.726 b of Act 218.

(s) "Related" means any of the following relationships by marriage, blood, or adoption:

i. Spouse.
ii. Child.
iii. Parent.
iv. Brother.
v. Sister.
vi. Grandparent.
vii. Aunt.
viii. Uncle.
ix. Stepparent.
x. Stepbrother.
xi. Stepsister.
xii. Cousin.

(t) "Resident" means an adult as defined in section 3 of the act.
(u) "Resident funds" means any monies, securities, bonds, or stocks that are received by a licensee from, or on behalf of, a resident. Monies include all of the following:

i. Payment for adult foster care services.
ii. Personal allowance.
iii. Monies held as a trust obligation.
iv. Monies in accounts with financial institutions.

TECHNICAL ASSISTANCE: "Resident funds" held for safekeeping by the licensee are any monies, securities, bonds, or stocks that are received by a licensee from, or on behalf of, a resident. Monies include payment for adult foster care services,

personal allowance, and/or monies in accounts with financial institutions. Food assistance program (FAP) benefits, aka food stamps, are not considered "resident funds". See R 400.14301(6) and 400.15301(6) for more information on residents using FAP. This does not include contract monies received from a CMH authority for specialized services or Title XIX (19) Medicaid Personal Care Supplement payments.

(v) "Responsible agency" means a public or private organization that, upon written agreement with a resident or the resident's designated representative, provides either or both of the following:

i. Assessment planning and the establishment of an individual plan of service.
ii. Maintenance of ongoing follow-up services while the resident is in the home.

(w) "Street floor" means any story or floor level that is accessible from the street or from outside the building at grade and, at the main entrance, is not more than 21 inches above, nor more than 12 inches below, street or grade level at those points.
(x) "Substantial risk" means that a resident's behavior poses a serious imminent threat of bodily harm to himself or herself or others or the threat of the destruction of property and that the resident is capable of carrying out such harm or destruction.
(y) "Transportation services" means vehicle travel by public or private carrier and related cost to and from program resources in the community, including consultation, medical, and other services.
(z) "Valuables" means personal property of a resident, which includes jewelry, furniture, electronic equipment, appliances, and clothing items that have a value of more than $25.00.

TECHNICAL ASSISTANCE: Valuables are personal property of a resident, including any property held or stored by the licensee.

R 400.14102(2) [15102 (2)]

(2) Terms defined in the act have the same meanings when used in these rules.

TECHNICAL ASSISTANCE: When terms are not defined in the Act or in these rules, the standard definition contained in an English dictionary is to be applied.

<u>AFC Administrative Rules</u>

R400.14103 [15103] Licenses; required information; fee; effect of failure to cooperate with inspection investigation; posting of license; reporting of changes in information.

Rule 103. (1) An applicant for an adult foster care small group home license shall make available at the facility, or arrange for the department's inspection and copying of all of the following items**:**

TECHNICAL ASSISTANCE: These documents are to be reviewed to assure that they comply and do not conflict with licensing requirements.

(a) A current written admission policy and program statement.

TECHNICAL ASSISTANCE: The program statement, admission and discharge policy serve as the foundation in the evaluation of the applicant for adult foster care.

(b) Copies of all of the following:

i. Personnel policies.
ii. Job descriptions.
iii. Standard or routine procedures.
iv. Proposed staffing patterns.
v. An organizational chart.
vi. Standard or routine procedures.
vii. Proposed staffing patterns.
viii. An organizational chart.

(c) A copy of any current agreement or contract between the applicant or licensee, agency, person, or organization that provides or proposes to provide funding, care, treatment, or supplemental services as described in the home's program statement.
(d) A current floor plan of each level and basement of the entire structure, including the interior layout of foster care areas and room descriptions and specifics as to use, the number of beds, and the dimensions of floor space.

TECHNICAL ASSISTANCE: The intent of this rule is that the facility be furnished to accommodate the number of residents stated on the license application and the facility floor plan. A copy of the floor plan is to be retained in the licensing file. The floor plan should be reviewed by the consultant so that unreported structural changes may be inspected at the time of the onsite.

(e) A current financial statement and a proposed biennial budget.

TECHNICAL ASSISTANCE: Submission of an annual budget meets the intent of the proposed biennial budget requirement. A financial statement is a "Statement of Income and Balance Sheet" (or its equivalent).

(f) Verification of the lease, ownership, or right to occupy arrangements**.**

TECHNICAL ASSISTANCE: A current copy of the lease, ownership or right to occupy is to be retained in the licensing file.

(g) Current articles of incorporation, a letter of authorization from the board of directors that designates the individual who is authorized to act on behalf of the corporation on licensing matters, a current list of the corporate directors, if applicable, and a certificate of incorporation.

TECHNICAL ASSISTANCE: The consultant is to review documentation to assure that the name on the application and license are the same as those on the corporate or LLC documents. A copy of the current corporate or LLC documents and licensee designee authorization letter are to be maintained in the facility license file.

Limited Liability Companies (LLC): A copy of properly endorsed Articles of Organization (CSCL/CD 700) are to be obtained when the applicant/licensee is a Limited Liability Company.

(h) A current credit history for non-corporate applicants.
(i) A license fee shall accompany an original license application and a license renewal application. This fee is nonrefundable.

TECHNICAL ASSISTANCE: Licensing staff are not to enroll a license application until a license fee has been received. A license fee is not transferable to another license application. An onsite inspection is not to be made until an application and fee have been received.

(2) The failure of an applicant or licensee to cooperate with the department in connection with an inspection or investigation shall be grounds for denying, suspending, revoking, or refusing to renew a license.
(3) The current license, whether regular, provisional, or temporary, shall be posted in the home and shall be available for public inspection.
(4) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.

AFC Administrative Rule

R 400.14104 [15104] Licensee and applicant rights

Rule 104 (1) A licensee or an applicant shall have the right to be treated with courtesy, dignity, and fairness by the adult foster care licensing division staff of the department and shall not be discriminated against on the basis of race, religion, color, national origin, sex, age, handicap, height, weight, or marital status.

(2) The department shall provide a licensee or an applicant with written notice regarding appeal rights as provided by Act No. 306 of the Public Acts of 1969, as amended, being {24.201 et seq. of the Michigan Compiled Laws, and the act when there is official notification of the intent to take an adverse action against an applicant or a licensee.
(3) A licensee or an applicant shall be informed of, and shall have the right to bring to the attention of the supervisor of the licensing representative, any alleged misapplication of enforcement of regulations by a licensing representative or any substantial differences of opinion as may occur between the licensee or the applicant and any licensing representative concerning the proper application of the act or these rules. A meeting with the supervisor shall be afforded upon request. This subrule notwithstanding, the licensee or the applicant may contact any other official of the department regarding issues relating to the licensing activities of the department. Any contact with the supervisor or any other departmental official shall not result in any retaliation by the licensing representative.
(4) All written communications scheduled and unscheduled visits, routine licensing investigations, and complaint investigations shall be conducted according to the provisions of the act and these rules.
(5) A licensee or an applicant may request, pursuant to the provisions of Act No. 442 of the Public Acts of 1976, as amended, being {15.231 et seq. of the Michigan Compiled Laws, copies of department policies or other documents that govern the licensing activities of the department.
(6) A licensee or an applicant shall be afforded the opportunity to have a conference with the licensing representative before the conclusion of a routine licensing investigation or complaint investigation and, as soon as practicable thereafter, shall receive a written response that indicates the findings of the licensing representative or any other licensing official**.**

TECHNICAL ASSISTANCE: The exit conference should be held with the licensee/applicant or their designee. The licensee may decline the exit conference.

(7) A licensee or an applicant shall have the right to review a licensing study report in which refusal to renew, revocation, or denial of license issuance is being recommended before that report is finalized, except in situations where the department finds cause to invoke a summary suspension action. The licensee or the applicant shall have the right to submit a written response. The written response shall be considered a part of the official record and shall be subject to disclosure pursuant to the provisions of Act No. 442 of the Public Acts of 1976, as amended, being {15.231 et seq. of the Michigan Compiled Laws.
(8) A licensee or an applicant shall have the right to provide a written response to the findings of the licensing representative or other department official if a licensing investigation report or a complaint investigation report is issued. The written response shall become a part of the department's official licensing record and shall be public information according to the provisions of Act No. 442 of the Public Acts of 1976, as amended, being {15.231 et seq. of the Michigan Compiled Laws, and the act.

(9) A licensee or an applicant may request, in writing, a declaratory ruling as to the applicability of a rule as provided in section 63 of Act No. 306 of the Public Acts of 1969, as amended, being {24.263 of the Michigan Compiled Laws.
(10) The department shall provide advice and technical assistance to the licensee or the applicant to assist the licensee in meeting the requirements of the act and these rules. The department shall offer consultation upon request in developing methods for the improvement of service.
(11) The department shall provide a licensee or an applicant with a written copy of the rights outlined in subrules (1) to (10) of this rule at the time of license application or license renewal.

AFC Administrative Rule

R 400.14105 [15105] Licensed capacity

Rule 105. (1) The number of residents cared for in a home and the number of resident beds shall not be more than the capacity that is authorized by the license.

R 400.14105 Licensed capacity

NOTE: AFC SMALL GROUP ONLY
(2) Any occupant of a home, other than the licensee or persons who are related to the licensee, live-in staff or the live-in staff's spouse and minor children, or a person related to a resident who is not in need of foster care, shall be considered a resident and be counted as a part of the licensed capacity.

R 400.15105 Licensed capacity

NOTE: AFC LARGE GROUP ONLY
(2) Any occupant of a home other than the licensee or persons who are related to the licensee, live-in staff or live-in staff's spouse and minor children, or the spouse of a resident who is not in need of foster care shall be considered a resident and be counted as a part of the licensed capacity.
(3) The total number of occupants shall not be more than 6 over the licensed capacity.
(4) If a person who is related to a resident lives in the home and subsequently requires foster care, the licensee shall have not more than 30 calendar days to return to the licensed capacity. Failure to do so may result in the department's refusal to renew a license, revocation of the license, or the issuance of a provisional license.

TECHNICAL ASSISTANCE: The licensing consultant is to establish the identity of all persons occupying the home.

AFC Administrative Rule

R 400.14106 [15106] (1)(2)(3) Rule variance.

Rule 106. (1) Upon the written request of an applicant or licensee, the department may grant a variance from an administrative rule if there is clear and convincing evidence that the alternative to the rule complies with the intent of the administrative rule from which the variance is sought.
(2) The decision of the department, including the conditions under which the variance is granted, shall be entered upon the records of the department, and a signed copy shall be sent to the applicant or licensee. This variance may be time limited or may remain in effect for as long as the licensee continues to comply with the intent of the rule.
(3) A variance that is granted pursuant to this rule is not transferable from one applicant to another or from one licensee to another.

PART 2. PROGRAM REQUIREMENTS

AFC Administrative Rule

R400.14201 [.15201] Qualifications of administrator, direct care staff; licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of a felony; food service staff.

Rule 201 (1) An administrator and direct care staff shall be persons who are not residents.

TECHNICAL ASSISTANCE: The licensing consultant is to review the resident register and employee records to determine the roles of all persons. Under no circumstances may a resident assist in the administration of the home or care and supervision of other adult foster care residents.

(2) A licensee shall have the financial and administrative capability to operate a home to provide the level of care and program stipulated in the application.

TECHNICAL ASSISTANCE: Financial Capability: There should be a correlation between the program to be provided and the financial capability of the applicant/licensee to provide the program. Items to be reviewed to determine compliance may include:

- ***Program statement***
- ***Admission policy***
- ***Financial statement***
- ***Budget***
- ***Contracts for services***

Administrative Capability: The administrative capability of a license applicant may be met when he/she has met the competency requirements contained in subrules (3)(4)(5)(6) and has demonstrated compliance with the Act and the administrative rules. Existing licensees' compliance must also be based upon their demonstrated ability to operate the facility, provide care and services

consistent with their Program Statement, Admission/Discharge Policy, and care needs of the residents in the home and the ability to maintain substantial compliance with the Act and these Administrative Rules.

(3) Before a temporary license is issued, an applicant and an administrator shall be competent in all of the following areas:

TECHNICAL ASSISTANCE (for entire rule): "Competent" is defined as "Having requisite ability or qualifications; fit; legally qualified or capable." (Webster's 7th New Collegiate Dictionary.) The subrule (3) requirements apply to any individual or entity who applies for an original (temporary) license regardless of whether that individual or entity has other licensed facilities. Competency can be demonstrated through any one or more of the means identified in subrule (4) of this rule.

When the applicant is a corporation, the individual designated by the Board of Directors to act on behalf of the corporation on licensing matters (licensee designee) must meet the competency requirements of this rule.

The corporation's board of directors may name the administrator as the individual designated to act on behalf of the corporation regarding licensing maters. When the corporation's board of directors names an individual to act on behalf of the corporation regarding licensing matters who is also named as the administrator then that person must meet all the competency requirements of an administrator.

(a) Nutrition.

TECHNICAL ASSISTANCE: Documentation from the applicant and administrator confirming the completion nutrition course, covering the basics of nutrition, food shopping, storage, preparation, kitchen safety, food service and cleanup is acceptable. Acceptable sources of training include but are not limited to local public health departments, local cooperative extension services, local community colleges, American Red Cross, nutrition training provided by the Department or Department of Community Health.

(b) First Aid.

TECHNICAL ASSISTANCE: Documentation maintained by the applicant and administrator confirming the completion of a course (class) in basic first aid is acceptable. Acceptable sources of training include but are not limited to local public health departments, hospitals, the American Red Cross, a licensed physician, registered nurse (R.N.), emergency medical technician (E.M.T.), physician's assistant, or a person certified by the American Red Cross in this subject as a trainer.

(c) Cardiopulmonary Resuscitation (CPR).

TECHNICAL ASSISTANCE: Competency in CPR is demonstrated by participation in and successful completion of a CPR training course.

(d) Foster Care.

TECHNICAL ASSISTANCE: Documentation demonstrating the applicant and administrator's knowledge of the adult foster care administrative rules and requirements of Act 218. This could include confirmation of experience providing personal care, protection, and supervision of vulnerable adults. This may require third party confirmation.

(e) Safety and fire prevention.

TECHNICAL ASSISTANCE: Documentation from the applicant and administrator confirming training in emergency preparedness, e.g., knowledge of basic emergencies and disasters; knowledge of responsibilities during emergency situations; knowledge of how to develop an emergency preparedness plan; knowledge of what to do to help residents with special needs; knowledge of how to prevent and respond to common types of home fires (grease, careless smoking, etc.), is acceptable. Training resources may include but are not limited to local fire departments, MDHHS, CMH, Fire Safety/Emergency preparedness training, National Fire Protection/Prevention Association training courses.

(f) Financial and administrative management.

TECHNICAL ASSISTANCE: The consultant can consider demonstrated ability on the part of the applicant based upon the successful operation of other licensed facilities and the ability of the applicant to follow through the application process in a timely and organized manner. Other management/supervisory experience and/or course work or training workshops in business management may be considered.

(g) Knowledge of the needs of the population to be served.

TECHNICAL ASSISTANCE: Documentation from the applicant and administrator confirming one year of experience working with the population identified in the home's admission policy and program statement, [see subrule (6) of this rule], is acceptable.

(h) Resident rights.

TECHNICAL ASSISTANCE: The licensing consultant will review the applicant's policies and procedures to determine compliance with resident rights as specified in 400.14304(1)(2) and 400.15304(1)(2).

(i) Prevention and containment of communicable diseases.

TECHNICAL ASSISTANCE: Documentation from the applicant and administrator confirming completion of training in the prevention and containment of communicable diseases consistent with current OSHA guidelines on bloodborne pathogens is acceptable. Acceptable course content should address such areas as: identification of situations where risk of exposure to bloodborne pathogens exist; the need to keep work and room surfaces clean, orderly and in a safe and sanitary condition; the purpose of universal precautions; precautions that should be taken to prevent the spread of diseases; and correct hand washing procedures. Sources of training may include but are not limited to local health departments, American Red Cross, training by a licensed physician, registered nurse, hospitals, and MDHHS/CMH training in the subrule subject matter.

(4) An applicant and an administrator shall be deemed competent to operate a home upon successfully completing 1 or more of the following:

a) Training that is developed, approved, or provided by the department.
b) A competency review that is developed by the department to be given to the applicant and administrator during the licensing process by the licensing agent.
c) A program of study at an accredited college or university in areas relevant to the applicant's admission policy and program statement.
d) Experience that is related to the direct care of residents in areas that are relevant to the populations which are identified in the home's admission policy and program statement.

TECHNICAL ASSISTANCE: The consultant will review documentation to confirm compliance with one or more of the subrules of this rule.

(5) An administrator who is designated by the licensee after the promulgation of these rules shall meet the requirements of subrule (4) of this rule.
(6) A licensee and the administrator shall have a high school diploma or general education diploma or equivalent and not less than 1 year of experience working with the population identified in the home's program statement and admission policy.

TECHNICAL ASSISTANCE: The licensee and the administrator are to provide documentation verifying they meet or exceed the education requirement.

The licensee and the administrator must have documentation, e.g., statement from the previous employer verifying that the individual possesses the experience required for the identified population; a performance evaluation from the previous employer regarding the individual's experience; verified volunteer and non-paid work working with dependent adults, etc.

(7) The provisions of subrule (6) of this rule shall not apply to those adult foster care licensees or administrators who are licensed, or applying to be licensed, before the promulgation of these rules.

TECHNICAL ASSISTANCE: This is a provision that grandfathers adult foster care licensees or administrators from having to have a high school diploma or general education diploma or equivalent and not less than 1 year of experience working with the population identified in the home's program statement and admission policy if licensed or applying for a license before May 24, 1994.

The date of the application to be used is the date the Department received (date stamped) the application. This also applies to persons licensed on or before May 24, 1994, who apply for original licensure subsequent to May 24, 1994. The grandfather provision of this subrule applies to the individual and not to the facility. The intent of this rule requirement is to allow the grandfather provision granted to an administrator/licensee to be transferable to other adult foster care facilities serving the same population. See subrule (8) for further clarification.

(8) The provisions of subrule (6) of this rule shall not apply to an individual who is employed as an administrator of a home that was licensed before the promulgation of these rules.

TECHNICAL ASSISTANCE: The licensee is to have documentation in the employee record of that individual who falls under the provisions of this rule that he/she was employed at that facility or another licensed adult foster care facility, in the capacity of an administrator before May 24, 1994.

(9) A licensee and the administrator shall possess all of the following qualifications:

(a) Be suitable to meet the physical, emotional, social, and intellectual needs of each resident.

TECHNICAL ASSISTANCE: Suitability means that there is no physical, mental, emotional, behavioral, personal, or other current or historical reason for being unable to care for vulnerable adults.

(b) Be capable of appropriately handling emergency situations.

TECHNICAL ASSISTANCE: The licensee or responsible person must have the physical and mental capability to implement emergency procedures for fire, weather, environmental, and medical emergencies to protect the safety and welfare of residents.

(c) Be capable of assuring program planning, development, and implementation of services to residents consistent with the home's program statement and in accordance with the resident's assessment plan and care agreement.

(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.

TECHNICAL ASSISTANCE: Suitability means that there is no physical, mental, emotional, behavioral, personal, or other current or historical reason for being unable to care for vulnerable adults.

(11) A licensee, direct care staff, and an administrator shall be willing to cooperate fully with a resident, the resident's family, a designated representative of the resident and the responsible agency**.**
(12) A licensee, direct care staff, administrator, or members of the household shall not be the legal guardian or conservator of a resident who lives in the home, except if a person is a relative of the resident or if the guardianship or conservatorship of the licensee existed before April 1, 1989, as specified in section 454 of Act No. 642 of the Public Acts of 1978, as amended, being 700.454 of the Michigan Compiled Laws.
(13) A licensee shall provide the department with the name of any employee, volunteer who is under the direction of the licensee, or member of the household who is on a court-supervised probation or parole or who has been convicted of a felony.

R 400.14201 (14) *"SMALL GROUP ONLY"*
(14) A home that is licensed for 7 or more residents shall have a minimum of 1 individual who is qualified by training, experience, and performance to be responsible for food preparation. Additional food service staff shall be employed as necessary to ensure regular and timely meals.

R 400.14201-15201 (14) *"GROUP HOMES 7 + ONLY"*
(14) A licensee shall employ at least 1 individual who is qualified by training, experience, and performance to be responsible for food preparation. Additional food service staff shall be employed as necessary to ensure regular and timely meals.

TECHNICAL ASSISTANCE: In most cases the food preparation person should not be counted into the direct care staff to resident ratio. However, under certain circumstances, a person responsible for food preparation could be counted as a part of the staff to resident ratio if that person meets the qualifications of a direct care staff and the licensing consultant has determined that the care and supervision needs of the residents would not be jeopardized. Some factors that the consultant should take into account when making this determination include:

- ***The physical layout of the home.***
- ***The location of the residents in the home at meal preparation and serving times.***
- ***The number of residents in the home at mealtimes.***
- ***The specific care needs of the residents.***

A "Food Handler's Card" is not required by this rule. Licensees are to assure that a person responsible for food preparation has experience and training that will enable them to carry out their duties. A source of information on this topic is the federal Department of Agriculture's pamphlet, "Quick Consumer Guide To Safe Food Handling."

AFC Administrative Rule

R 400.14202 [15202] Administrator; qualifications

Rule 202 (1) A home shall have an administrator who shall not have less than 1 year of experience working with persons who are mentally ill, developmentally disabled, physically handicapped, or aged.
(2) A licensee who meets the qualifications of an administrator may serve as an administrator**.**

AFC Administrative Rule

R 400.14203 [15203] Licensee and administrator training requirements

Rule 203 (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.
(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

TECHNICAL ASSISTANCE: Each individual named on the license (not a corporation) must meet the annual training requirement. When the licensee is a corporation, the individual designated by the Board of Directors to act on behalf of the corporation on licensing matters (licensee designee) must meet the licensee's training obligation. The administrator must also meet the requirements of this rule.

(2) The department may prescribe additional training if substantial noncompliance with the act or these rules is evident.

TECHNICAL ASSISTANCE: The licensing consultant may require specific training as part of an acceptable corrective action plan when recommending a provisional license.

AFC Administrative Rule

R 400.14204 [15204] Direct care staff; qualifications and training

TECHNICAL ASSISTANCE: It is permissible to use temporary staff from an employment agency. However, if temporary staff are used in the capacity of employees, the licensee must comply with all employee related rules. See also MCL 400.734b(6) for more information on criminal history checks.

