

IDAHA 16 – IDAHO DEPARTMENT OF HEALTH AND WELFARE

Division of Licensing and Certification

16.03.22 – Residential Assisted Living Facilities

Who does this rule apply to?

Residential assisted living facilities. Interested parties include owners, shareholders, administrators, directors, staff, caregivers, residents, relatives, guardians, and advocates of these residents, and health care professionals not limited to physicians, nurses, nursing assistants, dietitians, and therapists.

What is the purpose of this rule?

The purpose of a residential assisted living facility in Idaho is to provide choice, dignity, and independence to residents while maintaining a safe, humane, and home-like living arrangement for individuals needing assistance with daily activities and personal care. These rules set standards for providing services that maintain the health, safety, and comfort of those living in residential assisted living facilities.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statute passed by the Idaho Legislature:

Health and Safety -

- [Section 39-3305, Idaho Code](#) – Idaho Residential Care or Assisted Living Act: Rules

Public Assistance and Welfare -

- [Section 56-1006, Idaho Code](#) – Department of Health and Welfare: Title superseded

Where can I find information on the appeals process?

Administrative appeals and contested cases are governed by the provisions of the Idaho Administrative Procedures Act, [Chapter 52, Title 67, Idaho Code](#), and IDAPA [62.01.01](#), “Idaho Rules of Administrative Procedure.”

How do I request public records?

Unless exempted, all public records are subject to disclosure by the Department that will comply with [Title 74, Chapter 1, Idaho Code](#), upon requests. Confidential information may be restricted by state or federal law, federal regulation, and IDAPA [16.05.01](#), “Use and Disclosure of Department Records.” In accordance with Section 39-3355(6), Idaho Code, facility survey findings are posted on the Public Portal at <https://www.flareslive.com/portal/searchfacility.aspx>. The related survey documents are available upon written request to the Department and are posted at <https://assistedliving.dhw.idaho.gov>. Information received by the Department through filed reports, inspections, or as otherwise authorized under the law, will not be disclosed publicly in such a manner as to identify individual residents except as necessary in a proceeding involving a question of licensure.

Who do I contact for more information on this rule?

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This rule chapter will be reviewed in compliance with Section [67-5292, Idaho Code](#), and in accordance with the 8-year rule review schedule linked [here](#).

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16.03.22 – RESIDENTIAL ASSISTED LIVING FACILITIES

000. LEGAL AUTHORITY.

The Idaho Board of Health and Welfare is authorized under Sections 39-3305 and 39-3358, Idaho Code, to adopt and enforce rules to protect the health, safety, and individual rights for residents in residential assisted living facilities. (3-15-22)

001. SCOPE.

These rules set standards for providing services that maintain a safe and healthy environment for residential assisted living facilities. (7-1-26)

002. -- 008. (RESERVED)

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Criminal History and Background Check. A residential assisted living facility must complete a criminal history and background check on employees and contractors, who have direct resident access to residents in the residential assisted living facility. The Department check conducted under IDAPA 16.05.06, "Criminal History and Background Checks," satisfies this requirement. (7-1-26)

a. If a disqualifying crime as described in IDAPA 16.05.06, "Criminal History and Background Checks," is disclosed, the individual must not have direct resident access to any resident. (3-15-22)

b. The individual is only allowed to work under another employee who has a cleared criminal history and background check while waiting for results. The unlicensed employee may not have one-to-one contact with a resident or access their personal belongings without the supervision of a cleared employee. (7-1-26)

010. DEFINITIONS AND ABBREVIATIONS.

01. Advance Directive. A written instruction, such as a living will or durable power of attorney for health care, recognized under state law, whether statutory or as recognized by the courts of the State, related to the provision of medical care when the individual is unable to communicate. (3-15-22)

02. Behavior Plan. A person-centered document outlining strategies to address and modify a specific behavior, developed based on a functional assessment that identifies the underlying cause of the behavior, and includes proactive steps to prevent the behavior, teach alternate appropriate behaviors, and provide reinforcement for positive interactions. (7-1-26)