Rule 204 (1) Direct care staff shall not be less than 18 years of age and shall be able to complete required reports and follow written and oral instructions that are related to the care and supervision of residents**.**

(2) Direct care staff shall possess all of the following qualifications:

(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.
(b) Be capable of appropriately handling emergency situations.

TECHNICAL ASSISTANCE: The licensing consultant will assure that the licensee has a method to assess that staff are suitable to meet the physical, emotional, intellectual, and social needs of each resident and capable of appropriately handling emergency situations.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

TECHNICAL ASSISTANCE: Training can be provided by the licensee or administrator, and they can use relevant training videos or other training resources. Exception is CPR. See the Technical Assistance under (c) Cardiopulmonary resuscitation. The licensee must have a method to assure competency. The licensee is required to maintain written verification of completed training in the required areas of competence in each employee record. See Rule 400.14208 (15208).

Newly hired direct care staff may job shadow a fully trained direct care staff person for on-the-job training purposes, as long as the fully trained direct care staff person is responsible for the assigned direct care tasks and the untrained staff person is never left alone with residents. Staff not performing direct care staff responsibilities are not required to be competent in areas of direct care.

(a) Reporting requirements.

TECHNICAL ASSISTANCE: All training provided or made available by the licensee or administrator to direct care staff related to reporting requirements must minimally address the following:

- ***Public Act 519 of 1982, as amended, the Adult Protective Services Act.***

- ***Public Act 238 of 1975, as amended, the Child Protective Services Act, when minor children are in adult foster care per Section 36 or 37 of Public Act 218 of 1979, as amended, the Adult Foster Care Facility Licensing Act. Section 36 pertains to the concurrent licensure of an adult foster care family home as a foster family home or foster family group home for children. Section 37 pertains to the concurrent licensure of an adult foster care small group home as a child caring institution.***

- ***Public Act 116 of 1973, as amended, the Child Care Organization Act, as it applies to Sections 111a and 115(6). Section 111a pertains to the concurrent licensure of a foster family home or foster family group home as an adult foster care family home or concurrent licensure of a child caring institution as an adult foster care small group home. Section 115(6) pertains to the placement of a 16- or 17-year-old in an adult foster care family home or adult foster care small group home provided certain conditions are in place.***

- ***The provisions contained in R400.14(15)311 as it related to the reporting procedures to be followed regarding incidents, accidents, illnesses, absences, and death. The provisions contained in R400.14(15)312 related to medications. The provisions contained in R400.14(15)403(15) related to the reporting of property damage.***

(b) First aid.

TECHNICAL ASSISTANCE: Documentation is to be maintained by the licensee confirming that each direct care staff has completed training in basic first aid covering such areas as:

Emergency aid for someone who is choking, bleeding, or in shock, treating burns, bites, stings, trauma to eye, ear, or nose, aid for treatment for fractures, strokes, seizures, accidental drug overdose and poisonings, hypothermia and hyperthermia, and treatment for emergencies associated with diabetes.

Acceptable sources of training include but is not limited to videos, local public health departments, hospitals, the American Red Cross, a licensed physician, registered nurse (R.N.), licensed practical nurse (L.P.N.), emergency medical technician (E.M.T.), or physician's assistant.

(c) Cardiopulmonary resuscitation.

TECHNICAL ASSISTANCE: Competency in CPR is demonstrated by participation in and successful completion of a CPR training course.

(d) Personal care, supervision, and protection.

TECHNICAL ASSISTANCE: The consultant is to determine that the licensee has a training methodology in place that assures that all direct care staff are competent in providing the personal care, supervision and protection as identified in the facility's program statement and admission/discharge policy as well as the individual assessment plans, health care appraisals and resident care agreements.

Note: If the facility's program statement includes the care of residents with Alzheimer's disease or related conditions, the facility must meet the provisions of the MCL 400.726b.

(e) Resident rights.

TECHNICAL ASSISTANCE: The consultant is to determine that the licensee's direct care staff training addresses resident rights as contained under Rule 400.14304(1)(2) and 400.15304(1)(2).

(f) Safety and fire prevention.

TECHNICAL ASSISTANCE: The consultant is to determine that the licensee has a training methodology that assures direct care staff competency in the area of safety and fire prevention appropriate to the needs of the current resident population identified in the facility's program statement and admission policy. The training provided to staff should minimally address knowledge of basic emergencies, including medical and weather emergencies and other disasters; knowledge of responsibilities during emergency situations; knowledge of the facility's emergency plan; knowledge of what to do to assist residents with special needs, knowledge of how to prevent and respond to common types of home fires and knowledge of the proper operation of fire extinguishers.

(g) Prevention and containment of communicable diseases.

TECHNICAL ASSISTANCE: The consultant is to determine that the licensee has a training methodology to assure that direct care staff are competent in prevention and containment of communicable diseases consistent with current OSHA guidelines on blood-borne pathogens. The training should address such areas as identification of situations where risk of exposure to blood-borne pathogens exists, recognize the need to keep work and room surfaces clean, orderly and in a safe and sanitary condition; know the purpose of universal precautions; know what precautions should be taken to prevent the spread of disease; and knowledge of correct hand-washing procedures.

Acceptable sources of training may include but are not limited to, local health departments, American Red Cross, training by a licensed physician, registered nurse, hospitals, MDHHS/CMH training and training provided by the licensee utilizing appropriately related materials.

AFC Administrative Rule

R 400.14205 [15205] Health of a licensee, direct care staff, administrator, or other employees, those volunteers under the direction of the licensee, and members of the household.

Rule 205 (1) A licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household shall be in such physical and mental health so as not to negatively affect either the health of the resident or the quality of his or her care.
(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.
(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.
(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

TECHNICAL ASSISTANCE: The licensee is to provide documentation to the licensing consultant that the licensee and all responsible persons are free from TB. This can be accomplished by TB testing, x-ray, screening, an assessment, or physical exam completed by the person's physician or local health authority. If the disease is present, the licensee is to submit written documentation from his or her licensed physician or the local health authority verifying that treatment is being implemented or completed and that the residents in the home are not at risk.

The consultant is to establish the date of the testing and the individual's date of employment to determine compliance with this rule.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

TECHNICAL ASSISTANCE: The consultant is to determine that the licensee has a procedure for reviewing the health status of the persons identified in the rule, at least annually.

(7) A licensee shall obtain certification from a volunteer that the volunteer is free from communicable disease and that the volunteer's physical and mental health will not negatively affect either the health of the resident or the quality of the resident's care.

TECHNICAL ASSISTANCE: Minimally, a copy of a statement signed by the volunteer certifying that he/she is free from communicable disease and that he/she does not have any physical or mental health problems that would negatively affect the health or quality of a resident's care, is to be available.

AFC Administrative Rule

R 400.14206 [15206] Staffing requirements

AFC SMALL GROUP HOMES ONLY
Rule 206 (1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.

AFC LARGE GROUP HOMES ONLY
Rule 206 (1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.

TECHNICAL ASSISTANCE: A resident or the resident's designated representative may hire a home health aide to provide some personal care services. The home health aide cannot be counted when determining the adequacy of on duty direct care staff that are required in the home in order to provide the services specified by the home's resident assessments and resident care agreements or in determining the minimally required resident to staff ratio.

(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

TECHNICAL ASSISTANCE: For purposes of this rule "Sufficient direct care staff" is defined to mean the number of staff necessary to implement the care needs as indicated in the resident's assessment plan, health care appraisal, and resident care agreement. To assist the consultant in determining whether the ratio of direct care staff is sufficient, the licensing consultant is to review the following in addition to interview and observation of staff and residents:

- ***Program statement***
- ***Admission policy***
- ***Employee job descriptions***
- ***Staffing patterns***
- ***Current/past employee work schedules***
- ***Resident assessment plans***
- ***Resident care agreements***
- ***Resident health appraisals***
- ***Resident register***
- ***Fire drill records***
- ***Evacuation plans***
- ***Medication procedures, if applicable***
- ***Other relevant documents***

When reviewing these documents, the consultant is to look at the individual and total care needs of the population to be served. The number of staff that is adequate and sufficient is variable and specific to the needs of residents and the capabilities of staff at a given point in time. The number may change based on various factors such as: Physical layout of the facility including the ability of available staff to maintain visual and auditory monitoring of residents.

- ***Needs of residents if disaster or fire emergency plans require implementation.***
- ***Number of residents needing two-person assistance or Hoyer lifts.***
- ***Number of residents with chronic incontinence.***
- ***Number of residents with elopement or aggressive behaviors.***
- ***Number of residents with feeding needs.***
- ***Number of new, inexperienced staff on duty.***
- ***Number of new admissions, especially residents with dementia. Residents with increased anxiety or confusion require more staff attention especially during the initial transition period.***

Do not attempt to determine how many additional staff persons are necessary to meet the "sufficient staff" requirement. The facility is responsible for providing individuals with needed services; how they meet that responsibility is up to the facility, not the consultant.
The consultant should also review whether other assigned job responsibilities interfere with the provision of direct care services.

(3) Any individual, including a volunteer, shall not be considered in determining the ratio of direct care staff to residents unless the individual meets the qualifications of a direct care staff member.

TECHNICAL ASSISTANCE: Volunteers may provide supplementary services. The facility may not rely on volunteers to fill required staff positions and perform

direct care staff responsibilities unless they meet direct care staff qualifications. Residents shall not be used as "volunteers" to provide resident care services.

(a) Direct care staff need not be in the home during the day if all of the residents of the home are at out-of-home supervised activities and the home has provided the means by which a direct care staff member or administrator can be contacted in an emergency situation.

TECHNICAL ASSISTANCE: Sufficient direct care staff must be on the premises if even one resident is present. To determine compliance, the consultant is to review the licensee's procedures regarding availability in an emergency. Note: Residents cannot be compelled to leave the home or participate in off-site activities.

(b) A licensee or administrator shall designate, in writing, a person who shall be onsite or immediately available and who shall have the authority to carry out the licensee's or administrator's responsibilities in the absence of the licensee or administrator and shall ensure that the identity of the designated person is made known to all staff.

TECHNICAL ASSISTANCE: At the time of application and at renewal, the consultant is to review the licensee's procedure for carrying out licensee/administrator responsibilities when either is absent.

The focus of this rule is to provide a chain of command in the absence of the licensee or administrator and to assure that a designated person has the authority to act for the home's administrator or licensee in their absence. Extended periods of absence may require that the person designated meet all the requirements of the position or a new administrator or licensee designee be appointed.

If the designated person also provides direct care services to residents, the person must meet all the requirements of direct care staff. The person designated to respond to emergencies must be competent to do so appropriately.

AFC Administrative Rule

R 400.14207 [15027] Required personnel policies

TECHNICAL ASSISTANCE: All the elements identified in this rule must be present in writing in the personnel policies and provided to all staff. The consultant is to review the personnel policies to determine that the minimal components identified in subrule (1)(a) - (f) are included. In addition, the consultant is to determine that the personnel policies are not in conflict with the Act and the rules.

Rule 207. (1) A licensee shall have written policies and procedures that include all of the following:

(a) Mandatory reporting, including reporting that is required by law.
(b) Resident care related prohibited practices.

TECHNICAL ASSISTANCE: The consultant may review the licensee's personnel policies to determine that written policies and procedures that prohibit mistreatment, neglect, or abuse of residents are in place. The consultant is also to determine how this prohibition is communicated and enforced with non-employee members of the household, visitors, and volunteers to assure protection of residents.

Resident care related prohibited practices include all practices identified in:

i. R400.14307, .15307
ii. R400.14308, .15308
iii. R400.14315 (9) (14), .15315 (9) (14)

(c) Confidentiality requirements, including requirements specified in law.

TECHNICAL ASSISTANCE: The mandatory reporting and confidentiality requirements that a licensee is to include in written policies and procedures are to be consistent with the provisions outlined in Section 12(3) of Act 218, P.A. of 1979, as amended, the Adult Foster Care Facility Licensing Act, and any other state statutes mandating specific confidentiality requirements.

(d) Training requirements.
(e) Resident rights.

TECHNICAL ASSISTANCE: This refers to the resident rights outlined in R400.14304 and 400.15304.

(f) The process for reviewing the licensing statute and administrative rules.

TECHNICAL ASSISTANCE: The licensee must have a written policy and procedure for reviewing Act 218 and the AFC administrative rules with their employees.

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.
(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.

(4) Work assignments shall be consistent with job descriptions and the level of training, experience, and education of the employee or volunteer.

TECHNICAL ASSISTANCE: The licensing consultant may review the job descriptions and verification of receipt of the job descriptions. The consultant may also ask the employee(s) to explain their job responsibilities and whether they have received a copy of that job description. The consultant should then compare what has been observed and/or described to the written job descriptions available and then determine whether the job description is consistent with the described or observed staff assignments. The consultant may review personnel records for documentation that staff have the appropriate level of training and education to carry out their duties.

AFC Administrative Rule

R 400.14208 [15208] Direct care staff and employee records

Rule 208 (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

TECHNICAL ASSISTANCE: Employee records must be made available for review at the facility at the time of an announced inspection. If an unannounced inspection is conducted and records are not available, the licensee is to make the records available to the consultant. Electronic records are acceptable as long as the consultant is given access to the electronic records.

(a) Name, address, telephone number, and social security number.
(b) The professional or vocational license, certification, or registration number, if applicable.
(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.
(d) Verification of the age requirement.
(e) Verification of experience, education, and training.

TECHNICAL ASSISTANCE: The licensee must have a process to verify that each employee meets the minimum experience, education, and training requirements of hiring. Training completed subsequent to hiring must be maintained in the employee record.

(f) Verification of reference checks.

TECHNICAL ASSISTANCE: The licensee must have a process to verify reference checks of each employee.

- ***Beginning and ending dates of employment.***
- ***Medical information, as required.***

- ***Required verification of the receipt of personnel policies and job descriptions.***

(2) The records identified in subrule (1) of this rule shall be maintained for not less than 3 years after the direct care staff member's or employee's ending date of employment.

TECHNICAL ASSISTANCE: This rule provides the consultant the authority to review the records of past employees in determining compliance to subrule (1) of this rule and Act 218.

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.
(b) Job titles.
(c) Hours or shifts worked.
(d) Date of schedule.
(e) Any scheduling changes.

AFC Administrative Rule

R 400.14209 [15209] Home records, generally

Rule 209 (1) A licensee shall keep, maintain, and make available for department review, all the following home records:

TECHNICAL ASSISTANCE: Electronic records are acceptable if the consultant is given access to the electronic records.

(a) Admission policy.
(b) Program statement.
(c) Discharge policy.
(d) Resident records.
(e) A resident register.
(f) Resident care contracts, if applicable.
(g) Accident records and incident reports.
(h) Personnel records, as required in R 400.14208.

TECHNICAL ASSISTANCE: Personnel records may be kept in a location outside the facility. These records must, however, be made available at the facility at the time of an announced inspection. If an unannounced inspection is conducted and those records are not available, the licensee is to make those records available to the licensing consultant.

(i) Personnel policies and procedures as required in R 400.14207.

(j) Program certifications, if applicable.
(k) Fire drill records.
(l) Emergency preparedness plans.
(m) Reports of fire or severe property damage.
(n) Records of variances granted, if applicable.
(o) Heating equipment inspection and approval records, if applicable.
(p) Fire detection and sprinkler equipment inspection and approval records, if applicable.
(q) Electrical inspection records, if applicable.
(r) Fire safety reports from the department or the state fire marshal, as required by law.
(s) Environmental inspection reports, as required by law.
(t) Menus.

(2) A licensee shall keep a record of the arrangements for services for the emergency repair of heating, cooling, plumbing, and electrical equipment. The record shall include a list of persons to contact and shall be available for reference in the home.

TECHNICAL ASSISTANCE: Employees who are responsible for resident care need this information, so they can handle emergency situations in the licensee's absence. The consultant may review the record of the items identified in this subrule and verify that this information is current. The consultant may verify that employees know how to access this information. This may be done verbally or through interview and/or observation.

AFC Administrative Rule

R 400.14210 [15210] Resident register

Rule 210 A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

(a) Date of admission.
(b) Date of discharge.
(c) Place and address to which the resident moved, if known.

TECHNICAL ASSISTANCE: "A chronological register" means the licensee is to maintain a record/list of all past and current AFC residents of the home, which is to be available for consultant review. This permanent, chronological record is to be kept as long as the facility is licensed.

PART 3. RESIDENT CARE, SERVICES, AND RECORDS

AFC Administrative Rule

R400.14301 [15301] Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

Rule 301 (1) A licensee shall not accept, retain, or care for a resident who requires continuous nursing care. This does not preclude the accommodation of a resident who becomes temporarily ill while in the home, but who does not require continuous nursing care.

TECHNICAL ASSISTANCE: Continuous nursing care is defined as requiring a nurse's presence to provide ongoing nursing assessments, judgments and/or interventions. This does not preclude the provision of licensed hospice care. Regardless of a resident's condition, the licensee and staff must be able to meet the needs of all residents, including emergency evacuation from the home.

(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:

TECHNICAL ASSISTANCE: The consultant is to determine whether a written assessment plan was completed by the licensee before the resident's admission to the home. The admission date should be available in the resident record. The intent of this rule is to enable the licensee to make an informed decision regarding the appropriateness of accepting or retaining a resident for placement in the home prior to the resident's admission.

Though the BCAL-3265, Assessment Plan for Adult Foster Care Residents, complies with these rules and statutory requirements, other written assessments may be used if it contains all components of this rule.

(a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.
(b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.
(c) The resident appears to be compatible with other residents and members of the household.

(3) A group home shall not accept or retain a person who requires isolation or restraint as specified in R 400.15308.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

TECHNICAL ASSISTANCE: The consultant is to review the written assessment plan to determine if the Licensee, resident, or their designated representative, and responsible agency participated in the development of the assessment plan, and that the assessment plan reflects the needs of the resident.

Signatures of the licensee, resident and/or resident's representative and responsible agency, demonstrate all required persons have participated in the development of the written assessment plan.

If the responsible agency refuses to sign the resident's written assessment plan, this should be noted on the assessment plan.

(5) If a resident is referred for emergency admission and the licensee agrees to accept the resident, a written assessment plan shall be completed within 15 calendar days after the emergency admission. The written assessment shall be completed in accordance with the provisions specified in subrules (2) and (4) of this rule.

TECHNICAL ASSISTANCE: "Emergency admissions" are those admissions when a resident requires immediate placement into an AFC without the advantage of comprehensive pre-placement planning. The licensee must complete an initial written assessment of the resident at the time of the emergency admission to ensure that the resident meets the admission criteria before the admission is accepted. An APS placement is one example of an emergency admission. If the licensee accepts a resident for admission then determines they are unable to meet the resident's needs, they must comply with the discharge rules.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

TECHNICAL ASSISTANCE: The consultant may review the resident record to determine that a resident care agreement was completed at the time of the resident's admission. Resident care agreements must contain all the required signatures, dates, and required information as outlined in these subrules. If the responsible agency refuses to sign the Resident Care Agreement, this needs to be noted on the Resident Care Agreement.

Additional agreements or contracts between the licensee and the resident/resident's designated representative attached to the 2010 revision of the Resident Care Agreement (BCAL-3266) or subsequent revisions, are not to be reviewed or approved/disapproved by licensing consultants, unless critical to the investigation of a complaint. These editions of the BCAL-3266 include a statement that nullifies any specific part of an attachment that conflicts with the statute or administrative rules.

Electronic records are acceptable if the consultant has access to the electronic records.

(a) An agreement to provide care, supervision, and protection and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.
(b) A description of services to be provided and the fee for the service.
(c) A description of additional costs in addition to the basic fee that is charged.
(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

TECHNICAL ASSISTANCE: The licensee is responsible for "assuring transportation services" which may or may not be included in the basic fee, as long as that is specified in the Resident Care Agreement. Regardless of how transportation is provided or paid for, the licensee must assure transportation is available if it is needed. Transportation may be provided by a number of sources, including, but not limited to the following:

- ***The licensee.***
- ***A family member.***
- ***A volunteer.***
- ***Public transportation.***

<u>MDHHS budget boilerplate Sec. 608</u> states that adult foster care facilities providing domiciliary care or personal care to residents receiving supplemental security income shall not require those residents to reimburse the home or facility for care at rates in excess of those legislatively authorized. To the extent permitted by federal law, adult foster care facilities and homes for the aged serving residents receiving supplemental security income shall not be prohibited from accepting third-party payments in addition to supplemental security income provided the payments are not for food, clothing, shelter, or result in a reduction in the recipient's supplemental security income payment. Complaints related to the amount a licensee is charging an SSI recipient should be referred to the resident's responsible agency.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.
(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.
(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.
(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.
(j) A statement of the home's refund policy. The home's refund shall meet the requirements of R 400.14315.
(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.
(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

(7) A department resident care agreement form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department. A resident shall be provided the care and services as stated in the written resident care agreement.

TECHNICAL ASSISTANCE: The 7-07 edition or any subsequent edition of the AFC – Resident Care Agreement (BCAL-3266) may be used. A licensee whose substitute AFC - Resident Care Agreement form was received or approved in writing on or before May 6, 2009, may continue to use that specifically approved substitute. Revisions to previously approved substitute forms are not allowed unless minor in nature and approved by the assigned AFC licensing consultant. No new substitute Resident Care Agreement forms are to be accepted for review or approval.

(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

TECHNICAL ASSISTANCE: The consultant may review the AFC –Resident Care Agreement form to assure it is updated annually and whenever there is any change in the AFC - Resident Care Agreement. At the time of the annual review and whenever the AFC - Resident Care Agreement is completed, the licensee is to provide the resident and/or designated representative with a copy of the newly completed AFC - Resident Care Agreement. If there are no changes to the AFC - Resident Care Agreement, the form may be re-signed and dated by all required parties during the annual review.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a

written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

TECHNICAL ASSISTANCE: The consultant is to review the date of admission on the resident register and compare it to the date of the health care appraisal to determine compliance with the time requirements.

At the time of admission, a medical discharge summary signed by an appropriate health care professional is acceptable in lieu of the BCAL-3947. However, the medical discharge summary must contain all the health care information that is required in the BCAL-3947 Health Care Appraisal.

A licensee whose substitute Health Care Appraisal BCAL-3947 form was received or approved in writing on or before May 6, 2009, may continue to use that specifically approved substitute. Revisions to previously approved substitute forms are not allowed unless minor in nature and approved by the assigned AFC licensing consultant. No new substitute Health Care Appraisal forms are to be accepted for review or approval.

(11) A licensee shall contact a resident's physician for instructions as to the care of the resident if the resident requires the care of a physician while living in the home. A licensee shall record, in the resident's record, any instructions for the care of the resident.

AFC Administrative Rule

R 400.14302 [15302] Resident admission and discharge policy; house rules, emergency discharge; restricting residents ability to make living arrangements prohibited; provision of resident records at the time of discharge

Rule 302 (1) A home shall have a written admission and discharge policy. The policy shall be made available to a resident and his or her designated representative.

TECHNICAL ASSISTANCE: Prior to issuance of the original license, the consultant is to review the home's admission and discharge policy to assure that it does not conflict with any administrative rules. The licensee is to have a copy of the admission and discharge policy available upon request. If the admission or discharge policy changes, the licensee must inform the consultant within five business days after the change occurs.

(2) A licensee may establish house rules. House rules, if established, shall be provided, in writing, to the resident or the resident's designated representative and responsible agency upon admission to the home or, if established after a resident's admission to the home, immediately thereafter. House rules shall not conflict with these rules.

TECHNICAL ASSISTANCE: "House guidelines" are those house rules written by the licensee related to such areas as conduct in the home, personal hygiene and grooming, housekeeping standards, restrictions regarding smoking, mealtimes, resident participation in food preparation, bedtime, recreation and visitation hours that residents agree to follow while residing in the home. If a licensee has any such restrictions or expectations, they must be put in writing, explained, and provided to each resident.

(3) A licensee shall provide a resident and his or her designated representative with a 30-day written notice before discharge from the home. The written notice shall state the reasons for discharge. A copy of the written notice shall be sent to the resident's designated representative and responsible agency. The provisions of this subrule do not preclude a licensee from providing other legal notice as required by law.

TECHNICAL ASSISTANCE: This rule does not preclude a licensee from beginning formal eviction procedures. To demonstrate compliance, a copy of the written notice of discharge is to be maintained in the resident record.

(4) A licensee may discharge a resident before the 30-day notice when the licensee has determined and documented that any of the following exists:

(a) Substantial risk to the resident due to the inability of the home to meet the resident's needs or assure the safety and well-being of other residents of the home.
(b) Substantial risk, or an occurrence, of self-destructive behavior.
(c) Substantial risk, or an occurrence, of serious physical assault.
(d) Substantial risk, or an occurrence, of the destruction of property.

TECHNICAL ASSISTANCE: This rule allows a licensee to discharge a resident before the 30-day notice if the conditions outlined in this subrule have been met to ensure the safety and protection of other residents in the home. To demonstrate compliance, a copy of the written notice of discharge is to be maintained in the resident record.

(5) A licensee who proposes to discharge a resident for any of the reasons listed in subrule (4) of this rule shall take the following steps before discharging the resident:

(a) The licensee shall notify the resident, the resident's designated representative, the responsible agency, and the adult foster care licensing consultant not less than 24 hours before discharge. The notice shall be in writing and shall include all of the following information:

i. The reason for the proposed discharge, including the specific nature of the substantial risk.

ii. The alternatives to discharge that have been attempted by the licensee.
iii. The location to which the resident will be discharged, if known.

TECHNICAL ASSISTANCE: To demonstrate compliance, a copy of the written notice of discharge is to be maintained in the resident record. Written notice of discharge must be sent to the consultant within 24 hours before discharge.

(b) The licensee shall confer with the responsible agency or, if the resident does not have a responsible agency, with adult protective services and the local community mental health emergency response services regarding the proposed discharge. If the responsible agency or, if the resident does not have a responsible agency, adult protective services does not agree with the licensee that emergency discharge is justified, the resident shall not be discharged from the home. If the responsible agency or, if the resident does not have a responsible agency, adult protective services agrees that the emergency discharge is justified, then all of the following provisions shall apply:

i. The resident shall not be discharged until an appropriate setting that meets the resident's immediate needs is located.
ii. The resident shall have the right to file a complaint with the department.
iii. If the department finds that the resident was improperly discharged, the resident shall have the right to elect to return to the first available bed in the licensee's adult foster care home.

TECHNICAL ASSISTANCE: The consultant is to review additional documentation regarding a resident's discharge, such as related incident reports, to determine that the procedures for discharge outlined in this rule have been followed.

(6) A licensee shall not change the residency of a resident from one home to another without the written approval of the resident or the resident's designated representative and responsible agency.

TECHNICAL ASSISTANCE: To demonstrate compliance, the licensee must have written approval of the move from the resident or designated representative and responsible agency in the resident record. The consultant needs to be particularly observant of moves between facilities that are located on the same piece of property or operated by the same licensee.

(7) A licensee shall not restrict the resident's ability to make his or her own living arrangements.
(8) At the time of discharge, a licensee shall provide copies of resident records to the resident and his or her designated representative when requested, and as determined appropriate, by the resident or his or her designated representative. A fee that is

charged for copies of resident records shall not be more than the cost to the licensee of making the copies available.

AFC Administrative Rule

R 400.14303 [15303] Resident care; licensee responsibilities

Rule 303 (1) Care and services that are provided to a resident by the home shall be designed to maintain and improve a resident's physical and intellectual functioning and independence. A licensee shall ensure that all interactions with residents promote and encourage cooperation, self-esteem, self-direction, independence, and normalization. (2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.

TECHNICAL ASSISTANCE: MCL 400.703(9) "Assessment Plan" means a written statement prepared in cooperation with a responsible agency or person that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical and behavioral needs and well-being and the methods of providing the care and services taking into account the preferences and competency of the individual. A resident's specific habilitation training and self-care needs are to be documented in the written assessment plan. Specific licensee responsibilities include helping the resident learn to do, what he or she can do, and doing for a resident what he or she cannot do.

A Hospice Service Plan for a resident who is enrolled in a licensed hospice program which includes a do-not-resuscitate order, or any other form of advance directive should be included as an addendum to the resident's assessment and maintained with the assessment plan in the resident's record.

(3) A licensee shall assure the availability of transportation services as provided for in the resident care agreement.

TECHNICAL ASSISTANCE: The licensee is to transport or is to make specific provisions for other acceptable means of transportation for the resident, as agreed upon in the Resident Care Agreement.

(4) A licensee shall provide all of the following:

(a) An opportunity for the resident to develop positive social skills.
(b) An opportunity for the resident to have contact with relatives and friends.

TECHNICAL ASSISTANCE: Opportunity for contacts with friends, relatives and receive visitors in the home at a reasonable time is to be provided. Any restrictions on visitation must be included in the assessment plan and agreed to by the resident, resident's designated representative, or guardian.

A licensee may establish house guidelines that govern the conduct of residents and visitors in the home, provided such guidelines are not in violation of applicable licensing regulations. If there are no limits placed on the activities of residents, the licensee is still responsible for assuring the safety and protection of residents from social, moral, and financial exploitation, as defined in MCL 400.706(4) and MCL 400.407(7).

(c) An opportunity for community-based recreational activities.
(d) An opportunity for privacy and leisure time.

TECHNICAL ASSISTANCE: The home must have a method of arranging for resident's privacy including visits with case managers, family, friends, etc.

(e) An opportunity for religious education and attendance at religious services of the resident's choice.

TECHNICAL ASSISTANCE: Residents are to be afforded the opportunity to attend religious services and education of their choice, though religious participation cannot be required of residents. The consultant should, through observation and interview, determine whether religious preferences are honored. The consultant is to review the resident assessment plan to determine that religious preferences have been addressed.

(5) A licensee shall provide both of the following when specified in the resident's written assessment plan:

(a) Direction and opportunity for the growth and development of a resident as achieved through activities that foster independent and age-appropriate functioning, such as dressing, grooming, manners, shopping, cooking, money management, and the use of public transportation.

TECHNICAL ASSISTANCE: The specific services provided are to be identified in a resident's written assessment plan. The licensing consultant, through observation and interview, is to determine what the licensee is doing to assure that these requirements are being met according to the resident's assessment plan.

(b) An opportunity for involvement in education, employment, and day programs.

TECHNICAL ASSISTANCE: The consultant is to review the resident's written assessment plan to identify what educational employment and day program opportunities are and will be provided. The consultant can interview and observe residents and staff to determine how the licensee is fulfilling the requirements of this rule.

AFC Administrative Rule

R400.14304 [15304] Resident rights; licensee responsibilities

Rule 304 (1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:

***TECHNICAL ASSISTANCE: The consultant is to confirm that the licensee has informed, explained, and provided a copy of the resident rights to residents. Any restrictions and/or limits to a resident's rights must be agreed upon by the resident or the resident's legal guardian, or court ordered, and stated in writing in the resident's assessment plan and resident care agreement. Neither a designated representative nor a responsible agency has the authority to restrict a* resident's rights, unless also agreed to by the resident or the resident's guardian. The exercise of these rights does not relieve the licensee of the responsibility to provide personal care, protection, and supervision to the resident as defined in the Act.**

(a) The right to be free from discrimination on the basis of race, religion, color, national origin, sex, age, handicap, marital status, or source of payment in the provision of services and care.

TECHNICAL ASSISTANCE: "Source of payment" refers to Supplemental Security Income, private pay, social security, etc. The intent of referencing "source of payment" is to assure that residents are treated equally, including the basic services provided, regardless of source of payment. This does not preclude the provision of additional services for additional compensation.

(b) The right to exercise his or her constitutional rights, including the right to vote, the right to practice religion of his or her choice, the right to freedom of movement, and the right of freedom of association.
(c) The right to refuse participation in religious practices.
(d) The right to write, send, and receive uncensored and unopened mail at his or her own expense.

(e) The right of reasonable access to a telephone for private communications. Similar access shall be granted for long distance collect calls and calls which otherwise are paid for by the resident. A licensee may charge a resident for long distance and toll telephone calls. When pay telephones are provided in group homes, a reasonable amount of change shall be available in the group home to enable residents to make change for calling purposes.

TECHNICAL ASSISTANCE: The intent of this rule is to assure that a home has a telephone that is accessible to residents and affords privacy. This may be either a

private phone or a pay phone. Local calls are at the expense of the licensee regardless of type of phone (example - pay phone or non-pay phone).

(f) The right to voice grievances and present recommendations pertaining to the policies, services, and house rules of the home without fear of retaliation.
(g) The right to associate and have private communications and consultations with his or her physician, attorney, or any other person of his or her choice.
(h) The right to participate in the activities of social, religious, and community groups at his or her own discretion.
(i) The right to use the services of advocacy agencies and to attend other community services of his or her choice.
(j) The right of reasonable access to and use of his or her personal clothing and belongings.

TECHNICAL ASSISTANCE: "Reasonable access" means a resident's access to a supply of personal clothing that is sufficient for a variety of occasions and seasons. The written assessment plan must address any restrictions to access of personal clothing or belongings and be agreed upon by the resident or his/her guardian. Residents should not be prohibited from access to their personal possessions because of the behavior of others.

(k) The right to have contact with relatives and friends and receive visitors in the home at a reasonable time. Exceptions shall be covered in the resident's assessment plan. Special consideration shall be given to visitors coming from out of town or whose hours of employment warrant deviation from usual visiting hours.

TECHNICAL ASSISTANCE: Privacy must be provided for visitation. The licensee should establish house guidelines that describes unacceptable visitor behavior that may result in visitation restrictions. Any resident specific restrictions must be addressed in and agreed to in the resident's written assessment plan.

(l) The right to employ the services of a physician, psychiatrist, or dentist of his or her choice for obtaining medical, psychiatric, or dental services.
(m) The right to refuse treatment and services, including the taking of medication, and to be made aware of the consequences of that refusal.

TECHNICAL ASSISTANCE: The licensee may inform the resident that refusing medication, treatment or services could result in a negative outcome to their physical or mental health, and may result in discharge of the resident, if the licensee is no longer able to meet the needs of the resident, and/or assure their safety and protection.

(n) The right to request and receive assistance from the responsible agency in relocating to another living situation.

(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.
(p) The right of access to his or her room at his or her own discretion.
(q) The right to confidentiality of records as stated in section 12(3) of the act.

TECHNICAL ASSISTANCE: A licensee shall have written policies and procedures that include confidentiality requirements specified by law.

(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule.

AFC Administrative Rule

R 400.14305 [15305] Resident protection

Rule 305 (1) A resident shall be assured privacy and protection from moral, social, and financial exploitation.
(2) All work that is performed by a resident shall be in accordance with the written assessment plan.

TECHNICAL ASSISTANCE: The consultant, through observation, interview and review of resident records is to determine whether a resident is performing work in the home. "Work," as used in this rule, is defined to mean any activity, or series of related activities which results in benefit to the facility, in contribution to its maintenance, or in the production of a salable product. In deciding whether a particular activity constitutes "work" as defined above, the key determinant is if a resident was unavailable to perform the particular activity or function, would the home be required to have staff perform the activity in order to properly maintain the home or to provide necessary care services to residents in order to carry out its assigned mission?

Residents are not to be used to provide a source of labor for a home against their will or in opposition to the objectives of the resident's assessment plan. Regular participation in the resident's activities of maintaining the resident's own bedroom that can lead to the resident's greater functional ability to perform independent household tasks is also not considered "work" for the home.

Shared duties are common and appropriate when agreed to in the resident's assessment plan. "Work" performed by the resident that would normally be performed by staff must be compensated with the receipt of money or it could constitute a violation of R400.14305 (1); 400.15305 (1). A record of a resident's compensation is to be maintained in the resident's funds record. A resident shall not perform any of the functions of direct care staff.

(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

TECHNICAL ASSISTANCE: The foundation for the interpretation of this rule is contained in Section 6(1) & (4) of P.A. 218 of 1979, as amended - the definitions of "personal care" and "protection." The consultant is to determine whether the home has methods in place to assure residents are free from threat to their physical and psychological health and safety. The consultant is to review a resident's file to determine the licensee's responsibilities regarding a resident's protection and personal care needs both in the home and in the community. Documents that will assist the consultant include assessment plans, health care appraisals, service contracts, health care chronological, incident reports, etc.

AFC Administrative Rule

R 400.14306 [15306] Use of assistive devices

Rule 306 (1) An assistive device shall only be used to promote the enhanced mobility, physical comfort, and well-being of a resident.

TECHNICAL ASSISTANCE: An assistive device is defined in R400.14102 (e) as "an item such as a pillow or pad or medically supplied therapeutic support that is intended to achieve or maintain the proper position, posture, or balance of a resident". Use of a half bed rail is generally preferred over a full bed rail. A full bed rail may be considered a potential restraint, if it is a means of confinement. (See Guidelines for Bedrail, Mattress & Headboard Measurements) Any device used solely for the purpose of restricting a resident's movement is not an assistive device and is prohibited because it is a restraint. The following questions can be used to determine if the item is a restraint or an assistive device:

- ***Can the resident remove or release the device? (Assistive Device).***
- ***Would the resident harm himself/herself if the device was not used? (Assistive Device) For example:***
    - ***A harness to maintain an upright position while sitting in a wheelchair to prevent positional asphyxiation.***
    - ***A lap belt for residents without torso control to prevent falling out of a wheelchair.***
    - ***Time-limited use of posey/arm/leg restraints to prevent injury to surgical wound.***
- ***Does the device prevent the resident from getting up and wandering around when injury is not an issue? (Restraint)***
- ***Does the device appear to be for the convenience of staff, rather than for the protection of the resident? (Restraint)***

- ***Does the device increase the resident's independence? (Assistive Device)***
- ***When a device is used, there must be a plan of supervision developed by the licensee; to assure that:***
    - ***The resident can obtain staff assistance as needed.***
    - ***Staff provide routine visual monitoring of the resident.***
    - ***Have staff have been trained in the proper use, application and maintenance of the assistive device?***
    - ***Have staff been trained in the proper care and supervision of the resident when the device is in use?***

(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.
(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

TECHNICAL ASSISTANCE: "Therapeutic supports" include any assistive device. The consultant is to review the resident record, including the written assessment plan, of a resident who is using assistive device/therapeutic support to assure that it is:

- ***Prescribed by a licensed physician.***
- ***Not a restraint.***
- ***Being used for the purpose prescribed and as documented in the assessment plan.***
- ***Being used by the person for whom it was prescribed.***
- ***Maintained in a safe condition.***
- ***Devices/Therapeutic supports used must have documentation of review and approval by the responsible agency, if applicable.***
- ***Some examples of assistive devices that may be used with proper authorization as outlined by this rule include, but are not limited to:***
- ***Positioning pillows/equipment.***
- ***Bedrails.***
- ***"Gerri" chairs.***
- ***Soft vests/ties.***
- ***Harnesses.***
- ***Orthotic body devices.***
- ***Lap belts or trays.***

Guidelines for Use of Bed Rails

I. Hazards Created by Improperly Positioned Bed Rails/Mattresses/Beds

The following hazards related to improperly positioned bed rails, mattresses, or beds have been identified. It is recommended that the following be considered during inspections:

- ***A gap may be created if the mattress or mattress pad is ill-fitted or out of position. The resident may become asphyxiated if the resident slips into the gap with their face pressed against the mattress and is unable to extricate themselves.***

- ***Rail and in-bed entrapment can occur when a side rail releases with the resident's head lodged between side rail bars resulting in compression of the resident's neck and throat.***

- ***Rail and off-bed entrapment can occur when a small person is trapped in the space between the mattress and headboard, mattress and footboard, or a resident could slide out of bed and become trapped between the raised side rail and the bed frame.***

- ***Increased risk of serious injury or death also occurs when the resident's size and/or weight are inappropriate to the bed's capacity or dimensions.***

II. Inspection of Bed Rails/Mattresses/Beds

It is recommended that only bed rails which were designed and sold for use in health care facilities and that meet the following criteria be used:

- ***The bed rail is mechanically sound, firmly attached to the bed frame, and the latches are in good working order.***

- ***The distance between the slats (the horizontal or vertical supports between the perimeter of the rail itself) or the bed rail is small enough to prevent the resident's head/leg or arm, from becoming accidentally entrapped between the slats.***

- ***Bed rail protective barriers that do not obstruct the resident's view from the bed may be used to close off open spaces between the slats, such as netting or clear padding.***

- ***Padded bed rail covers that obstruct the resident's view may be used for residents who are prone to seizures or who are extremely***

agitated. The covers should be soft enough to prevent injury, but rigid enough to prevent a resident from becoming entrapped.

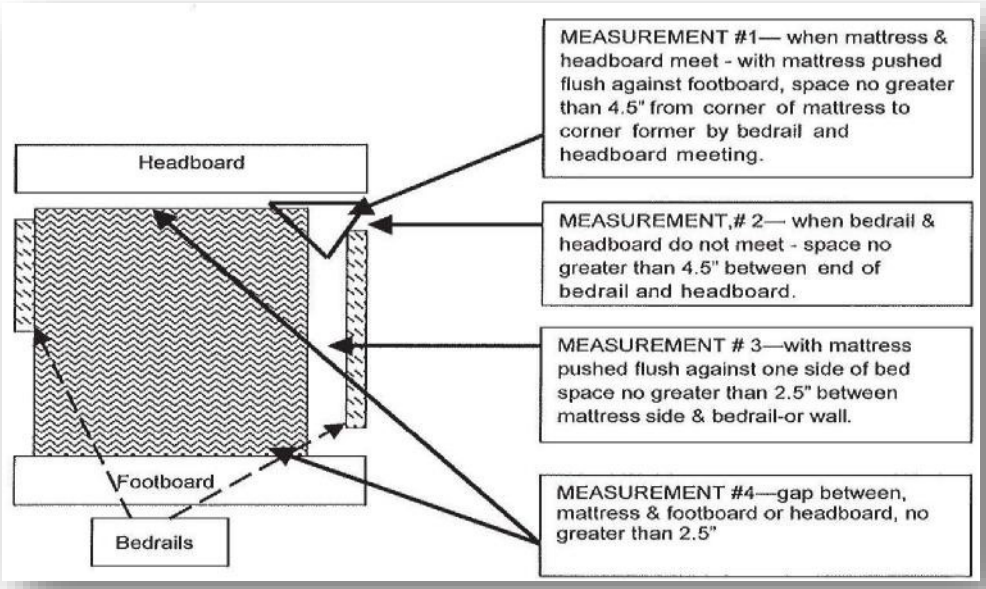
- ***Any space between bed rail and mattress and between mattress and head or footboard is to be filled with foam wedges.***

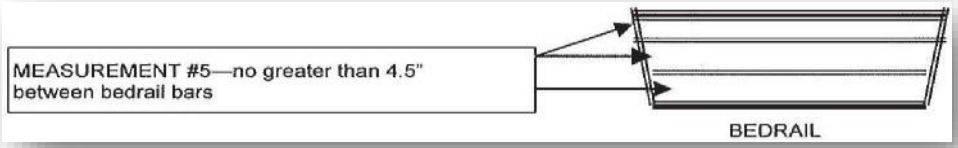
- ***When the bed is occupied, the top surface of the mattress must be higher than the bottom of the bed rails.***

NOTE: Bed rails must be used in accordance with the requirements of Rule 1400.14306 [15306]. The licensee must document use of the bed rail in the assessment plan and ensure that direct care staff are instructed in the use of bed rails as follows:

- ***Resident supervision***
- ***Bed and bed rail safety***
- ***The risks and benefits of bed rail use***
- ***Bed rail maintenance***

Guidelines for Bedrail, Mattress & Headboard Measurements





AFC Administrative Rule

R 400.14307 [15307] Resident behavior interventions generally

Rule 307. (1) A licensee shall ensure that methods of behavior intervention are positive and relevant to the needs of the resident.
(2) Intervention to address unacceptable behavior shall be specified in the written assessment plan and employed in accordance with that plan. Interventions to address unacceptable behavior shall also ensure that the safety, welfare, and rights of the resident are adequately protected. If a specialized intervention is needed to address the unique programmatic needs of a resident, the specialized intervention shall be developed in consultation with, or obtained from, professionals who are licensed or certified in that scope of practice.

TECHNICAL ASSISTANCE: For purposes of this rule, "interventions" refers to behavior management techniques to govern the management of inappropriate resident behavior. The consultant is to review the resident's assessment plan, health care appraisal, daily logs and charts, accident and incident reports, and other relevant documents to determine that the methods of dealing with unacceptable resident behavior are clearly addressed. The consultant is to review the resident record to determine that any "specialized intervention" has been approved by a licensed or certified professional and that the safety, welfare, and rights of residents are adequately protected.