03. Call System. A signaling system whereby a resident can contact staff directly from their sleeping room, toilet room, and bathing area. The call system cannot be configured in such a way as to breach a resident's right to privacy at the facility, including in the resident's living quarters, in common areas, during medical treatments, while receiving other services, in written and telephonic communications, or in visits with family, friends, advocates, and resident groups. (7-1-26)

04. Cognitive Impairment. When a person experiences loss of short or long-term memory, orientation to person, place, or time, safety awareness, or loses the ability to make decisions that affect everyday life. (3-15-22)

05. Complaint Investigation. A survey to investigate the validity of allegations of noncompliance with applicable state requirements. Allegations will be investigated by the Licensing Agency as described in Section 39-3355, Idaho Code. (3-15-22)

06. Criminal Offense. Any crime as defined in Section 18-111, Idaho Code, 18 U.S.C. Section 4B1.2(a), and 18 U.S.C. Sections 1001 through 1027. (3-15-22)

07. Dementia. A chronic deterioration of intellectual function and other cognitive skills severe enough to interfere with the ability to perform activities of daily living. (3-15-22)

08. Developmental Disability. A developmental disability, as defined in Section 66-402, Idaho Code, means a chronic disability of a person which appears before twenty-two (22) years of age. (7-1-26)

09. Direct Resident Access. In-person access with any resident who resides at the facility, or any access to the residents' personal belongings or information. (3-15-22)

- 10. Elopement.** When a resident who is cognitively, physically, mentally, emotionally, or chemically impaired, physically leaves the facility property or the secured unit or yard without personnel's knowledge. (7-1-26)
- 11. Hourly Adult Care.** Nonresident daily services and supervision provided by a facility to individuals who are in need of supervision outside of their personal residence(s) for a portion of the day. (3-15-22)
- 12. Incident.** An event that can cause a resident injury. (3-15-22)
- 13. Legal Guardian or Conservator.** A court-appointed individual designated to manage the affairs or finances of another person who has been found to be incapable of handling their own affairs. (3-15-22)
- 14. Maladaptive Behavior.** Any behavior that infringes on any resident's rights, or presents a danger to the resident or others.. (7-1-26)
- 15. Medication.** Any substance used to treat a disease, condition, or symptom, which may be taken orally, injected, or used externally, and is available through prescription or over-the-counter. (3-15-22)
- 16. Medication Administration.** The process where a prescribed medication is given by a licensed nurse to a resident. (7-1-26)
- 17. Medication Assistance.** The process whereby a non-licensed care provider is delegated tasks by a licensed nurse, to aid a person who cannot independently self-administer medications. (7-1-26)
- 18. Mental Disorders.** Health conditions that are characterized by alterations in thinking, mood, behavior, or some combination thereof, that are all mediated by the brain and associated with distress or impaired functioning. (3-15-22)
- 19. Mental Illness.** Refers collectively to all diagnosable mental disorders. (3-15-22)
- 20. Nursing Assessment.** Information gathered related to a resident's health or medical status that has been reviewed, signed, and dated by a licensed nurse. (7-1-26)
- 21. Outside Services.** Services provided to a resident by someone that is not a member of facility personnel. (3-15-22)
- 22. Owner.** Any person or entity having legal ownership of the facility as an operating business, regardless of who owns the real property. (3-15-22)
- 23. Personnel.** Paid individuals assigned the responsibility of providing care, supervision, and services to the facility and its residents. In this chapter of rules, "personnel" and "staff" are synonymous. (3-15-22)
- 24. Portable Heating Device.** Any device designed to provide heat on a temporary basis that is not designed as part of a building's heating system, is not permanently affixed to the building, and, if electrical, is not hardwired to the building's electrical service. This does not include the use of therapeutic devices such as heating pads, heated mattress pads, and electric blankets, which require a physician or authorized provider's order. (3-15-22)
- 25. PRN.** Indicates that a medication or treatment prescribed by a medical professional to an individual may be given as needed. (3-15-22)
- 26. Provisional License.** A license which may be issued to a facility not in compliance with the rules pending the satisfactory correction of all deficiencies. (3-15-22)
- 27. Publicly Funded Program.** Any program funded in whole, or in part, by an appropriation of the U.S. Congress, the Idaho Legislature, or other governmental body. (3-15-22)
- 28. Punishment.** The use of an adverse consequence with a resident, the administration of any noxious or unpleasant stimulus, or deprivation of a resident's rights or freedom. (3-15-22)