"Specialized interventions" can be developed or written by professionals who are licensed or certified in behavior interventions, including, but not limited to: psychologists, psychiatrists, social workers. Examples of a specialized intervention include but are not limited to: "physical management" and use of "PRN" (as needed) medications for the purpose of behavior management.

(3) A licensee and direct care staff who are responsible for implementing the resident's written assessment plan shall be trained in the applicable behavior intervention techniques.

TECHNICAL ASSISTANCE: The consultant is to review the staff work schedule and employee records to determine that trained staff are available on a 24-hour basis to implement any behavior intervention plans developed.

(4) Intervention techniques shall not be used for the purpose of punishment, discipline, or for the convenience of staff.

AFC Administrative Rule

R 400.14308 [15308] Resident behavior interventions prohibitions.

Rule 308 (1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.

TECHNICAL ASSISTANCE: Yelling at or hitting residents, using abusive language, verbal intimidation or threatening residents are examples of behavior that a licensee, administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home may not use.

Failure to intervene if a resident is being hit, sworn at, or threatened constitutes mistreatment of a resident. Neglecting a resident's physical or emotional needs also constitutes mistreatment, by omission.

(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following:

(a) Use any form of punishment.
(b) Use any form of physical force other than physical restraint as defined in these rules.
(c) Restrain a resident's movement by binding or tying or through the use of medication, paraphernalia, contraptions, material, or equipment for the purpose of immobilizing a resident.
(d) Confine a resident in an area, such as a room, where egress is prevented, in a closet, or in a bed, box, or chair or restrict a resident in a similar manner.
(e) Withhold food, water, clothing, rest, or toilet use.
(f) Subject a resident to any of the following:

i. Mental or emotional cruelty.
ii. Verbal abuse.
iii. Derogatory remarks about the resident or members of his or her family.
iv. Threats.

(g) Refuse the resident entrance to the home.

TECHNICAL ASSISTANCE: Residents cannot be refused entrance into the home at any time for any reason, unless due to an emergency, it is unsafe for them to enter (such as a gas leak or fire).

(h) Isolation of a resident as defined in R 400.14102(1)(m)/ 15102(1)(m).
(i) Any electrical shock device.

AFC Administrative Rule

R 400.14309 [15309] Crisis intervention.

(1) Crisis intervention procedures may be utilized only when a person has not previously exhibited the behavior creating the crisis or there has been insufficient time to develop a specialized intervention plan to reduce the behavior causing the crisis. If the resident requires the repeated or prolonged use of crisis intervention procedures, the licensee shall contact the resident's designated representative and the responsible agency or, in the absence of a responsible agency, a professional who is licensed or certified in the appropriate scope of practice to initiate a review process to evaluate positive alternatives or the need for a specialized intervention plan.

TECHNICAL ASSISTANCE: "Crisis intervention" refers to the use of an intervention for which there has been insufficient time to develop a formal specialized intervention plan and generally refers to physical crisis management. Staff must not use crisis intervention until he or she is trained in crisis intervention per 400.14309(8)/400.15309(8). Crisis intervention should only be used when the resident displays a new behavior or a behavior the licensee could not reasonably anticipate. After crisis intervention, the licensee must take steps to obtain a plan to address the behavior in the future.

When it has been determined that crisis intervention has occurred, the consultant is to determine if the intervention was consistent with the criteria contained in this rule. Questions to consider:

- ***What was the danger or threat?***
- ***Is there a systematic pattern of incidents being called "emergencies" or "crisis interventions" in order to apply physical restraint without use of an approved program?***
- ***Are repeated applications of physical restraint followed up with development of specialized interventions?***

(2) Crisis intervention may be used only for the following reasons:

(a) To provide for self-defense or the defense of others.

(b) To prevent a resident from harming himself or herself.
(c) To quell a disturbance that threatens physical injury to any person.
(d) To obtain possession of a weapon or other dangerous object that is in the possession or control of the resident.
(e) To prevent serious property destruction.

(3) Crisis intervention shall be used to the minimum extent and the minimum duration necessary and shall be used only after less restrictive means of protection have failed.
(4) Crisis intervention shall be employed to allow the resident the greatest possible comfort and to avoid physical injury and mental distress.
(5) Crisis intervention shall not be used as a routine intervention.
(6) All uses of crisis intervention shall be noted in the resident's record. This notation shall include all of the following information:

(a) The nature of the crisis intervention used and the duration of use.
(b) The reasons for the use of the crisis intervention
(c) The types of less restrictive alternatives that were tried, the duration, the number of trials, and the results obtained.

TECHNICAL ASSISTANCE: Crisis intervention should only be used when less restrictive procedures or methods have failed and only for the briefest time necessary to control severely aggressive or destructive behaviors that place the individual or others in imminent danger, when those behaviors reasonably could not have been anticipated. The consultant is to review available documentation of the use of less restrictive procedures.

(d) The name of the person who authorized the crisis intervention.
(e) The times and dates that the crisis intervention was used and who implemented the crisis intervention.

(7) A licensee shall make available reports of all uses of crisis intervention when requested by the resident or his or her designated representative, the responsible agency, or the department.

TECHNICAL ASSISTANCE: The consultant may review the resident record, daily logs, staff schedule, and other relevant records for documentation regarding the use of crisis intervention as referenced in this rule. If the consultant determines that excessive crisis intervention is being utilized in a facility, the consultant may request to receive all reports of crisis intervention used.

(8) A licensee or a direct care staff member shall not use crisis intervention until he or she has successfully completed crisis intervention training that has been approved by the department.

TECHNICAL ASSISTANCE: For purposes of this rule, crisis intervention training approved by either the local Community Mental Health Agency (CMH) or the

Department of Community Health (MDHHS) will be considered as "approved by the department" as is required by this rule. In addition, see R 400.14307/R 400.15307. R 400.14307(2)/400.15307(2) requires that behavior interventions be developed by "professionals who are licensed or certified in that scope of practice". R 400.14307(3)/ 400.15307(3) requires that behavior interventions be implemented by staff that are "trained in the applicable behavior intervention techniques". It is preferable, though not required, that this training be conducted by the "professional" that developed the behavior plan. The behavior treatment plan/training cannot be in conflict with adult foster care licensing rules (e.g., resident rights, behavior prohibitions, etc.).

AFC Administrative Rule

R 400.14310 [15310] Resident health care

Rule 310 (1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to such items as any of the following:

(a) Medications.
(b) Special diets.
(c) Susceptibility to hyperthermia and hypothermia and related limitations for physical activity, as appropriate.
(d) Other resident health care needs that can be provided in the home. The refusal to follow the instructions and recommendations shall be recorded in the resident's record.

TECHNICAL ASSISTANCE: The consultant may review the resident's assessment plan, Health Care Appraisal, medication logs, and other relevant health related information, to determine that the instructions and recommendations of the resident's physician or "other health care professional" are being followed.

Directions from a physician are to be carefully followed until specifically changed by the physician. Lack of cooperation by a resident or changes in the resident's condition should be brought to the attention of the physician for further specific instructions.

A resident's refusal to follow health care related instructions and recommendations is to be recorded in the resident record. The record is to reflect that the licensee has contacted the health care professional regarding this refusal.

(2) A licensee shall maintain a copy of the annual health care appraisal on file for not less than 2 years.
(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

TECHNICAL ASSISTANCE: The consultant may review weight records for significant weight losses or gains and question the licensee regarding follow-up.

(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.

TECHNICAL ASSISTANCE: The consultant may review accident and incident reports and resident records to determine if timely medical care was obtained. Under no circumstance is the licensee or the licensee's staff to delay or refrain from obtaining necessary care. For example, staff should not be expected to contact management or a resident's family prior to obtaining needed care.

Cardiopulmonary resuscitation (CPR) is specifically meant for individuals whose hearts have stopped beating and/or individuals who are not breathing normally, or not breathing at all. It is not appropriate to perform CPR on an individual whose heart and breathing are still functioning.

A Do Not Resuscitate (DNR) order is a legal medical order that instructs individuals, including AFC staff members, not to perform CPR, if the resident stops breathing or their heart stops and that resident is wearing a do-not-resuscitate identification bracelet or that individual has notice of the resident's do-not-resuscitate order in accordance with MCL 333.1061 (3).
The Do-Not-Resuscitate Procedure Act defines "resuscitate" as performing cardiopulmonary resuscitation or a component of cardiopulmonary resuscitation, including, but not limited to, any of the following:

(i) Cardiac compression.
(ii) Endotracheal intubation or other advanced airway management.
(iii) Artificial ventilation.
(iv) Defibrillation.
(v) The administration of a cardiac resuscitation medication.
(vi) Another related procedure.

Note: Providing abdominal thrusts (formally known as the Heimlich Maneuver) is not considered resuscitation. Use of NARCAN for a suspected drug overdose is also not considered resuscitation as it is given when a resident is still breathing (although it may be shallow breaths that are difficult to detect).

AFC homes must honor DNR orders.

The AFC home must:

1. ***Identify residents who have a valid DNR***
    - ***Verify authenticity (signatures, form date, expiration)***
2. ***Have DNR orders immediately accessible if a crisis occurs***

3. ***Inform all staff of DNRs and include DNR status in residents' AFC assessment plans as required by administrative licensing rule R400.14[15]301(4)***

Start CPR if the resident is unresponsive <u>and does not have a DNR</u>:

1. ***Is not breathing, or only gasping (agonal breathing=abnormal, ineffective breaths).***
2. ***Has no pulse***

Call 911 immediately, or instruct someone else to call, and begin CPR right away.

Do <u>NOT</u> start CPR if the resident:

1. ***Is conscious and talking or moving***
2. ***Is breathing normally, even if unconscious***
3. ***Has a pulse and is breathing normally***
4. ***<u>Has</u> a valid DNR order pursuant to the Michigan Do-Not-Resuscitate Procedure Act (even if the resident is unresponsive, does not have a pulse and/or is not breathing)***

Make the resident comfortable, and call 911 to report the situation.
If the resident has a verified DNR and experiences respiratory or cardiac arrest, AFC staff should calmly advocate comfort measures (monitoring, positioning), immediately call 911, and refrain from CPR in accordance with Michigan law and the AFC Facility Licensing Act.

If the resident is enrolled in a licensed hospice program and has a DNR included in their AFC assessment plan, the AFC home may directly contact the hospice provider instead of emergency first responders.
It is suggested that licensees:

1. ***Audit current residents: verify and record DNR status in assessment plans***
2. ***Educate staff on legal definitions and procedures via annual training***
3. ***Simulate mock emergency drills to practice DNR response protocols***
4. ***Update documentation, such as notification logs***
5. ***Communicate with resident families, guardians, and/or responsible agencies about DNR policies and practices***

MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT 193 of 1996
http://www.legislature.mi.gov/(S(iyflyerfuvyv0px104io0o2w))/documents/mcl/pdf/mcl-Act-193-of-1996.pdf

1998 Michigan Attorney General opinion # 6986

AFC Administrative Rule

R 400.14311 [15311] Incident notification, incident records.

Rule 311. (1) If a resident has a representative identified in writing on the resident's care agreement, a licensee shall report to the resident's representative within 48 hours after any of the following:

(a) Unexpected or unnatural death of a resident.

Technical Assistance: Expected and natural deaths of residents, including residents enrolled in a licensed hospice program and/or expected and natural deaths of residents that do not occur at the facility, do not require the submission of an incident report to the resident's identified representative.

(b) Unexpected and preventable inpatient hospital admission.

TECHNICAL ASSISTANCE: Any unexpected illness and/or accident that requires hospitalization, as referenced in this rule, means any unexpected and preventable sudden adverse change in a resident's condition or any preventable accident that resulted in an unplanned inpatient hospitalization. Hospitalization, as used in this rule, is not defined as an emergency room visit, but is defined as any time a resident is admitted to a hospital due to an unexpected and preventable illness or accident.

(a) Physical hostility or self-inflicted harm or harm to others resulting in injury that requires outside medical attention or law enforcement involvement.
(b) Natural disaster or fire that results in evacuation of residents or discontinuation of services greater than 24 hours.
(c) Elopement from the home if the resident's whereabouts is unknown.

(2) If an elopement occurs, staff shall conduct an immediate search to locate the resident. If the resident is not located within 30 minutes after the elopement occurred, staff shall contact law enforcement.
(3) An incident must be recorded on a department-approved form and kept in the home for a period of not less than 2 years.
(4) The department may review incident reports during a renewal inspection or special investigation. This does not prohibit the department from requesting an incident report if determined necessary by the department. If the department does request an incident report, the licensee shall provide the report in electronic form within 24 hours after the request. The department shall maintain and protect these documents in accordance with state and federal laws, including privacy laws.

Technical Assistance: Substitute forms are permitted if prior authorization has been granted, via a rule variance approval.

AFC Administrative Rule

R 400.14312 [15312] Resident medications.

Rule 312 (1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

TECHNICAL ASSISTANCE: The consultant may review resident's prescription medication to determine that prescribed medications are in the pharmacy-supplied containers. The consultant may further review the home's menu plans for special menus to determine that dietary supplements are addressed, if so prescribed. The placing of medications in containers that are not the original pharmacy supplied container with its label, (e.g. weekly pill containers, "pre-setups," etc.) is prohibited. In situations where medication samples have been provided, physician-supplied pharmacy samples of medication may be used in the home if the medication is accompanied by written instructions which pertain specifically to the residents to whom it was supplied.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

TECHNICAL ASSISTANCE: The consultant may review the label instructions and medication logs to determine that they are consistent with one another. When discrepancies are observed or alleged, it may be necessary to have the licensee/staff do a medication count in the presence of the consultant.

(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.

TECHNICAL ASSISTANCE: A resident's physician statement approving a resident to administer his/her medication must be available in the resident record, and approval must be addressed in the resident's written assessment plan.

The consultant may review the resident record or through observation determine if a resident is administering his/her medications unsupervised. If so, a written directive from the resident's physician is to be available in the resident's record.

Although a resident may administer his/her medications unsupervised, the licensee has a responsibility to safeguard the medication and to remind a resident to maintain his/her medication schedule, as directed by the resident's physician.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(a) Be trained in the proper handling and administration of medication.

TECHNICAL ASSISTANCE: The consultant may review the employee records to determine that all persons administering medications have been trained. The consultant may review the licensee's training and procedures for the administration of medications. The procedures must assure the "5 R's" of medication administration:

- ***Right medication***
- ***Right resident.***
- ***Right amount.***
- ***Right time.***
- ***Right method.***

(b) Complete an individual medication log that contains all of the following information:

i. The medication.
ii. The dosage.
iii. Label instructions for use.
iv. Time to be administered.
v. The initials of the person who administers the medication, which shall be entered at the time the medication is given.
vi. A resident's refusal to accept prescribed medication or procedures.

TECHNICAL ASSISTANCE: **Standard Medication Abbreviations**

q.	Every	d.	Day
q.& h	Every three hours	b.i.d.	Twice a day
t.i.d.	Three times a day	q.i.d.	Four times a day
h.s.	Hour of sleep (bedtime)	p.r.n.	As necessary
STAT	At once	t., tsp.	Teaspoon
Gm.	Grams	oz.	Ounce
cc.	Cubic centimeters	mg.	Milligrams
ASA	Aspirin		
MOM	Milk of Magnesia		

The medication logs are to be reviewed to determine that they are being completed according to the rule requirements and that administration is consistent with the label information. The consultant may review the employee work schedules to verify the employee's initials on the medication log are consistent with the staff on duty.

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.
(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.

TECHNICAL ASSISTANCE: Administration of "As Needed Medication" or "PRN" medication is to be recorded on the medication log. If frequent administration of "PRN" medication is noted, the consultant is to request the licensee to initiate a review process to evaluate the resident's condition and need for the medication.

(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

TECHNICAL ASSISTANCE: If the consultant observes that the pharmacy label instructions/dosage is different than that contained on the medication log, the consultant is to review the licensee's documentation of the change instructions.

Changes in prescription medication is to only be made by a person licensed to prescribe medication (i.e., physician, dentist, podiatrist). Directions regarding a change in prescription medication should only be accepted from the individual prescribing the medication or a licensed medical professional (i.e., nurse, physician's assistant, pharmacist) acting as a representative of the person prescribing the medication.

(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

(5) When a resident requires medication while out of the home, a licensee shall assure that the resident or, in the alternative, the person who assumes responsibility for the resident has all of the appropriate information, medication, and instructions.

TECHNICAL ASSISTANCE: Unless otherwise specified by the physician per subrule (3), prescription medication is to be provided to the person who is assuming responsibility for the resident when the resident is outside the home.

The consultant may determine how the facility assures residents receive prescribed medication while out of the home.

(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.

TECHNICAL ASSISTANCE: Medications kept by residents who administer their medication unsupervised are to be safeguarded, kept in the original containers, and kept in a locked cabinet or drawer. The consultant is to observe the area where medications are kept assuring that it is in locked storage. Medications that require refrigeration are to be stored in a locked box in the refrigerator.

When medication is removed from the pharmacy-labeled container for administration in the facility, it must be administered immediately to the resident by the person removing the medication from the container. This does not preclude grouping any individual resident's medication(s) for immediate administration. The person who administers the medication is required to initial the medication log at the time the medication is given as required by subrule 4(b) of this rule.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

TECHNICAL ASSISTANCE: Through observation and interview, the consultant is to determine how prescription medication is disposed. The requirements of this subrule also apply in the event of a resident death.

AFC Administrative Rule

R 400.14313 [15313] Resident nutrition

Rule 313 (1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.

TECHNICAL ASSISTANCE: Meals served by the licensee must meet recommended daily allowances. The consultant may randomly select the licensee's menus and review them in order to determine that nutritional requirements have been met.

The consultant may check the food supply in the home's pantry to determine it coincides with the menu. The consultant may review mealtimes with the licensee, staff and residents to determine compliance with the timing of meals.

Any food that is chopped, pureed, or whose consistency has been modified, including gastric tube feeding, is to be considered a special diet and is to coincide with a resident's prescribed special diet. Refer to subrule (3) of this rule.

(2) Meals shall meet the nutritional allowances recommended pursuant to the provisions of "Appendix I: Recommended Dietary Allowances, Revised 1980" contained in the publication entitled "Basic Nutrition Facts: A Nutrition Reference," Michigan Department of Public Health publication no. 11-808, 1/89. This publication may be obtained at cost from the Division of Research and Development, Michigan Department of Public Health, P.O. Box 30195, Lansing, Michigan 48909.

TECHNICAL ASSISTANCE: Refer to the publication from the former Department of Public Health on nutrition as a resource regarding Recommended Daily Allowances (RDA) and the food pyramid when determining compliance. (www.michigan.gov/documents/nutrition_49822_7.pdf).

(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.

TECHNICAL ASSISTANCE: The consultant may review resident records for special dietary requirements. Special dietary requirements can generally be found on the resident's health care appraisal, on a physician's prescription form or in a narrative statement from the physician. Documentation signed and dated by the physician is to be maintained in the resident record.

For purposes of this rule, only a physician, not a physician's assistant or RN, etc., can prescribe a special diet. Special diets include, but are not limited to, weight reduction plans, diabetic diet plans, low sodium, low fat, or modification of food consistency, gastric tube feeding. Any food that is chopped, pureed, or whose consistency has been modified, including gastric tube feeding, is to be considered a special diet and is to coincide with a resident's prescribed special diet. (www.usda.gov)

The consultant may determine if and how a special diet is being provided. The home must have specific written instructions for the prescribed diet. Staff responsible for food preparation must be familiar with the prescribed diet. Equipment and information needed to follow the diet must be available to staff in the home. Food on hand must be consistent with the special diet.

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change of substitution shall be noted and considered as part of the original menu.

TECHNICAL ASSISTANCE: At a minimum, menus for the current day and the next seven days must be posted. Records of menus, including special diets, as served shall be provided upon request by the department.

(5) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

AFC Administrative Rule

R400.14314 [15314] Resident hygiene

Rule 314 (1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.

TECHNICAL ASSISTANCE: Affording the resident the opportunity for bathing may range from providing access to bathtub or shower up to and including total assistance with bathing or showing, including a sponge bath or dry bath. The licensee must have shampoo, bath soap, toothpaste, toothbrushes, etc. available for resident use.

A licensee cannot restrict the resident from having a daily bath or shower or more often, when necessary. If necessary, the resident may be given verbal prompts to take care of personal hygiene.

If the licensee is unable to ensure that a resident maintains proper hygiene, even if due to a resident's refusal, discharge may be appropriate.

(2) A licensee shall afford a resident facilities, and instructions when necessary, for daily shaving.

(3) A licensee shall afford a resident opportunities, and instructions when necessary, to obtain haircuts, hair sets, or other grooming processes.

(4) A licensee shall afford a resident opportunities, and instruction when necessary, to dress as fashion, fit, cleanliness, and season warrant.

(5) A licensee shall afford a resident who is capable with opportunities, and instructions when necessary, to routinely launder clothing. Clean clothing shall be available at all times.

TECHNICAL ASSISTANCE: The licensee may not require residents to launder the home's laundry. When a resident is not able or refuses to do his/her own laundry, the licensee is responsible for assuring that clean clothing is available. The licensee must have laundry soap available for resident use.

(6) A licensee shall afford a resident the opportunity to receive assistance in bathing, dressing, or personal hygiene from a member of the same sex, unless otherwise stated in the home's admission policy or written resident care agreement.

TECHNICAL ASSISTANCE: The licensing consultant may review the population being served and the staffing schedules of the home to determine if members of the same sex are being scheduled to assist in bathing, dressing, or personal

hygiene, unless otherwise specified in the home's admission policy or written resident care agreement.

AFC Administrative Rule

R 400.14315 [15315] Handling of resident funds and valuables

Rule 315 (1) Upon a request from a resident or the resident's designated representative, a licensee may accept a resident's funds and valuables to be held in trust with the licensee.

TECHNICAL ASSISTANCE: As used in this rule, "resident funds" and "valuables" are defined in R 400.14102(1)(u)(z) and 400.15102(1)(u)(z).

The licensing consultant may determine through interview and review of the "Resident Care Agreements" and "Resident Funds Part 1" forms, whether the licensee has agreed to manage and/or accept for safekeeping resident funds and valuables.

If a resident or resident's designated representative requests a licensee to manage the resident's funds or valuables, the licensee has the option to refuse that request.

(2) The care of any resident funds and valuables that have been accepted by a licensee for safekeeping shall be treated by the licensee as a trust obligation.

TECHNICAL ASSISTANCE: "Accepted by a licensee for safekeeping" means items specifically given to the licensee for storage or safekeeping, such as a diamond ring.

Licensees are to complete and maintain a "Resident Funds Part I" (OCAL 2318) for all residents.

The consultant may ask the licensee whether he/she has accepted a resident's funds and valuables for safekeeping; assists residents in handling their funds or with banking transactions.

A licensee is not required to accept a resident's funds and valuables for safekeeping.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

TECHNICAL ASSISTANCE: The licensing consultant is to inspect resident records to determine that resident funds and valuables transaction forms have

been completed for each resident. The BCAL-2318 – resident Funds Part I and the BCAL-2319 – Resident Funds Part II forms are the required department forms.

Advanced care payments or deposits that are credited to the resident's account upon admission must be recorded on the "Resident Funds Part II" form.

(4) A listing of all valuables that are accepted by the licensee for safekeeping shall be maintained. The listing of valuables shall include a written description of the items, the date received by the licensee, and the date returned to the resident or his or her designated representative. The listing of valuables shall be signed at the time of receipt by the licensee and the resident or his or her designated representative. Upon return of the valuables to the resident or his or her designated representative, the listing shall be signed by the resident or his or her designated representative and the licensee.

TECHNICAL ASSISTANCE: When a licensee accepts a resident's valuables for safekeeping, the consultant is to review the record of valuables for the resident to determine the record is being maintained as required by this rule.

(5) All resident funds, which includes bank accounts, shall be kept separate and apart from all funds and monies of the licensee. Interest and dividends earned on resident funds shall be credited to the resident. Payments for care for the current month may be used by the licensee for operating expenses.

TECHNICAL ASSISTANCE: The practice of depositing the resident's check into the home's or licensee's account and writing the resident a check or giving the resident cash for his/her portion of the check is not considered commingling, provided that the licensee forwards the resident's remaining portion of the check to the resident within 5 working days.

(6) Except for bank accounts, a licensee shall not accept resident funds of more than $200.00 for any resident of the home after receiving payment of charges owed.

TECHNICAL ASSISTANCE: The consultant may review resident fund transaction forms and the money on hand to determine compliance with this sub rule.

(7) A resident shall have access to and use of personal funds that belong to him or her in reasonable amounts, including immediate access to not less than $20.00 of his or her personal funds. A resident shall receive up to his or her full amount of personal funds at a time designated by the resident, but not more than 5 days after the request for the funds. Exceptions to this requirement shall be subject to the provisions of the resident's assessment plan and the plan of services.

TECHNICAL ASSISTANCE: The consultant may review the resident record for an accounting of the resident's funds and compare the cash on hand with the balances indicated on the funds transaction form. Any restrictions to a resident's access to their funds must be noted in the resident's assessment plan.

(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

TECHNICAL ASSISTANCE: The consultant may review the resident record to determine that resident transactions have been recorded and that proper signatures have been obtained. When the resident or his/her designated representative agree to have the licensee manage and account for financial transactions on the resident's behalf and the licensee accepts this responsibility as reflected in the Resident Care Agreement or other documentation, this constitutes the "prior written approval" required by this rule.

(9) A resident's account shall be individual to the resident. A licensee shall be prohibited from having any ownership interest in a resident's account and shall verify such in a written statement to the resident or the resident's designated representative.

TECHNICAL ASSISTANCE: For purposes of this rule, "account" includes bank accounts, securities, bonds, etc., that are received by the licensee from a resident. The consultant may review the Resident Funds Part I and account (savings, money market funds, checking, investment accounts etc.) statements to determine that the licensee does not have ownership interest in the accounts. If the licensee's or their designee's name appears on the account, the consultant may assure that the licensee is holding the account "in trust for" the resident.

(10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.

(11) A licensee shall obtain prior written approval from a resident and his or her designated representative before charges are made to a resident's account.

TECHNICAL ASSISTANCE: The consultant may review the "Resident Care Agreement" and any other written agreement regarding approved charges against the resident's account. The consultant may compare the prior approved charges against the "Resident Funds Part II" (BCAL 2319) to assure they are in agreement.

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

TECHNICAL ASSISTANCE: The licensing consultant may verify that the licensee is not charging more than the amount agreed to in the "Resident Care Agreement". This can be done by comparing the "Resident Funds Part II" against the "Resident Care Agreement". Adult foster care payments must be documented on the Resident Funds Part II form.

BOILERPLATE FROM THE DHS BUDGET:
Adult foster care facilities providing domiciliary care or personal care to residents receiving supplemental security income or homes for the aged serving residents receiving supplemental security income shall not require those residents to reimburse the home or facility for care at rates in excess of those legislatively authorized. To the extent permitted by federal law, adult foster care facilities and homes for the aged serving residents receiving supplemental security income shall not be prohibited from accepting third-party payments in addition to supplemental security income the payments are not for food, clothing, shelter, or result in a reduction in the recipient's supplemental security income payment. Concerns regarding payments about the Supplemental Security Income payment may be referred to the Social Security Administration, or adult services workers.

(13) A licensee shall provide a complete accounting, on an annual basis and upon request, of all resident funds and valuables which are held in trust and in bank accounts or which are paid to the home, to the resident, or to his or her designated representative. The accounting of a resident's funds and valuables which are held in trust, or which are paid to the home shall also be provided, upon the resident's or designated representative's request, not more than 5 banking days after the request and at the time of the resident's discharge from the home.

TECHNICAL ASSISTANCE: Residents' funds records are to be inspected to determine that the licensee has maintained an accounting of resident funds, and has a method by which annually accountings to residents are made. The licensing consultant shall review receipts for resident fund expenditures to assure they correspond to charges identified on the "Resident Funds Part II" form.

(14) A licensee shall have a written refund agreement with the resident or his or her designated representative. The agreement shall state under what conditions a refund of the unused portion of the monthly charge that is paid to the home shall be returned to the resident or his or her designated representative. The refund agreement shall provide for, at a minimum, refunds under any of the following conditions:

(a) When an emergency discharge from the home occurs as described in R 400.14302.
(b) When a resident has been determined to be at risk pursuant to the provisions of sections 11 and 11a to 11f of Act No. 280 of the Public Acts of 1939, as amended, being {{400.11 and 400.11a to 400.11f of the Michigan Compiled Laws. (The Social Welfare Act)
(c) When a resident has been determined to be at risk due to substantial noncompliance with these licensing rules which results in the department taking action to issue a provisional license or to revoke or summarily suspend, or refuse to renew, a license and the resident relocates. The amount of the monthly charge that is returned to the resident shall be based

upon the written refund agreement and shall be prorated based on the number of days that the resident lived in the home during that month.

TECHNICAL ASSISTANCE: The written refund agreement must be signed by the licensee and the resident or resident's representative.

(15) Personal property and belongings that are left at the home after the death of a resident shall be inventoried and stored by the licensee. A licensee shall notify the resident's designated representative, by registered mail, of the existence of the property and belongings and request disposition. Personal property and belongings that remain unclaimed, or for which arrangements have not been made, may be disposed of by the licensee after 30 days from the date that written notification is sent to the designated representative.

(16) Personal property and belongings that are left at the home after discharge shall be inventoried and stored by the licensee. The resident and designated representative shall be notified by the licensee, by registered mail, of the existence of property and belongings. Personal property and belongings that remain unclaimed, or for which arrangements have not been made, may be disposed of by the licensee after 30 days from the date that written notification is sent to the resident and the designated representative.

AFC Administrative Rule

R 400.14316 [12516] Resident records.

Rule 316 (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

i. Name.
ii. Social security number, date of birth, case number, and marital status.
iii. Former address.
iv. Name, address, and telephone number of the next of kin or the designated representative.
v. Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.
vi. Name, address, and telephone number of the preferred physician and hospital.
vii. Medical insurance.
viii. Funeral provisions and preferences.
ix. Resident's religious preference information.

(b) Date of admission.

(c) Date of discharge and the place to which the resident was discharged.
(d) Health care information, including all of the following:

i. Health care appraisals.
ii. Medication logs.
iii. Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.
iv. A record of physician contacts.
v. Instructions for emergency care and advanced medical directives.

TECHNICAL ASSISTANCE: When a resident has requested "no medical intervention" in writing, the licensee should maintain the request in the resident's record. The licensee is to provide this written request to attending emergency medical and/or any other medical personnel, when applicable.

A hospice service plan for a resident who is enrolled in a licensed hospice program that includes a do-not-resuscitate order or any other form of advance directive is to be included as an addendum to the resident's assessment plan and maintained with the assessment plan in the resident's record.

(e) Resident care agreement.
(f) Assessment plan.
(g) Weight record.
(h) Incident reports and accident records.
(i) Resident funds and valuables record and resident refund agreement.
(j) Resident grievances and complaints.

(2) Resident records shall be kept on file in the home for 2 years after the date of a resident's discharge from a home.

TECHNICAL ASSISTANCE: The consultant may review current and past resident records to determine that all the required documentation is contained in the record.

Weight records and incident reports only need to be kept in the resident record for two years per rules 400.14311(7), 400.15311(7), 400.14310(3), and 400.15310(3).

<u>AFC Administrative Rule</u>

R 400.14317 [15317] Resident recreation.

Rule 317 (1) A licensee shall make reasonable provision for a varied supply of leisure and recreational equipment and activities that are appropriate to the number, care, needs, age, and interests of the residents.

TECHNICAL ASSISTANCE: The licensee must encourage participation in activities and promote the use of recreational equipment and materials.

(2) Leisure and recreational equipment shall be safe, clean, in good repair, and easily accessible.
(3) Equipment and materials shall encourage and reinforce all of the following:

(a) Social interaction.
(b) Further growth through firsthand experiences.
(c) Social graces.
(d) Productive utilization of leisure time.

AFC Administrative Rule

R 400.14318 [15318] Emergency preparedness

Rule 318 (1) A licensee shall have a written emergency procedure and evacuation plan to be followed in case of fire, medical, or severe weather emergencies. The evacuation plan shall be prominently posted in the home. Residents who require special assistance shall be identified in the written procedure.

TECHNICAL ASSISTANCE: The written procedure is to be updated to accurately reflect changing resident needs and/or populations served by the home. Severe weather emergency plans must minimally address tornadoes, severe thunderstorms, and related power outages. Plans must include where residents will receive care in the event the facility is no longer habitable.

(2) An evacuation plan shall, at a minimum, include a floor plan that specifies the locations of evacuation routes and the exiting route to be followed in case of fire.

TECHNICAL ASSISTANCE: The consultant may verify and review the posted floor plan to determine that evacuation routes have been identified and are through approved means of egress.

(3) A telephone shall be available and accessible in a home. Emergency telephone numbers shall, at a minimum, include fire, police, and medical emergency services and shall be conspicuously posed immediately adjacent to telephones.

TECHNICAL ASSISTANCE: A facility phone, landline, or cell phone, must be available, operable and accessible to anyone in the home at all times.

(4) A licensee shall ensure that residents, all employees, volunteers under the direction of the licensee, and members of the household are familiar with emergency and evacuation procedures.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

TECHNICAL ASSISTANCE: The frequency of practicing emergency and evacuation procedures referenced in this subrule is one practice during daytime hours, one during evening hours, and one during sleeping hours, each quarter. A minimum of 3 practices must be completed every 3 months.

The consultant is to have the licensee identify when each time period (daytime, evening and sleeping hours) ends and begins in that facility. Daytime hours begin when most residents get up in the morning until late afternoon or the time by which most residents return to the facility. Evening hours are when daytime hours end until most residents go to bed. Sleeping hours are when most residents are sleeping. The practices are then to be reviewed against the time frames established by the licensee.

Only practices which result in the full evacuation of all residents to a safe location outside of the facility may be counted toward the required number of practices. The consultant is to review the home's emergency and evacuation logs for the previous licensing term to determine compliance with this rule. The consultant is to review the time it takes to evacuate the home in order to determine that staffing ratios and procedures are in place to evacuate the home safely [Ref. Rule 400.14206(2) and 400.15206(2). Failure on the part of a licensee to conduct required emergency evacuation practices is to be considered a serious threat to life and safety and requires immediate corrective action by the licensee.

Evacuation practices may be announced to the residents in advance.

Certified Programs: Homes that are certified to provide specialized programs are required to comply with special certification R330.1803 regarding evacuation scores.

(6) A licensee shall assure emergency transportation through the use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

TECHNICAL ASSISTANCE: The consultant may ask the licensee to identify the transportation available for emergency purposes. If the licensee is relying on their own or their staff's transportation, it must be available for emergency purposes.

AFC Administrative Rule

R 400.14319 [15319] Resident transportation

Rule 319 When a home provides transportation for a resident, the licensee shall assure all of the following:

(a) That a vehicle is in good operating condition.
(b) That a vehicle carries a basic first aid kit.
(c) That residents who are transported by truck ride only in the cab.
(d) That a vehicle operator has a valid driver's license. A licensee who uses a motor vehicle with a manufacturer's rated seating capacity of 16 or more persons shall comply with the provisions of section 715a of Act No. 300 of the Public Acts of 1949, as amended, being {257.715a of the Michigan Compiled Laws.

TECHNICAL ASSISTANCE: If facility has a vehicle seating 16 or more persons, drivers must have a Class "C" (chauffeurs) driver's license.

PART 4. ENVIRONMENTAL CONDITIONS

AFC Administrative Rule

R 400 .14401 [15401] Environmental conditions.

Rule 401 (1) Private water systems shall be in compliance with R 325.10101 et seq. of the Michigan Administrative Code. A bacteriological report confirming water quality shall be required during the initial inspection and every 2 years thereafter. Group homes that use a community-approved water system need not be in compliance with this requirement.

TECHNICAL ASSISTANCE: The local health authority determines rule compliance with all private water systems. If a new well is drilled, or at any other time, the water supply may be suspect, the consultant is to request approval of the water from the local health authority.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

TECHNICAL ASSISTANCE: The consultant is to determine that hot and cold water is available at all hand washing and bathing fixtures. The consultant may operate the fixtures to assure the availability of hot and cold water and adequacy of pressure.

The water temperature is to be tested by thermometer at multiple sites within the facility after the water has run long enough to reach maximum temperature. The temperature is not to be less than 105 degrees Fahrenheit and not to exceed 120 degrees Fahrenheit at any fixture accessible to residents.

The consultant is to determine how the licensee assures proper water temperature is maintained but should only cite if water is not maintained within the required range.

(3) All sewage shall be disposed of in a public sewer system or, in the absence thereof, in a manner that is approved by the health authority.

TECHNICAL ASSISTANCE: When consultants are conducting on-site inspections, they may observe whether there is evidence of septic/sewer failure. Toilets which back up or flush poorly may be an indication of septic failure. Flush toilets and turn on faucets to determine if plumbing fixtures drain properly. Evidence of sewage on the ground includes septic tank effluent that is very dark or black in appearance and extremely malodorous, or presence of dark colored standing water close to the septic system area. Wastewater from the laundry machine is considered sewage and therefore, must be discharged into the home's sanitary sewer system. Any evidence of sewage on the ground surface is positive indication that sewage is being disposed of improperly.

(4) All garbage and rubbish that contains food wastes shall be kept in leak-proof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.
(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.

TECHNICAL ASSISTANCE: Examples of effective control measures include but are not limited to:

- ***Keeping kitchen and food storage areas clean and free of excessive clutter. Not using loose or contact paper for shelf liners.***
- ***Eliminating potential places of harborage and avenues for entrance into the home, such as cracks and crevices in construction.***
- ***Obtaining the services of a licensed pest control operator when necessary.***
- ***Screening and sealing all openings to the outside.***
- ***Maintaining yard areas to prevent attracting vermin. Where an Integrated Pest Management System is being used, the consultant may determine if the licensee has taken appropriate safeguards to protect residents. If poisons or traps are used, the licensee must assure that residents do not have access to them.***

(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

TECHNICAL ASSISTANCE: The consultant may determine that poisons, caustics and other toxic materials are properly stored so that they are not accessible to residents. Safeguarding may include locking the materials if necessary for protection of the home's resident population.

(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

TECHNICAL ASSISTANCE: Habitable rooms are all rooms that may be used by residents for living and sleeping. The consultant may determine how each habitable room is ventilated. All habitable rooms are to have a direct source of ventilation year-round.

When mechanical ventilation systems are used, the consultant may check that the system is operating. Filters and ducts are to be kept clean.

Where the ventilation source is a window, it may be checked to determine that it is openable, and operable, and is tight fitting when closed. Screening must be of a small enough mesh to prevent entry of insects.

If licensees claim that screens are not needed because the facility is equipped with central air, the consultant may interview residents to determine if windows are ever opened.

(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.

TECHNICAL ASSISTANCE: The consultant may determine that there are accessible hand-washing facilities in each bathroom and the kitchen. Soap and individual towels or paper towels must be available at each hand-washing facility.

Residents are not allowed to use common cloth towels, i.e., more than one person uses a towel.

When individual cloth towels are used, the consultant may ask the licensee what procedures are in place to assure only one person uses a towel.

(9) When a resident is discharged, his or her room and its contents shall be thoroughly cleaned. Blankets and spreads shall be sanitized.

<u>AFC Administrative Rule</u>

R 400.14402 [15402] Food Service

Rule 402 (1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.

TECHNICAL ASSISTANCE: The licensing consultant is to inquire as to where the home obtains meat and poultry products if they do not have store labels. Such products must be slaughtered and processed by a commercial food processor, as if for retail sales. Observe food storage for evidence of spoilage and expiration dates. Food that is not commercially packaged is prohibited, such as:

- ***home canned foods.***
- ***packages of meat and poultry with no label or marked "not for sale" or "not for retail" (may indicate product was not commercially processed).***

The following are acceptable:

- ***noncommercial fish and eggs.***
- ***home grown fresh or frozen vegetables and fruit.***

According to the Michigan Dept. of Agriculture and the USDA, powdered milk which is labeled grade A and pasteurized may be mixed with water and used as a beverage for residents and in cooking and baking. The container in which the milk is reconstituted must be covered and washed, rinsed and sanitized, between uses. Partially filled containers cannot be refilled until they are washed, rinsed and sanitized.

(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility

TECHNICAL ASSISTANCE: If the consultant has questions about possible contamination, he/she may contact the local health authority for technical assistance.

Containers of food are to be stored off the floor, on clean racks, dollies, or other clean surfaces, in such a manner as to be protected from splash and other contamination.

Containers of food must not be stored directly below sewer or cold-water pipes unless effectively designed protection is installed under the pipes to prevent contamination by sewage leakage or water condensation on the containers of food. The licensee must not store food or food service utensils under sink drains. Light bulbs located above food preparation, food storage and dishwashing facilities and in refrigerators must be protected against breakage.

Food stored in open containers must be covered. Individual portions of food once served to a resident are not to be served again.

The requirements for storage and general protection against contamination apply to the transporting of all food, as well.

When an applicant/licensee proposes to or prepares food off site, the consultant is to request the health authority to inspect and approve the off-site facilities, including preparation, transportation and serving of food. A rule variance is not required when food is prepared off site.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

TECHNICAL ASSISTANCE: Potentially hazardous food is any perishable food which consists in whole or in part of milk and milk products, eggs, meat, poultry, fish, shellfish, or other ingredients capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms.

Frozen food is to be kept at such temperatures as to remain frozen, except when being thawed for preparation or use. Potentially hazardous frozen food is to be thawed at refrigerator temperatures of 40 degrees Fahrenheit or below; or under cool running water; or quick-thawed as part of the cooking process. Potentially hazardous foods are not to be thawed at room temperature. The consultant is to observe the temperature on the thermometer in the refrigerators and freezers to assure that food is protected against spoilage.

(4) All food service equipment and utensils shall be constructed of material that is nontoxic, easily cleaned and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.

TECHNICAL ASSISTANCE: The licensing consultant is to inspect the food preparation areas for cleanliness and condition including:

- ***Equipment - stoves, ranges, hoods, tables, counters, refrigerators, sinks, dishwashers, and any other equipment in the kitchen.***
- ***Tableware - multi-use eating and drinking utensils, including flatware (knives, forks, and spoons). A common use drinking cup/glass at a water fixture is not permitted. Tableware with worn surfaces cracks or chips are to be discarded, as they cannot be easily cleaned and are not in good repair.***
- ***Single-service articles - Aluminum foil baking utensils, such as those used when baking pies, and similar single-service articles, must not be used more than once. Paper or foam cups or plates and plastic flatware, must be stored in closed cartons or containers, which protect them from contamination. These articles are to be used only once.***

- ***Utensils - tableware and kitchenware used in the storage, preparation, conveying, or serving of food.***
- ***Regardless of the cleaning method employed, utensils must be air-dried. Towel drying may result in contamination.***

(5) A home shall be properly equipped as required by the health authority, to prepare and serve adequate meals.

TECHNICAL ASSISTANCE: The licensing consultant is to assure, through observation, that the home is minimally equipped with the following: dishwashing facilities, stove, refrigerator, a food preparation area, and eating and cooking utensils.

(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.

TECHNICAL ASSISTANCE: The licensing consultant is to determine that the gas and electrical equipment are properly installed. The consultant is to inspect the hood and canopy filters visually to determine they are clean and in good working order.

Food preparation surfaces, tables, countertops and cutting boards are to be reasonably smooth; washable; readily accessible for cleaning and of such material and in such repair as to be maintained in a clean and sanitary condition. Only cutting boards in good condition are acceptable. Cutting boards with chips or cracks must be discarded.

Miscellaneous kitchen items - wall exhaust fans and any items that are essential to the kitchen operations are to be inspected for cleanliness and proper working order. Nonessential items that may contribute to poor sanitation must be kept out of the kitchen.

AFC Administrative Rule

R 400.14403 [15403] Maintenance of premises

Rule 403 (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants**.**

TECHNICAL ASSISTANCE: Rule 400.15102(q)/400.14102(q) defines premises as the home, grounds, and all other appurtenances.

Plumbing, lighting, ventilation, floor space, the minimizing of hazards and routine maintenance are to be adequate.

When evaluating compliance with this subrule, the licensing consultant is to consider the entirety of the premises as it relates to the foster care needs of the population served. Any obvious hazards to residents must be cited and corrected.