29. **Relative.** A person related by birth, adoption, or marriage. (3-15-22)
30. **Repeat Deficiency.** A deficiency found on a licensure survey, complaint investigation, or follow-up survey that was also found on the previous survey. (3-15-22)
31. **Reportable Incident.** A situation when a facility is required to report information to the Residential Assisted Living Facilities Program, including: (3-15-22)
- a. Any resident injury of significant or suspicious nature (i.e., an injury that includes severe bruising, fingerprint bruises, laceration(s) larger than a minor skin tear, sprains, or fractured bones); (3-15-22)
 - b. Resident elopement of any duration; (3-15-22)
 - c. Any significant injury resulting from a resident-to-resident incident; (7-1-26)
 - d. An incident that results in the resident's need for assessment or treatment at a hospital; or (7-1-26)
 - e. An incident that results in the resident's death. (3-15-22)
32. **Scope.** The frequency or extent of the occurrence of a deficiency in a facility. (3-15-22)
33. **Self-Administration of Medication.** The act of a resident taking a single dose of their own medication from a properly labeled container and placing it internally in, or externally on, their own body as a result of an order by an authorized provider. (3-15-22)
34. **Survey.** A review conducted by a surveyor to determine compliance with statutes and rules. (7-1-26)
35. **Surveyor.** A person authorized by the Department to conduct surveys or complaint investigations to determine compliance with statutes and rules. (3-15-22)
36. **Therapeutic Diet.** A diet ordered by a physician or authorized provider, including a licensed registered dietician, as part of treatment for a clinical condition or disease. (7-1-26)
37. **Toxic Chemical.** A substance that is hazardous to health if inhaled, ingested, or absorbed through skin. (3-15-22)
38. **Traumatic Brain Injury (TBI).** An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment. The term applies to open or closed-head injuries resulting in impairments in one (1) or more areas. (3-15-22)
39. **Unlicensed Assistive Personnel (UAP).** Staff, with or without formal credentials, employed to perform nursing care services under the direction and supervision of licensed nurses. (3-15-22)
40. **Variance.** Permission by the Department to do something contrary to rule. (3-15-22)
011. -- 049. **(RESERVED)**
050. **VARIANCES.**
The Licensing Agency may grant a variance to a rule provided the written requests meet the requirements under Title 67 Chapter 52, Idaho Code. (7-1-26)
- 01. **Temporary Variance.** A temporary variance may be granted for a specific resident or situation. (7-1-26)
 - 02. **Continuing A Variance.** The Licensing Agency reviews the appropriateness of continuing a

variance during the survey process. (7-1-26)

03. Revocation of Variance. The Licensing Agency may revoke a variance if circumstances identify a risk to resident health and safety. (7-1-26)

051. -- 099. (RESERVED)

100. LICENSING REQUIREMENTS.

01. Issuance of License. A license will be issued to any organization upon completing an application demonstrating compliance with these rules. (3-15-22)

02. Distinctive Business Name. Every facility must use a distinctive name, which is registered with the Idaho Secretary of State. The facility will notify the Department within thirty (30) calendar days of a registered name change. (7-1-26)

03. Display of Facility License. The current facility license must be posted in the facility and clearly visible to the general public. (3-15-22)

04. Licensee Responsibility. The licensee of the facility is responsible for the operation of the residential assisted living facility. (7-1-26)