In addition, where open stairways are present, especially at entrances and egresses, the licensee is to demonstrate how the protection and safety of the home's residents has been addressed to reduce the risk of injury to the home's residents. This could include the installation of a partial door or gate at the top of the stairway which would be high enough to prevent a resident from falling over but would not obstruct the exit. See Rule 400.14507(2) for additional information.

Oxygen Storage: A one (1) day supply (or one canister if the canister holds more than a one-day supply) is permitted in the room where it is being used. Oxygen in excess of a one (1) day supply is to be stored in a separate room us ed for no other purpose or storage. A rack or fastening device must be used to protect cylinders from accidental damage or from falling over.

Routine Maintenance: The consultant is to assure proper maintenance of the interior and exterior of the facility by observing that the mortar is intact around brick or stonework; eaves troughs and down spouts are securely fastened and kept in good repair; rails and porch floors, exterior stairs and sidewalks are in good repair. The maintenance of auxiliary buildings and the yard are to be maintained in a manner that does not present a hazard to residents.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

(3) living, sleeping, hallway, storage, bathroom, and kitchen areas shall be well lighted and ventilated.

TECHNICAL ASSISTANCE: Consultants should rely upon their initial impressions of the lighting when inspecting various areas of the facility. The citing of lighting violations in facilities should reflect various symptoms of the problem, such as the presence of dirt and debris, the existence of large shadow areas, and other indicators that the tasks to be accomplished by residents and staff have been made more difficult because of poor illumination.

The licensing consultant is to assure that there is adequate ventilation throughout the home. Means of ventilation includes windows and mechanical ventilation systems. When mechanical ventilation systems are used the consultant is to determine through observation that the system is operating. Indicators of adequate ventilation include:

- ***Steady, on-going air exchange.***
- ***Control of odors.***
- ***Absence of extreme humidity, dryness, mold, or mildew.***

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

TECHNICAL ASSISTANCE: The consultant is to determine, through observation and interview, that the roof, exterior walls, doors, skylights, and windows are weathertight and watertight.

Indicators that a facility may not be watertight may include, but are not limited to, water stains on ceilings or walls, buckled walls, peeling paint, squishy carpeting, floors that sag, and/or standing water in the basement.

Indicators that a facility is not weathertight include, but are not limited to, the consultant's ability to see through cracks to the outside or feel cold air entering from the outside by means not intended in the normal construction of a house.

Windows designed to be openable must be easily opened.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

TECHNICAL ASSISTANCE: Walls and ceilings must be free from holes, breaks, cracks, flaking paint or plaster, and other surfaces which make cleaning difficult. Floor moldings must be installed to fit both the floor and adjoining wall tightly. Wherever cracks or crevices of any size are found, it is possible for cockroaches, other insects and, in extreme cases, mice or young rats to establish harborage.

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

TECHNICAL ASSISTANCE: Flame-producing water heaters must be properly vented to the outside. A discharge pipe must also be attached to the water heater that terminates within 4 inches of floor level.

(7) All water closet compartments, bathrooms, and kitchen floor surfaces shall be constructed and maintained so as to be reasonably impervious to water and to permit the floor to be easily kept in a clean condition.

TECHNICAL ASSISTANCE: Where carpet is used, it must be installed over areas that are impervious to water. Indications of problems include strong odors, cracked flooring, spongy flooring, evidence of leakage.

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

TECHNICAL ASSISTANCE: A stairway has two or more steps. Each stairway must have at least one handrail. Stairways with open sides must have rails on all open sides. All handrails are to be properly installed and meet the minimum height requirement.

Exterior porches or decks elevated above grade level are to be enclosed with rails on the open sides if the elevation above grade is more than 8 inches.

(9) Stairway risers and treads shall be a uniform and consistent size. Stairways that form a part of a required means of egress shall change direction at landings only.

TECHNICAL ASSISTANCE: Spiral staircases and staircases that incorporate wedge-shaped steps are not allowed.

(10) Scatter or throw rugs on hard finished floors shall have a nonskid backing.
(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

TECHNICAL ASSISTANCE: The home is to have handrails (grab bars) installed in shower and bath areas. The handrails must be properly fastened and secure.

Nonskid surfacing or strips are mandatory in showers and bath areas. Removable rubber bathmats are unacceptable because they are removable. Showers or bathtubs constructed of nonskid materials from the manufacturer are acceptable.

(12) Sidewalks, fire escape routes, and entrances shall be kept reasonably free of hazards, such as ice, snow, and debris.

TECHNICAL ASSISTANCE: The home's sidewalks, hallways, fire escapes, and entrances must be kept clear of anything that would present an obstacle to someone entering or leaving the building. Such obstacles may include, but are not limited to, snow, ice, trash containers in hallways, furniture which may protrude into a passageway, loose carpeting or floor tile, baby gates, doors not easily opened, and other obvious hazards.

When a garage is used as a fire escape route, the passageway through the garage itself is to be kept clear even when the garage is used for storage of autos, lawn equipment, power tools, etc.

(13) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.

TECHNICAL ASSISTANCE: Broken or uneven paved walks or driveways the present and obvious risk must be repaired or removed. Decorative pools, fishponds, swimming pools, and canals without barriers constructed around them could be hazardous. Depending upon the population served, if a yard has decorative pools, fishponds, swimming pools, hot tubs, is adjacent to a body of water, or has severe elevation changes, it may be necessary to require the installation of a barrier to prevent injury to the resident. The licensee will need to be able to demonstrate how safety of residents will be maintained when hazards exist in the yard surrounding the facility.

Swimming Pools: Swimming pools and equipment are to be operated and maintained in accordance with the pool manufacturer's instructions. The consultant is to have the licensee demonstrate or explain how they operate and maintain the pool according to the pool's owner's manual. The pool must have a complete enclosure to prevent unauthorized individuals and animals from entering the pool area. Electrical appliances and extension cords must be kept away from the pool area. The electrical service to the pool equipment must be installed according to the appropriate electrical code. The pool walls, skimmers, sides, bottom, and decking must be kept clean. The pool must be vacuumed as often as needed to keep it clean.

(14) Hot water pipes and steam radiators that are located in resident occupied areas shall be shielded to protect against burns.

TECHNICAL ASSISTANCE: An enclosure around hot water pipes and steam radiator could be a three-sided box with top that allows circulation of air and prevents touching the radiator surface.

(15) A written report shall be made to the adult foster care licensing division of the department, the resident's designated representative, and the responsible agency within 48 hours, excluding holidays and weekends, of the occurrence of any fire and property damage of more than $5,000.00.

AFC Administrative Rule

R 400.14404 [15404] Laundry

Rule 404 A home shall make adequate provision for the laundering of a resident's personal laundry.

TECHNICAL ASSISTANCE: Off-site laundry services are permitted.

AFC Administrative Rule

R 400.14405 [15405] Living space

Rule 405 (1) A licensee shall provide, per occupant, not less than 35 square feet of indoor living space, exclusive of bathrooms, storage areas, hallways, kitchens, and sleeping areas.

TECHNICAL ASSISTANCE: This subrule applies only to those facilities licensed after the effective date (5/24/94) of these rules.

(2) A resident shall be provided with reasonable storage space for storing his or her personal belongings.
(3) Living, dining, bathroom, and sleeping areas used by residents who have impaired mobility shall be accessible and located on the street floor level of the home that contains the required means of egress.

TECHNICAL ASSISTANCE: "Impaired mobility" means physical or mental conditions that prevent a resident from walking or going up and down stairs without assistance. Indicators of impaired mobility include, but are not limited to:

- ***Use of walkers.***
- ***Use of wheelchairs.***
- ***Use of crutches.***
- ***Use of canes.***
- ***Not able to follow staff directions.***

(4) A resident shall not be housed above a second floor of a three-story residence. This subrule shall not apply to those licensees who were approved to house residents above the second floor of a three-story residence, who were licensed on the effective date of these rules, and whose license has been in continuous effect.

See Attachment A page 84.

TECHNICAL ASSISTANCE: This subrule applies to those facilities licensed after the effective date (5/24/94) of these rules.

(5) Where there is a change of ownership or a change in licensee for those licensees and homes that were licensed on the effective date of these rules and whose licenses have been in continuous effect, use of living space above the second floor of a three-story residence shall be allowed to continue without interruption when all of the following conditions have been met:

(a) The resident or his or her designated representative has agreed, in writing, to continue to reside above the second floor of the three-story residence.
(b) The home is in compliance with all applicable state fire safety and environmental health standards.
(c) The licensee meets all applicable staffing requirements as set forth in R 400.15206.
(d) The licensee is in compliance with the emergency preparedness provisions as required in these rules.

TECHNICAL ASSISTANCE: This provision allows facilities that were licensed on or before 5/24/94 and whose license has been in continuous effect to use three floors for living space if the above conditions are met.

(6) The living, dining, bathroom, and sleeping areas for residents shall be contained within the home.
(7) A group home shall provide 1 or more multipurpose areas of adequate size for training, recreation, family-style dining and other diversional and social activities.
(8) A home shall have dining space that can accommodate all residents of the home at the same time.
(9) The provisions of subrule (1) of this rule shall not apply to those licensees who are licensed on the effective date of these rules and whose licenses have been in continuous effect. A variance that is granted pursuant to the provisions of this rule is not transferable from one licensee to another.

AFC Administrative Rule

R 400.14406 [15406] Room temperature

Rule 406 All resident-occupied rooms of a home shall be heated a temperature range between 68 and 72 degrees Fahrenheit during non-sleeping hours. Precautions shall be taken to prevent prolonged resident exposure to stale, noncirculating air that is at a temperature of 90 degrees Fahrenheit or above. Variations from the requirements of this rule shall be based upon a resident's health care appraisal and shall be addressed in the resident's written assessment plan. The resident care agreement shall address the resident's preferences for variations from the temperatures and requirements specified in this rule.

TECHNICAL ASSISTANCE: The intent of this rule is not to require air conditioning. The consultant may check the room temperature of several resident bedrooms and rooms generally occupied by residents with a thermometer to determine the temperature.

The consultant may also review the residents' Health Care Appraisal and written Assessment Plan for any special instructions related to the temperature recommendations for residents. Resident Care Agreements and Assessment

Plans may be reviewed to determine whether preferences for variations from this rule requirement have been addressed and carried out.

AFC Administrative Rule

R 400.14407[15407] Bathrooms

Rule 407 (1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

TECHNICAL ASSISTANCE: The forced ventilation system must not terminate into another closed portion of the building (basements, attics, etc.) and the system must work. The vent openings should be observable on the outside of the building. Where windows are used for ventilation, windows must open easily.

(2) Toilets, bathtubs, and showers shall provide for individual privacy.
(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

TECHNICAL ASSISTANCE: Bathrooms must have doors that are positive latching. Where locks are used, they must have non-locking-against-egress hardware (i.e., hardware that can be opened from inside of a room with a single motion, such as a turn of a knob or push of a handle, even if the door itself is locked). Pocket doors are not allowed.

(2) A home shall have a minimum of 1 toilet, 1 lavatory, and 1 bathing facility for every 8 occupants of the home.

TECHNICAL ASSISTANCE: The consultant is to determine that each area used to meet this ratio must be available to all occupants of the home. Areas restricted to employees' or family members' use may not be counted in meeting this requirement. If adult day care participants are receiving care in the licensed portion of the facility, they are to be counted when determining this ratio.

(3) At least 1 toilet and 1 lavatory that are available for resident use shall be provided on each floor that has resident bedrooms.

TECHNICAL ASSISTANCE: A resident bedroom that has a bathroom contained in it is to be considered available only to those occupants of the bedroom.

(4) At least 1 bathing facility that is available for resident use shall be provided on each floor that has resident bedrooms.

TECHNICAL ASSISTANCE: A bathing facility means a tub or a shower. This rule requirement does not apply to facilities licensed on or before 5/24/94. A resident bedroom that has a bathing facility contained in it is to be considered available only to those occupants of the bedroom.

(5) The provisions of subrule (6) of this rule shall not apply to those licensees who are licensed on the effective date of these rules and whose licenses have been in continuous effect.

TECHNICAL ASSISTANCE: This provision exempts facilities licensed on or before 5/24/94 from the requirement of subrule (6).

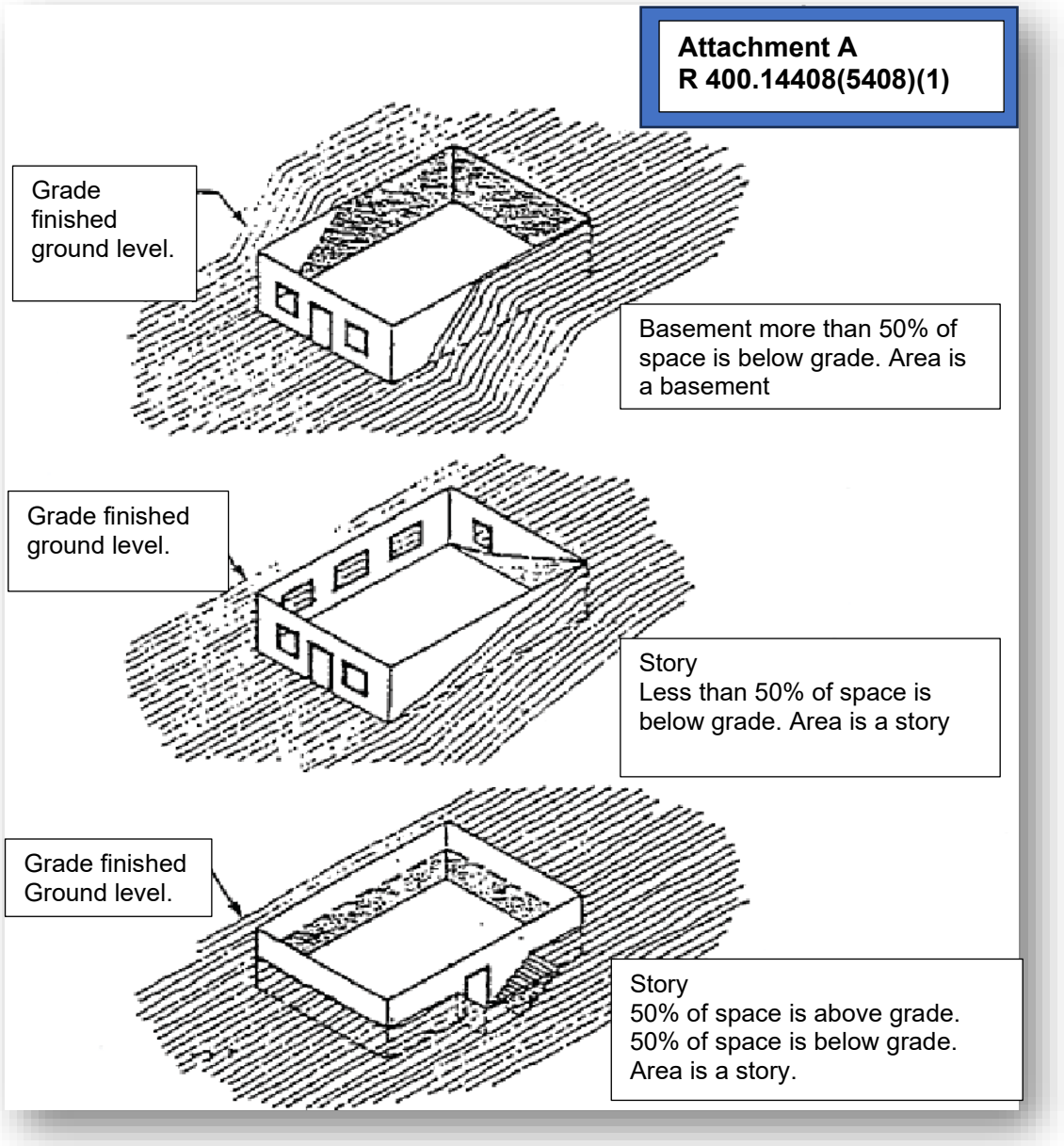
AFC Administrative Rule

R 400.14408 [15408] Bedrooms generally

Rule 408 (1) A room shall not be used as a resident bedroom if more than 1/2 of the room height is below grade, except where the ceiling of such portion of a building is located 5 feet or more above grade for more than 25% of the perimeter measurement of the building. Such acceptable bedrooms shall be provided 2 acceptable means of egress.

TECHNICAL ASSISTANCE: In such bedrooms, non-movable or locked bars, coverings, window blockers, stoppers, or any other device used to prevent a required egress from opening, is not allowed and must be removed if present.

R 400.14408-Attachment A illustration demonstrates acceptable use of bedrooms for residents.



(2) A living room, dining room, hallway, or other room that is not ordinarily used for sleeping or a room that contains a required means of egress shall not be used for sleeping purposes by anyone.

TECHNICAL ASSISTANCE: The intent of this rule is to prevent the displacement of family members and to assure that bedroom space is available for each resident.

The consultant, through interview and observation, is to determine how the rooms of the home are used to determine that bedrooms are available for use by residents and all members of the household. Where basements are used for

sleeping purposes, the licensee must provide documentation of conformance with the appropriate local building requirements.

(3) Bedrooms for residents shall be separated from halls, corridors, and other rooms by floor-to-ceiling walls that do not have openings, except for doorways.

TECHNICAL ASSISTANCE: The walls that separate resident bedrooms from halls, corridors and other rooms are intended to provide fire protection, privacy and insulation against noise from adjacent areas. Openings must be sealed in a manner that will satisfy fire safety rules.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive latching, non-locking-against-egress hardware.

TECHNICAL ASSISTANCE: Pocket doors and bi-fold doors do not meet this rule requirement.

(5) Traffic to and from any room shall not be through a resident bedroom.
(6) For 2 adjoining rooms to be considered as 1 bedroom, there shall be a 7-foot horizontal opening between the rooms.

TECHNICAL ASSISTANCE: Closets, alcoves, and the like must not be used as resident bedrooms. When 2 adjoining rooms are used as 1 bedroom, the 7-foot horizontal opening is to be clear and unobstructed.

(7) Bedrooms shall have at least 1 easily openable window.

TECHNICAL ASSISTANCE: Non-movable or locked bars, coverings, window blockers, stoppers or other dices used to prevent windows from opening at all are not allowed and must be removed if present.

Window blockers, stoppers, and other devices used to prevent a window from fully opening are acceptable only when the window is not used as a required egress, the window is openable enough to allow for fresh air from the outside, and air is being provided in the facility via an air conditioning/air handling unit. Non-movable or locked bars, coverings, window blockers, stoppers, or any other device used to prevent a window used as a required egress from fully opening is not allowed, and must be removed if present.

A skylight is not a window.

(8) Residents of the opposite sex shall not occupy the same bedroom for sleeping purposes, unless they are husband and wife.

TECHNICAL ASSISTANCE: A shared bed must at least be 54 inches wide.

(9) A resident who has impaired mobility shall not sleep in or be assigned a bedroom that is located above the street floor of the home.

AFC Administrative Rule

R 400.14409 [15409] Bedroom space; "usable floor space" defined

Rule 409 (1) As used in this rule, "usable floor space" means floor space that is under a ceiling which is not less than 6 feet, 6 inches in height, excluding closets and space that is under a portable wardrobe. When determining usable floor space, an alcove or any other part of the room that does not have at least a 7-foot horizontal dimension shall be excluded.

TECHNICAL ASSISTANCE: The consultant should observe the home for slanted ceilings or other obstructions that could affect the amount of required usable floor space. If ceilings are sloped to less than 6' 6" from the floor, the consultant will need to establish at what point the ceiling meets the height requirement and measure floor space within that perimeter and exclude areas with less than 7 feet of horizontal space.

(2) A single occupancy bedroom shall have not less than 80 square feet of usable floor space.
(3) A multi occupancy resident bedroom shall have not less than 65 square feet of usable floor space per bed.
(4) A maximum of 2 beds shall be allowed in any multi-occupancy bedroom, except as provided in subrule (5) of this rule.

TECHNICAL ASSISTANCE: This rule applies to facilities licensed after 5/24/94.

(5) A maximum of 4 beds shall be allowed in any multi-occupancy bedroom for those licensees and homes that were licensed on the effective date of these rules and that have had licenses in continuous effect.

TECHNICAL ASSISTANCE: Homes licensed on or before 5/24/94, which have up to 4 beds in a multi occupancy bedroom, can continue to use the multi occupancy bedroom for up to the number of beds approved on or before 5/24/94. Therefore, if a resident moves out of a 3 or 4 bed bedroom, another resident can use that third or fourth bed. Homes cannot increase bed capacity to 3 or more beds in a bedroom not approved for more than 2 beds on or before 5/24/94.

(6) Where there is a change of ownership or a change in licensee for those licensees and homes that were licensed on the effective date of these rules and whose licenses have been in continuous effect, a maximum 4 beds shall be allowed in any multi occupancy bedroom when all of the following conditions have been met:

(a) The resident or his or her designated representative has agreed, in writing, to continue to reside in the multi occupancy room.
(b) The home is in compliance with all applicable state fire safety and environmental health standards.
(c) The multi occupancy bedroom provides not less than 70 square feet (65 square feet for those homes licensed on or before December 31, 1976) of usable floor space per bed. "Usable floor space" means the floor space under a ceiling that is not less than 6 feet 6 inches in height.
(d) The licensee has made provision for individual privacy as required in these rules.

TECHNICAL ASSISTANCE: This rule applies to facilities licensed on or before 5/24/94. The consultant is to determine whether this subrule applies to this facility. If it does apply, the consultant is to determine that all required documentation is in place for original and renewal licensure.

(7) There shall not be less than a 3-foot clearance between beds in a multi occupancy bedroom.

TECHNICAL ASSISTANCE: Where the 3-foot clearance cannot be met, the number of approved beds needs to be reduced or rearranged.

AFC Administrative Rule

R 400.14410 [15410] Bedroom furnishings

Rule 410 (1) The bedroom furnishings in each bedroom shall include all of the following:

TECHNICAL ASSISTANCE: This rule does not preclude a resident from bringing some personal furnishings, but those furnishings must comply with licensing rules.

(a) An adequate closet or wardrobe.
(b) Lighting that is sufficient for reading and other resident activities.

TECHNICAL ASSISTANCE: The age and visual needs of residents must be considered when determining compliance with this rule.

(c) A bureau or dresser or equivalent.
(d) At least 1 chair.

(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

TECHNICAL ASSISTANCE: The mirror should be mounted at a height usable for the resident, accessible, and large enough to facilitate grooming. Non-breakable mirrors are available for situations where residents break mirrors.

If a single bedroom has an adjoining single bathroom, the mirror in the bathroom is sufficient.

(3) Provision shall be made for a resident to mount or hang pictures or decorative items on his or her bedroom walls.

TECHNICAL ASSISTANCE: Licensees do not have to provide pictures or another wall decoration.

(4) All of the following shall not be used by residents for sleeping:

(a) Roll-a-way beds.
(b) Cots.
(c) Double-deck beds.
(d) Stacked bunks.
(e) Hide-a-beds.
(f) Daybeds.

(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches if made of synthetic materials. The use of a waterbed is not prohibited by this rule.

TECHNICAL ASSISTANCE: If it has been determined and agreed to in the Resident Care Agreement and/or resident assessment, to be safe for the resident to sleep in a bed at floor level, this would not be a violation of this rule.

A shared bed must be at least 54 inches wide. Futons are allowed if they meet the requirements of this rule. A well-protected mattress is one that has a cover that keeps the mattress clean. The level of protection required varies based on the needs of the resident.

AFC Administrative Rule

R 400.14411 [15411] Linens

Rule 411 (1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillowcase, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.
(2) A licensee shall provide at least 1 standard bed pillow that is comfortable, clean, and in good condition for each resident bed.
(3) A licensee shall provide bath towels and washcloths. Towels and washcloths shall be changed and laundered not less than twice weekly or more often if soiled.

PART 5. FIRE SAFETY; HOMES LICENSED OR PROPOSED TO BE LICENSED AFTER MARCH 27, 1980

General Guidance

FULL COMPLIANCE WITH FIRE SAFETY RULES IS REQUIRED FOR THE ISSUANCE OF A TEMPORARY OR REGULAR LICENSED AFC HOMES FOR 7 OR MORE:

AFC Administrative Rule

R 400.14501 Applicability

Rule 501 This part applies only to those adult foster care small group homes for 6 or less that are licensed or proposed to be licensed after March 27, 1980.

AFC Administrative Rule

R 400.14502 Home environment

Rule 502 All occupied rooms shall be of standard lath and plaster construction or its equivalent.

TECHNICAL ASSISTANCE: "Standard lath and plaster" means dry wall on studs or wet plaster or material consistent with the construction of the building. "Equivalent" means any material not prohibited by another rule which gives a room an enclosed, finished look. Examples of equivalent construction, include but are not limited to, include dry wall on studs, wet plaster on lath, 3/4" wood, masonry.

"Occupied rooms" means all rooms used in the facility for activities of daily living; e.g., sleeping, dining, cooking, recreation, etc.

This rule refers to construction, not to interior finish. See attached Illustration A for an example of a properly constructed wall and Illustration B for an example of types of home construction. Mobile Homes: Mobile homes converted to adult foster care homes must comply with all fire safety requirements the same as homes of conventional construction.

AFC Administrative Rule

R 400.14503 Interior finishes and materials, generally

Rule 503 (1) Interior finish materials shall be at least class C materials throughout the adult foster care small group home.

TECHNICAL ASSISTANCE: Interior finish materials are to be a minimum Class C throughout the home. The term "throughout" as used in this requirement means the entire home including all rooms, basements, and attached garages. Any materials covering the basic interior construction, such as wood or vinyl paneling, ceiling tiles, or the like, must minimally meet the class "C" classification. Documentation from the manufacturer's literature provided by the licensee may meet compliance with this requirement, or it may be stamped on the material.

The coating of paneling to achieve a Class "C" finish is prohibited for group home applicants, change of ownership, new construction or conversions, since it is not possible for consultants to determine whether the coating was applied and maintained in a manner that would achieve a Class "C" rating. Interior finishes that have been coated with a fire-retardant coating and previously approved that are in existing licensed homes are acceptable. For those group homes, the consultant is to obtain information from the licensee as to what has been done to maintain the coating at each interim and renewal inspection.

Generally, applied fire retardant coatings do not maintain their effectiveness when washed or when brushed up against often, to wear off the coating. Fire retardant coatings are to be reapplied on a routine basis as required by the manufacturer's specifications.

The consultant should make observations to assure that roof leaks have not caused the fire-retardant coating to become wet, that it is not peeling off, that it has not become faded or dull in appearance, and that the coating was adequately applied to cover the interior finish, all of which could reduce the integrity of the coating.

Where conditions indicate that an applied fire-retardant coating has become wet or has been washed, has begun to peel off, has not been applied to completely cover the area needing coverage, etc., reapplication of the same approved fire-retardant coating as originally applied would be acceptable. If this is not possible, the interior finish would need to be covered or replaced with an approved interior finish material meeting a minimum class "C" interior finish rating on its own i.e.: without the application of an approved fire-retardant coating. To assure that the fire-retardant coating was applied in accordance with the manufacturer's instructions, the consultant must read the label of the product applied.

(2) Interior finish materials shall be securely attached to, or furred out no more than 1 inch from, walls or ceilings that are dry wall, plaster, masonry, or natural solid wood that is not less than $^{3}/_{4}$ of an inch thick.
(3) The attaching of interior finish materials, other than dry wall, plaster, or natural solid wood that is not less than 3/4 of an inch thick, directly to wall studs or to floor or ceiling joists is prohibited. Suspended ceilings constructed of a class A material that is 1/4 inch or greater in thickness and installed in accordance to manufacturers specifications shall be permitted.

TECHNICAL ASSISTANCE: Only natural solid wood that is at least 3/4 of an inch, dry wall or plaster can be attached directly to wall studs or to floor or ceiling joists. The 3/4 of an inch requirement applies to natural wood. When observing interior finish materials, special attention should be given to finished basements that may have been remodeled or constructed by the homeowner.

(4) Class A, B, and C materials are interior finish materials that have the following minimum characteristics:

Class Flame Spread Smoke Developed
A 0-25 0-450
B 26-75 0-450
C 76-200 0-450

TECHNICAL ASSISTANCE: Documentation from the applicant/licensee may confirm the interior finish materials meet these requirements.

AFC Administrative Rule

R 400.14504 Interior finish of walls and ceilings; prohibited materials.

Rule 504 All of the following materials shall not be used as interior finish in a home:

(a) Asphalt paper.
(b) Cork.
(c) Cardboard.
(d) Carpeting, whether or not treated with fire retardant.
(e) Foam plastics.
(f) Plastic materials.

TECHNICAL ASSISTANCE: The use of plastic materials as interior finish in a home may be acceptable if they meet the interior finish requirements of R 400.14503 of these rules and provided they are installed as directed by the manufacturer.

Documentation from the appropriate testing laboratory provided by the licensee to the consultant may confirm compliance.

Plastic Kydex wall covering could be used in an adult foster care home if that wall covering had at least a Class C rating as required by R 400.14503 (1). Plastic Kydex is a hard dense plastic similar to what is used for airplane walls and is typically used in an adult foster care facility to protect walls from damage.

(g) Other finish materials that will contribute to the rapid spread of fire or give off dense smoke or toxic gases.

TECHNICAL ASSISTANCE: The materials mentioned in this rule and any other like materials are not to be used for wall, window, or ceiling coverings or be used in place of the usual finishing materials, such as paneling or dry wall.

AFC Administrative Rule

R 400.14505 Smoke detection equipment

Rule 505 (1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:

(a) Between the sleeping areas and the rest of the home. In homes that have more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.
(b) On each occupied floor, in the basement, and in areas of the home that contain flame – or heat-producing equipment.

TECHNICAL ASSISTANCE: A single-station smoke detector is an independent unit that is generally more effective when mounted on a ceiling. Such a unit requires no special wiring; it may be plugged into an ordinary A-C outlet or may be battery powered. The consultant is to observe that smoke detectors that are present in the areas specified in subrule (1)(a)(b), have batteries, are operable, and are in good working order (clean, not cracked or broken exterior, etc.).

The consultant may ask the licensee/applicant to test the detectors to demonstrate that they are operable. Smoke detectors located in areas of the home that contain flame or heat producing equipment are to be located in accordance with the manufacturer's recommendations. This subrule only applies to homes licensed prior to March 27, 1980 that have been continuously licensed.

(2) Approved heat detectors may be installed in place of smoke detectors in the kitchen or bathroom and in other areas of the home that contain flame - or heat-producing equipment.

TECHNICAL ASSISTANCE: A heat detector may be used in place of a smoke detector in areas of the home containing heat-or flame producing equipment where dust particles and extreme temperature and humidity changes could interfere with a smoke detector's efficiency. Areas of the home where heat detectors could be installed include the kitchen, furnace room, garage, or in some cases, the bathroom. If heat detectors are used, they must be operable and in good working order (clean, not cracked, or broken exterior, etc.).

The consultant may request that the license/applicant test the unit to confirm that it is operable. Heat detectors in areas of the home that contain flame or heat

producing equipment are to be located in accordance with the manufacturer's recommendations.

(3) The batteries of battery-operated smoke detectors shall be replaced in accordance with the recommendations of the smoke or heat detection equipment manufacturer.
(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.
(5) Detectors that are mounted on ceilings shall be spaced 6 inches or more away from any walls. Detectors that are mounted on walls shall be between 6 and 12 inches away from the ceiling. A smoke detector shall not be mounted where ventilation systems or other obstructions keep smoke away.

TECHNICAL ASSISTANCE: The top of wall-mounted detectors must be at least 6 inches from the ceiling and the bottom not more than 12 inches from the ceiling.

(6) For new construction, conversions, and changes of category, approved smoke detectors shall be installed in accordance with the requirements contained in the publication of the national fire protection association entitled "NFPA 101," Life Safety Code, 1988, shall be powered from the building's electrical system, and, when activated, shall initiate an alarm that is audible in all sleeping rooms with the door closed. Detectors shall be installed on all levels, including basements, but excluding crawl spaces and unfinished attics. Additional detectors shall be installed in living rooms, dens, dayrooms, and similar spaces.

TECHNICAL ASSISTANCE: To facilitate consistency in the interpretation of conversion, the following definition of conversion contained in R 400.18103(f) of the Adult Foster Care Fire Safety Rules for 7+ promulgated July 21, 1994, by the State Fire Safety Board, is to be applied. "Conversion" means either of the following:

- ***To change the license category for an existing facility.***
- ***To change the purpose for which a building, room or an area is designed.***

This definition includes changes to an existing unlicensed building being converted to an adult foster care facility. Any changes in licensee, regardless of whether the facility has been continuously licensed or not, is a conversion, and requires the installation of the smoke detection system into the buildings electrical system.

This subrule also applies to homes that fall under new construction, conversion, change of category or change of licensee. (5/1/95) For additions added to existing licensed homes, only the addition needs to meet the requirements of Rule 505(6). Battery operated smoke detectors may remain in the existing portion of the home.

When required, smoke detection devices must be installed at the following locations:

- ***On all levels of the facility including basements, (does not include crawl spaces or unfinished attics).***
- ***Outside but in the immediate vicinity of each separate sleeping area.***
- ***In living rooms, dens, day rooms and similar spaces.***

NOTE: This does not mean 100% coverage of the facility. The consultant is to make sure that the alarms are placed in the home according to Rule 505(6). Wireless Alarm Systems The National Fire Code, NFPA 72, 1993 Edition, acknowledges low power wireless household fire warning systems in Chapter 2, Household Fire Warning Equipment. The SFMO policy further states "The equipment shall be listed by an approved testing laboratory to meet the standard UL 985, Household Fire Warning Systems Units." It is recommended that the system be installed and maintained according to the manufacturer's specifications.

AFC Administrative Rule

R 400.14506 Fire extinguishers; location, examination, and maintenance.

Rule 506 (1) A minimum of 1 underwriters laboratory approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.
(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.

TECHNICAL ASSISTANCE: Fire extinguishers must be present and operable. The licensee and direct care staff must know how to operate the extinguisher(s), as required by Rule 400.14204(3)(f).

A 5-pound multi-purpose fire extinguisher is equivalent to an extinguisher with a rating of 2A 10BC.

"Occupied floor" means those areas of the home containing bedrooms, dining rooms, and recreation/activity rooms occupied by residents or members of the household.

AFC Administrative Rule

R 400.14507 Means of egress generally.

Rule 507 (1) A means of egress shall be considered the entire way and method of passage to free and safe ground outside a small group home.

TECHNICAL ASSISTANCE: One of the required exits can be through the garage, but only through a service door.

(2) A means of egress shall be arranged and maintained to provide free and unobstructed egress from all parts of a small group home.

TECHNICAL ASSISTANCE: A means of egress is an unobstructed passageway from anywhere in the building leading to safe ground outside the building. Such obstacles may include trash containers in hallways, furniture which may protrude into a passageway, loose carpeting or floor tile, baby gates, locked doors, and other obvious hazards. Note: Partial doorways (i.e., "Dutch door arrangements" or gate, etc.) that are constructed for an open stairway(s) must not interfere with the pathway to the exit. For example, a gate or doorway would have to open into the stairwell and not obstruct the exit by opening into a foyer. Safe Passage Through the Garage: The passageway through the garage itself is to be kept clear, even when the garage is used for storage of automobiles, lawn equipment, power tools, dog kennels, etc.

(3) Where basements are regularly used for resident activities, there shall be 2 approved exits, 1 of which shall lead directly to the outside.

TECHNICAL ASSISTANCE: A basement is defined as that floor or story of a building below the main living floor which has more than 50% of its floor to ceiling dimension below grade for more than 50% of the perimeter of the building. See Illustration.

When a basement is regularly used by residents for recreation, workshops, classes, watching TV, lounging, etc., the basement must have two acceptable ways out. Regular use does not include occasional entry by a resident to the basement for a short period of time to do laundry, to obtain something from storage, to feed the dog, etc. Basements used in times of emergency, and related drills, by AFC residents does not constitute regular use and would not require two means of egress when used for those circumstances.

The two acceptable means of egress must be situated as follows:

- ***One means of egress is to go directly outside.***
- ***The second means of egress may be an interior stairway that terminates on the floor above.***

These two means of egress are to be as far apart as feasibly possible.

(4) The first floor of a small group home shall have not less than 2 separate and independent means of egress leading to the outside.

TECHNICAL ASSISTANCE: Means of egress are independent and separate when reasonably remote from each other to enable one to proceed to safe ground in more than one direction. The first floor of a small group home is defined as that floor on which the main activities of daily living take place, which is designated by entries and exits and is not below grade more than 50% of the floor-to-ceiling dimension for more than 50% of the perimeter of the building.

Two Exits Required: If the first floor has more than two exits, the third exit may not be subject to the rules regarding exiting or the rules regarding hardware because only two exits are required. However, the evacuation plans mandated by these rules must designate which are the required exits to be used.

Split Level Family Home. In the case of bi-levels, tri-levels, or quad-level homes, two different levels will be considered one story if the difference in elevation between the two levels does not exceed four (4) feet.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

TECHNICAL ASSISTANCE: The "30 inches" in this rule refers to the dimensions of the door itself, not the door jam. Exiting Out of the Garage: If a required means of egress passes through a garage, the door used must be a positive-latching door equipped with non-locking against egress hardware. Exiting Through Sliding Glass Doors: The rules do not prohibit the use of exterior sliding glass doors as a means of egress. The latching/locking mechanism must be simple and easily released and installed by manufacturer or in a similar manner. The door may not be secured by wedges, charlie bars, key locking mechanisms, dead bolts, etc. This would apply to exiting from a garage also. Bathroom door requirements are contained in Rule 400.14407(3).

(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against egress hardware.

TECHNICAL ASSISTANCE: Doors which are part of the passageway from any occupied room in the building, must be equipped with hardware that can be opened with a single motion, such as a turn of a knob or push of a handle, even if the door itself is locked. All slider doors must be positive non-latching against egress.

(7) Stairways shall have sturdy and securely fastened handrails that are not less than 30, nor more than 34, inches above the upper surface of the tread. Exterior and interior stairways shall have handrails on the open sides. Porches shall also have handrails on the open sides.

TECHNICAL ASSISTANCE: A stairway has two or more steps. Each stairway must have at least one handrail. Stairways with open sides must have rails on all open sides. All handrails are to be properly installed and meet the minimum height requirement. Exterior porches or decks elevated above grade level are to be enclosed with rails on the open sides if the elevation above grade is more than 8 inches.

Note: Michigan Residential Building Code requires that the maximum rise (distance between steps) for steps be 8 1/4 inches.

AFC Administrative Rule

R 400.14508 Means of egress; sleeping areas

Rule 508 (1) A resident bedroom shall have 1 outside window for emergency rescue. The window for emergency rescue is not required if a room opens onto a corridor with 2 means of egress and the corridor has a door that leads directly to the outside.
(2) A window shall be openable from the inside without the use of tools or special knowledge.

TECHNICAL ASSISTANCE: Window blockers, stoppers, and other devices used to prevent a window from fully opening are acceptable only when the window is not used as a required egress and/or for emergency rescue, the window opens enough to allow for fresh air from the outside, and air is being provided in the facility via an air conditioning/air handling unit. Non-movable or locked bars, coverings, window blockers, stoppers, or any other device used to prevent a window being used as a required egress and/or for emergency rescue from fully opening, is not allowed, and must be removed if present.

(3) An emergency window is not required if the room has a door that leads directly to the outside.

TECHNICAL ASSISTANCE: If a room has a sliding glass door leading directly to the outside, the latching/locking mechanism must be simple and easily released and installed by manufacturer or in a similar manner. The door cannot be secured by wedges, Charlie bars, key locking mechanisms, dead bolts, etc.

AFC Administrative Rule

R 400.14509 Means of egress; wheelchairs.

Rule 509 (1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.
(2) The slope of ramp shall not be more than 1 foot of rise in 12 feet of run and shall terminate on a firm surface or solid unobstructed ground which will allow the wheelchair

occupant to move a safe distance away from the building. Ramps shall have handrails on the open sides and be constructed in accordance with the requirements specified in Section 816.0 of the BOCA National Building Code, 1990, eleventh edition.
(3) Doors that form a part of a required means of egress shall be in compliance with the requirements of R 400.14507.

TECHNICAL ASSISTANCE: This rule requirement applies to any small group home providing care to a resident(s) who uses a wheelchair. Those small group homes which provide care to residents who use wheelchairs must have both required means of egress equipped with ramps if exit doors are elevated above grade level.

The passageway to safe exiting must meet Section 816 of the BOCA National Building Code by being wide enough to provide a clear opening that is at least 32 inches wide, to allow passage of a wheelchair, and not contain steps or risers A ramp is an incline or decline constructed without steps or risers so as to provide 12 feet of run for every one foot in vertical incline. For example, a ramp constructed in decline to ground level from an exit doorway two feet above ground level would be 24 feet in length.

<u>Ramp construction</u>: See copy of Section 816 - Ramps of the BOCA National Building Code/1990 Eleventh Edition, and Sections 808 and 825, which are referenced in Section 816, see below:

SECTION 816.0 RAMPS

816.1 Capacity: The capacity of a ramp used as a *means of egress* component shall be computed in accordance with Section 808.0

816.2 Minimum dimensions: The minimum dimensions of *means of egress* ramps shall comply with Sections 816.2.1 through 816.2.3.

816.2.1 Width: The minimum width of a *means of egress* ramp shall not be less than that required for corridors by Section 810.2.

816.2.2 Headroom: The minimum headroom in all parts of the *means of egress* ramp shall not be less than 6 feet 8 inches (2032 mm).

816.2.3 Restrictions: *Means of egress* ramps shall not reduce in width in the direction of egress travel. Projections into the required ramp and landing width are prohibited except for handrails and stringers. Doors opening onto a landing shall not reduce the clear width to less than 42 inches (1067 mm).

816.3 Maximum slope: The maximum slope of *means of egress* ramps shall be one unit vertical in eight units horizontal (1:8); expect ramps required in accordance with Section 512.0 for persons with physical handicaps, in which case the maximum slope shall be: one unit vertical in eight horizontal (1:8) if the rise is limited to 3 inches (76 mm); one unit vertical in ten units horizontal (1:10) if the rise is limited to 6 inches (152 mm); or one unit vertical in 12 units horizontal (1:12) otherwise.

816.4 Landings: Ramp slopes of one unit vertical in 12 units horizontal (1:12) or steeper shall have landings at the top, bottom, all points of turning, entrance, *exit* and at doors but not less than at each 12 feet (3658 mm) of vertical rise. Ramps required in accordance with Section 512.0 for persons with physical handicaps shall hot have a vertical rise greater than 30 inches (762 mm) between landings. The least dimension of a landing shall not be less than the required width of the ramp except that the landing dimension in the direction of travel is not required to exceed 4 feet (1219 mm) where the travel from one ramp to the next ramp is a straight run.

816.5 Guards and handrails: Guards shall be provided on both sides of the ramp and shall be constructed in accordance with Section 824.0. Handrails conforming to Section 825.0 shall be provided on at least one side of every ramp having a slope greater than one unit vertical in 15 units horizontal (1:15). Ramps required by Section 512.0 for persons with physical handicaps shall have handrails on both sides of the ramp whenever the vertical rise between landings exceeds 6 inches (152 mm).

816.6 Ramp construction: Ramps used as an *exit* shall conform to the applicable requirements of Section 817.9 as to materials of construction and enclosure.

816.6.1 Surface: For all slopes exceeding one unit vertical in 12 units horizontal (1:12) and wherever the use is such as to involve danger of slipping, the ramp shall be surfaced with approved slip-resistant materials.

817.9 Stairway construction: All *stairways* shall be built of materials consistent with the types of materials permitted in Table 401 for the type of construction of the buildings; except that wood handrails shall be permitted for all types of construction. Such *stairways* shall have solid treads and landing platforms, and all finish floor surfaces shall be of slip-resistant materials.

SECTION 825.0 HANDRAILS

825.1 General: Where required by the provisions of Sections 612.2, 811.5.1, 816.5, 817.6.5 and 817.7, handrails shall be designed and constructed in accordance with this section and Section 1109.8. A handrail is a horizontal or sloping rail grasped by hand for guidance or support, and for arresting falls on the adjacent walking surface.

825.2 Handrail details: Handrail-gripping surfaces shall be continuous, without interruption by newel posts, other structure elements or obstructions. A handrail and any wall or other surface adjacent to the handrail shall be free of any sharp or abrasive elements. The clear space between the handrail and the adjacent wall or surface shall not be less than 1 ½ inches (38 mm). Edges shall have a minimum radius of 1/8 inch (3 mm).

825.2.1 Projection: Handrails shall not project more than 3 ½ inches (89 mm) into the required passageway, aisle, corridor, stair or ramp width.

825.2.2 Height: Handrails shall not be less than 34 inches (864 mm) nor more than 38 inches (965 mm), measured vertically, above the nosing of the treads or above the finished floor of the landing or walking surfaces.

Exceptions

1. Handrails that form part of a guard rail shall have height not less than 34 inches (864 mm) and not more than 42 inches (1067 mm).
2. Handrails within individual *dwelling units* shall not be less than 30 inches (762 mm) nor more than 38 inches (965 mm), measured vertically, above the nosings of the treads or above the finished floor.

825.2.3 Handrail ends: Except for *stairways* within a *dwelling unit*, handrails shall extend at least 12 inches (305 mm) beyond the top riser and at least 12 inches (305 mm) plus the depth of one tread beyond the bottom riser. At the top, the handrail extension shall be parallel to the walking surface. At the bottom, the handrail shall continue to slope for a distance of the depth of one tread from the bottom riser, with the remainder parallel to the walking surface. The handrail ends shall be returned to a wall or post. Handrails between runs of stairs shall be continuous around newel posts or shall terminate 12 inches (305 mm) beyond the last riser as required in this section.

825.2.4 Handrail grip size: All *stairway* handrails shall have a circular cross section with an outside diameter of at least 1 ¼ inches (32 mm) and not greater than 2 inches (51 mm).

Exceptions

1. Any other shape with a perimeter dimension of at least 4 inches (100 mm), but not greater than 6 ¼ inches (158 mm) with the largest cross-sectional dimension not exceeding 2 ¼ inches (57 mm).
2. Approved rails of equivalent graspability.

825.2.5 Handrails of alternating tread stairways: Stair handrails of *alternative tread stairways* shall be of such a configuration as to provide an adequate hand-hold for a person grasping the handrail to avoid falling. A minimum distance of 6 inches (152 mm) shall be provided between the stair handrail and any other object. A minimum distance of 12 inches (305 mm) shall be provided between the stair handrails of adjacent *alternating tread stairways*. Handrails on *alternating tread stairways* shall be spaced a minimum width of 17 inches (432 mm), not to exceed 24 inches (610 mm), between the handrails.

SECTION 808.0 CAPACITY OF EGRESS COMPONENTS

808.1 General: The capacity of *means of egress* for a floor, balcony, tier or other occupied space shall be sufficient for the occupant load thereof.

808.2 Minimum width: The width of each *means of egress* component shall not be less than the width computed in accordance with Table 808.2 for the required capacity of the component, but not less than the minimum width is prescribed by this code for each such component.

Table 808.2
EGRESS WIDTH PER OCCUPANT

Use group	Without sprinkler system (inches per person)[b]		With sprinkler system[a] (inches per person)	
	Stairways	Doors, ramps, and corridors	Stairways	Doors, ramps, and corridors
A,B,E,F, M,R,S	0.3	0.2	0.2	
H			0.3	0.2
-1	0.4	0.2	0.2	0.2
-2	1.0	0.7	0.6	0.5
-3	0.3	0.2	0.3	0.2

Note a. buildings equipped throughout with an automatic sprinkler system in accordance with Section 1004.2.1 or 1004.2.2
Note b. 1 inch = 25.4 mm

808.3 Exit design per floor: Where *exits* serve more than one floor, only the occupant load of each floor considered individually shall be used in computing the required capacity of the *exits* at that floor, provided that the *exit* capacity shall not decrease in the direction of *means of egress* travel.

808.4 Egress convergence: Where *means of egress* from floors above and below converge at an intermediate floor, the capacity of the *means of egress* from the point of convergence shall not be less than the sum of the two.

810.3 Width: The minimum required width of passageways, *aisle accessways*, aisles and *corridors* shall be determined by the most restrictive of the following criteria:

1. 44 inches (1118 mm) where serving an occupant load of greater than 50.
2. 36 inches (914 mm) where serving an occupant load of 50 or less.
3. 96 inches (2438 mm) in buildings of Use Group 1 used for the movement of beds.
4. 72 inches (1829 mm) in buildings of Use Group E with more than 100 occupants.
5. The width required for capacity as determined by Section 808.0.

Aisles and *aisle accessways* shall conform to the requirements of this section or Section 811.0.

AFC Administrative Rule

R 400.14510 Heating equipment generally.

Rule 510 (1) Heat shall be provided by an approved central heating plant or a permanently installed electrical heating system that is approved by a nationally recognized testing laboratory that use acceptable testing methods.

TECHNICAL ASSISTANCE: An approved heating plant is defined as a central heating system that disperses heat throughout the building via pipes or ducts. This central heating system can be fueled by oil, gas, electricity, or solid fuel (wood or coal).

(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame or heat-producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.

TECHNICAL ASSISTANCE: Clothes dryers must be properly vented to the outside with metal (no aluminum or vinyl) duct work.

(3) Where conditions indicate a need for inspection, heat-producing equipment shall be inspected by a qualified inspection service. A copy of the written approval from the qualified inspection service shall be submitted to the department and a copy shall be maintained in the adult foster care small group home and shall be available for department review.

TECHNICAL ASSISTANCE: If there is reason to believe there may be a problem with the heating equipment an inspection must be obtained.

Fireplaces.

(For 6 or Less Only): The licensee must be able to demonstrate chimney safety has been maintained. Frequency of chimney cleaning is dependent on the frequency of use. Fireplaces of masonry construction or factory-built fireplaces will be acceptable as a means of supplemental heat only if they are equipped with an approved spark screen or glass shield. The installation or construction or use of fireplaces in sleeping areas or hazardous areas will not be approved.

Fireplace Defined: A fireplace is generally defined as a unit composed of a hearth, a fire chamber or similar prepared place and a chimney. There are two basic kinds:

(a) Factory-Built – a fireplace composed of factory-built components which have been tested by a recognized testing laboratory, such as

Underwriters' Laboratories or Factory Mutual, assembled in accordance with the terms of the manufacturer's recommendations. Free standing wood-burning stoves have installation directions permanently affixed to their exterior.

(b) Masonry Fireplace – a hearth and fire chamber of solid masonry units such as brick, stoves or reinforced concrete, provided with a suitable chimney. Refer to R400.14403(6) and 400.15403(6) regarding the installation of electric water heaters and trash burning incinerators.

(4) Hot water pipes and steam radiators that are located in resident occupied areas shall be shielded to protect against burns.

TECHNICAL ASSISTANCE: An enclosure around hot water pipes and steam radiator could be a 3-sided box with top that allows circulation of air and prevents touching the radiator surface.

(5) Portable heating units shall not be permitted.

TECHNICAL ASSISTANCE: A portable heating device (space or room heater) is specifically designed for direct heating of the space around which it is located and has no external return and supply heat ducts. Such devices are not to be used in a small group home.

AFC Administrative Rule

R 400.14511 Flame producing equipment; enclosures.

Rule 511 (1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.
(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive latching hardware.

TECHNICAL ASSISTANCE: If the heating plant is in a basement not regularly used for resident activities, compliance requires a floor separation between the basement and the first floor. A floor separation is effected by installing a 1-3/4" solid wood core door or equivalent with an automatic self-closing device between the basement and the first floor, and by closing other vertical openings; i.e., laundry chutes, open grates, and balloon construction of older facilities, etc. Doors must be positive latching and equipped with an operable self-closing device.

At the time of renewal, the consultant should observe the furnace room door to assure proper operation, that no modifications to the enclosure have been made, and that the enclosure materials have not deteriorated. The self-closer can be pneumatic, spring hinge closer, spring-loaded hinge, weighted closer, or other closing devices that will accomplish the purpose of closing and latching the door when it is released from any position. A coiled screen door spring is not an acceptable closer.

Heating Plants: If the heating plant is in a basement regularly used for resident activities, the heating plant must be enclosed as required by subrule (2) and a floor separation [meeting the criteria outlined in subrule (1) between the basement and the first floor, must be available. Where heat plants are required to be enclosed, sufficient clearance must be provided for servicing on all sides. Such rooms are to be constructed of at least one (1) hour fire resistance rated construction. Partitions and ceilings must be tightly fitted around doors, pipes, ducts, etc., and all joints sealed to be fire and smoke tight.

(3) A permanent outside vent that cannot be closed shall be incorporated in the design of heating plant rooms so that adequate air for proper combustion is assured.

TECHNICAL ASSISTANCE: The combustion air must be directly from the outside through noncombustible ductwork with a permanently opened vent and ducted to approximately 12" off the floor. If the heat plant room contains an outside wall, adequate combustion air may be provided through a louvered permanent opening or a permanently opened window.
Combustion air openings must be at least equal to the combined diameter of all exhaust vent openings for the flame-producing equipment in the enclosure, or at least one (1) square inch of opening for each 4,000 BTU's produced, or as specified by the manufacturer.

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

TECHNICAL ASSISTANCE: Combustible materials refer to those materials which catch fire, burn, or smolder, when subjected to various degrees of heat. Such materials would include, but are not limited to, flammable liquids, paper, cloth, wood, plastic, vinyl, leather, etc.

Storage of combustibles is not permitted in one-hour rated enclosures.
If there is no heat plant enclosure and the heat plant and/or flame-producing water heater is in an open area in the basement, then any storage of combustible materials must be located as far away from the units as possible but no closer than 4 feet to that heating unit or water heater.

AFC Administrative Rule

R 400.14512 Electrical service.

Rule 512 (1) The electrical service of a home shall be maintained in a safe condition. (2) Where conditions indicate a need for inspection, the electrical service shall be inspected by a qualified electrical inspection service. A copy of the written approval from the qualified inspection service shall be submitted to the department and a copy shall be maintained in the adult foster care small group home and shall be available for department review.

Technical Assistance: Routine electrical inspections of new or existing facilities are not required. Conditions indicating a need for inspection may include but are not limited to:

- ***The age of the construction.***
- ***The need for extensive use of extension cords.***
- ***Bare, frayed, or spliced wiring.***
- ***Hot fuse boxes.***
- ***Regular brown outs.***
- ***Continually blown fuses.***
- ***Covers off receptacles and switches.***
- ***Oversized fuses.***

A "qualified electrical inspection service" is the Michigan Department of Licensing and Regulatory Affairs Electrical Division, the local electrical inspection authority, an electrical contractor, or a licensed electrician.

PART 6. FIRE SAFETY; HOMES LICENSED ON OR BEFORE MARCH 27,1980

AFC Administrative Rule

R 400.14601 Scope

Rule 601 R 400.2231, .2233, .2242, .2243, .2244, .2246, .2347, .2361 shall only apply to adult foster care small group homes for 6 or less which were licensed effective March 27, 1980, and which meet the requirements of section 21 of the act.

TECHNICAL ASSISTANCE: This part is in accordance to the provisions of Section 21 of Act 218 and contains those fire safety rules applicable to adult foster care homes licensed on or before March 27, 1980, the effective date of Act 218, the Adult Foster Care Facility Licensing Act.

AFC Administrative Rule

R 400.2231 Home environment.

Rule 231 All occupied rooms shall be of standard lath and plaster construction or equivalent.

TECHNICAL ASSISTANCE: "Standard lath and plaster" means dry wall on studs or wet plaster or material consistent with the construction of the building. "Equivalent" means any material not prohibited by another rule which gives a room an enclosed, finished look. Examples of equivalent construction, include but are not limited to include dry wall on studs, wet plaster on lath, 3/4" wood, masonry.

"Occupied rooms" means all rooms used in the facility for activities of daily living, e.g., sleeping, dining, cooking, recreation, etc. This rule refers to construction, not to interior finish. See attached Illustration A for an example of a properly constructed wall and Illustration B for an example of types of home construction.

Mobile Homes: Mobile homes converted to adult foster care homes must comply with all fire safety requirements the same as homes of conventional construction. Full compliance with this rule is necessary prior to the issuance of an original license.

AFC Administrative Rule

R 400.2233 Bedrooms. A room shall not be used as a bedroom where more than one-half the room height is below grade, except where the ceiling of such portion of a building is located 5 feet or more above grade for more than 25% of the perimeter measurement of the building. Such acceptable bedrooms shall be provided with 2 acceptable means of egress.

TECHNICAL ASSISTANCE: Where basements are used for sleeping purposes, such use is to be in conformance with the appropriate local building requirements.

AFC Administrative Rule

R 400.2242 Interior finishes and materials.

Rule 242 Paper, cardboard, asphalt paper or other highly flammable material shall not be used for the interior finish of a building.

TECHNICAL ASSISTANCE: These materials and any other like materials are not to be used for wall, ceiling, or floor covering or to be used in place of the usual finishing materials used in the construction of a room such as wood studs, paneling, lath and dry wall, etc.

Carpeting is not to be used as a wall covering.

AFC Administrative Rule

R 400.2243 Exits.
(1) A means of egress shall be considered the entire way and method of passage to free and safe ground outside a building. Means of egress shall be maintained in unobstructed, easily traveled condition at all times. Where basements are regularly utilized for resident activities, there shall be 2 acceptable means of egress. Doors which form a part of a required means of egress shall be equipped with positive-latching, nonlocking-against-egress hardware and shall be at least not less than 36 inches in width in new
construction, and not less than 30 inches in width in existing facilities and shall insure adequate egress for residents requiring wheelchairs, including ramps where necessary.

TECHNICAL ASSISTANCE: A means of egress is that passageway from anywhere in the building leading to the ground level outside the building. Passageways should be at least 30 inches wide and are to be kept clear of anything that would present an obstacle to someone leaving the building. The 30 inches refers to the dimensions of the door itself. Such obstacles may include trash containers in hallways, furniture which may protrude.

A basement is that floor or story of a building below the main living floor which has more than 50% of its floor-to-ceiling dimension below grade for more than 50% of the perimeter of building- When a basement is regularly used by residents for recreation, workshops, classes, watching TV, lounging, etc., the basement must have two ways out. Regular use does not include occasional entry by resident to the basement for a short period of time to do the laundry, to obtain something from storage, to feed the dog, etc. Adult foster care residents seeking refuge in single egress basements in times of emergencies does not constitute regular use and does not require two means of egress from the basement. However, if the basement is used by adult foster care residents for regular use, as previously detailed, then compliance with the rule requiring a second means of egress is required.

The two acceptable means of egress must be situated as follows: One is to open directly to the outside or through an enclosed interior stairway which provides a protected means of egress directly outside. The second means of egress may be an interior stairway that terminates on the floor above. Safe Passage Through the Garage: The passageway through the garage itself is to be kept clear, even when the garage is used for storage of automobiles, lawn equipment, power tools, dog kennels, etc... Flammable liquids are not to be stored near flame-producing equipment or appliances.

(2) The first floor of a family home shall have at least 2 separate and independent means of egress leading to the outside.
(3) In new or remodeled family homes, corridors shall lead directly to the outside or to required stairways having egress directly outside at grade level.

TECHNICAL ASSISTANCE: The first floor of a small group home is defined as that floor on which the main activities of daily living take place, which is designated by entries and exits and is not below grade more than 50% of the floor-to-ceiling dimension for more than 50% of the perimeter of the building. Means of egress are independent and separate when reasonably remote from each other to enable one to proceed to safe ground in more than one direction. Exiting Through Garages: If a required means of egress passes through a garage, the door used must be a positive-latching door equipped with non-locking against egress hardware. If the first floor has more than two exits, the third exit may not be subject to the rules regarding exiting or the rules regarding hardware because only two exits are required. However, the evacuation plans mandated by these rules are to designate which are the required exits to be used.

Split Level Family Home. In the case of bi-levels, tri-levels, or quad-level family homes, two different levels will be considered one story if the difference in elevation between the two levels does not exceed four feet.

(4) Occupied room and exterior door hardware shall be positive latching, and nonlocking against egress.

TECHNICAL ASSISTANCE: "Occupied rooms" means all rooms used in the facility for activities of daily living, e.g., sleeping, dining, cooking, recreation, etc.

Doors which are part of the passageway from anywhere in the building which may be resident occupied, must be equipped with hardware that can be opened with a single motion, such as a turn of a knob or push of a handle, even if the door itself is locked.

Exterior doors: are those doors located at the exits of the building through which occupants of the building pass to safe ground outside the building.

Positive latching non-locking against egress hardware: is defined as the mechanism on a door which assures that by means of a catching action a door will not swing freely when in the closed position, and that an occupant of a room while on his/her way to safe exiting from the room or from the building can make the exit by a single motion of a knob or the single push of a lever, even though the door may be locked from the other side.

Screen Doors: Exterior doors do not include screen doors or storm doors if such doors are equipped with the simple release hardware provided by the manufacturer or similar hardware not requiring special tools or special knowledge to open. However, dead-bolt locks, chain locks, hook-and-eye locks and any similar lock are prohibited on screen doors and storm doors.

Locking Against Ingress: Those resident occupied rooms having doors which lock against ingress must be discussed with the applicant or licensee in terms of

possible obstacles to his/her responsibilities for evacuation, supervision and personal care.

Types of Locks Prohibited: Chain locks, dead-bolt locks, hook-and-eye locks, and other assorted paraphernalia which may be used to secure doors which are a part of a required means of egress.

Exiting Out of the Garage: If a required means of egress passes through a garage, the door used must be a positive-latching door equipped with non-locking against egress hardware.

(5) New and existing family homes accommodating residents who regularly require wheelchairs shall be equipped with ramps located at primary and secondary means of egress. A ramp shall not exceed 1 foot of rise in 12 feet of run.

TECHNICAL ASSISTANCE: Those facilities that provide care to residents who use wheelchairs must have both required means of egress equipped with ramps if exit doors are elevated above grade level.

A ramp is an incline or decline constructed without steps or risers to provide 12 feet of run for every one foot in vertical rise. For example, a ramp constructed in decline to ground level from an exit doorway two feet above ground level would be 24 feet in length. The passageway to safe exiting must comply with Rule 400.2233(1).

AFC Administrative Rule

R 400.2244 Heating. (1) Except as provided herein, a family home shall be heated by an approved heating plant. If the heating plant is located in the basement of a family home, standard building material is sufficient for the floor separation which shall include at least 1 3/4 inches solid wood core door or equivalent to create a floor separation between the basement and the first floor. If the heating plant is on the same level with the residents, the furnace room shall be separated from the remainder of the building with materials that will afford a minimum 1 hour protected enclosure. A permanent outside vent which cannot be closed shall be incorporated in the design of heating plant rooms so that adequate air for proper combustion is assured. Space heaters are prohibited.
(2) Factory Mutual and Underwriter's Laboratories approved permanent, fixed type electrical heating, such as recognized panel or baseboard fixed type may be utilized in any location. In existing homes where an American Gas Association approved sealed combustion wall heater has been installed in accordance with both the AGA and manufacturer's recommendations, approval will be given if the unit is located on an outside wall, obtains combustion air directly from the outside and vents products of combustion directly to the outside.
(3) Flame producing water heaters or incinerators shall be installed with the same protection as a heating plant.

TECHNICAL ASSISTANCE: If the heating plant is in a basement not regularly used for resident activities, compliance requires a floor separation between the basement and the first floor. A floor separation is effected by installing a 1-3/4" solid wood core door or equivalent with an automatic self-closing device between the basement and the first floor, and by closing other vertical openings, i.e., laundry chutes, open grates, and balloon construction of older facilities, etc.

Doors must be positive latching and equipped with an operable self-closing device. At the time of renewal, the consultant should observe the furnace room door to assure proper operation, that no modifications to the enclosure have been made, and that the enclosure materials have not deteriorated. The self-closer can be pneumatic, spring hinge closer, spring-loaded hinge, weighted closer, or other closing devices that will accomplish the purpose of closing and latching the door when it is released from any position. A coiled screen door spring is not an acceptable closer.

Heating Plants: If the heating plant is in a basement regularly used for resident activities, the heating plant must be enclosed as required by subrule (2) and a floor separation [meeting the criteria outlined in subrule (1)] between the basement and the first floor, must be available.

Where heat plants are required to be enclosed, sufficient clearance must be provided for servicing on all sides. Such rooms are to be constructed of at least one (1) hour fire resistance rated construction.

Partitions and ceilings must be tightly fitted around doors, pipes, ducts, etc., and all joints sealed to be fire and smoke tight.

(4) Storage of combustible materials is prohibited in rooms containing the heating plant, water heater or incinerator.

TECHNICAL ASSISTANCE: Combustible materials refer to those materials which catch fire,
burn, or smolder, when subjected to various degrees of heat. Such materials would include, but are not limited to, flammable liquids, paper, cloth, wood, plastic, vinyl, leather, etc.

Storage of combustibles is not permitted in one-hour rated enclosures. If there is no heat plant enclosure and the heat plant and/or flame-producing water heater is in an open area in the basement, then any storage of combustible materials must be located as far away from the units as possible but no closer than 4 feet to that heating unit or water heater.

AFC Administrative Rule

R400.2245 Fire extinguishers.

Rule 245 A minimum of one 5-pound multi-purpose fire extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.

TECHNICAL ASSISTANCE: Fire extinguishers must be present and operable. The licensee and direct care staff must know how to operate the extinguisher(s), as required by Rule 400.14204(3)(f). A 5-pound multi-purpose fire extinguisher is equivalent to an extinguisher with a rating of 2A 10BC.

"Occupied floor" means those areas of the home containing bedrooms, dining rooms, and recreation/activity rooms occupied by residents or members of the household.

AFC Administrative Rule

R 400.2246 Electrical service.

Rule 246 Electrical service shall be maintained in a safe condition. Where conditions indicate a need for inspection, and on all new or remodeled projects, the electrical service shall be inspected by a qualified electrical inspection service and a copy of the inspection report shall be submitted to the department.

TECHNICAL ASSISTANCE: Routine electrical inspections of new or existing facilities are not required. Conditions indicating a need for inspection may include but are not limited to:

- ***The age of the construction.***
- ***The need for extensive use of extension cords.***
- ***Bare, frayed, or spliced wiring.***
- ***Hot fuse boxes.***
- ***Regular brown outs.***
- ***Continually blown fuses.***
- ***Covers off receptacles and switches.***
- ***Oversized fuses.***
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A "qualified electrical inspection service" is the Michigan Department of Licensing and Regulatory Affairs Electrical Division, the local electrical inspection authority, an electrical contractor, or a licensed electrician.