101. -- 109. (RESERVED)

110. FACILITY LICENSE APPLICATION.

01. License Application. License application forms are available online at the Licensing Agency's website at <http://assistedliving.dhw.idaho.gov>. The applicant must provide the following information: (3-15-22)

- a. A copy of the Certificate of Assumed Business Name from the Idaho Secretary of State; (3-15-22)
- b. A complete set of printed operational policies and procedures; (3-15-22)
- c. A copy of the Purchase Agreement, Lease Agreement, or Deed; (7-1-26)
- d. A detailed floor plan of the facility, including measurements of all rooms, or a copy of architectural drawings; and (7-1-26)
- e. The following must be obtained: (7-1-26)
 - i. Occupancy permit that the facility is located in a lawfully constituted fire district or affirmation that a lawfully constituted fire authority will respond to a fire at the facility; (7-1-26)
 - ii. Occupancy permit that all wiring in the facility complies with current electrical codes; (7-1-26)
 - iii. Occupancy permit or evidence that the facility meets local zoning codes for occupancy and local fire official documenting that the facility meets local fire codes for occupancy. (7-1-26)

02. Written Request for Building Evaluation. The applicant submits a request in writing to the Licensing Agency for a building evaluation. It must include the physical address of the building, the name, telephone number of the person who is to receive the building evaluation report, and be accompanied by a five hundred dollar (\$500) initial building evaluation fee. (7-1-26)

03. Identification of the Licensed Administrator. The applicant must provide a copy of the administrator's license and criminal history background check. (7-1-26)

111. -- 114. (RESERVED)

115. EXPIRATION AND RENEWAL OF LICENSE.

01. Application for License Renewal. The facility must submit to the Licensing Agency an annual report and application for renewal of a license at least thirty (30) days prior to the expiration of the existing license. (3-15-22)

02. Existing License. The existing license, unless suspended, surrendered, or revoked, remains in force and effect until the Licensing Agency has acted upon the application renewal, when such application for renewal has been filed. (3-15-22)

116. -- 125. (RESERVED)

126. EFFECT OF ENFORCEMENT ACTION AGAINST A LICENSE.

The Department will not review an application of an applicant who has an action, either current or in process, against a license held by the applicant in Idaho. (7-1-26)

127. FREQUENCY OF INSPECTIONS.

01. No Core Issues. Facilities without core issue deficiencies during two (2) consecutive licensure surveys, will be inspected at least every thirty-six (36) months. For facilities with core issue deficiencies, surveys will be conducted at the discretion of the Licensing Agency, at least every fifteen (15) months. (7-1-26)

02. Complaint Investigations. Complaint investigations will occur based on the severity of the complaint. (7-1-26)

03. Correction of Non-Core Issues. The facility must correct non-core issues within thirty (30) calendar days of the exit conference. If the facility is unable to meet this timeframe, they must inform the Department within thirty (30) calendar days of the exit conference. (7-1-26)

128. -- 150. (RESERVED)

151. ACTIVITY REQUIREMENTS.

Each facility must develop and implement a written activity policy that encourages, and promotes residents to participate in planned, recreational, and other activities. (7-1-26)

152. ADMISSION REQUIREMENTS.

01. Admissions Policies. Each facility must develop and implement written admission policies and procedures, which must include: (3-15-22)

- a.** The purpose, quantity, and characteristics of available services; (3-15-22)
- b.** Criteria for addressing admission, discharge, and transfer of residents to, from, or within the facility. (7-1-26)

02. Acceptable Admissions. Policies for admitting residents to the facility must include: (7-1-26)

- a.** The facility has the capability, capacity, and services to provide appropriate care; (3-15-22)
- b.** The resident does not require a type of service for which the facility is not licensed to provide or which the facility does not provide or arrange for; and (3-15-22)
- c.** The facility has the personnel, appropriate in numbers and with appropriate knowledge and skills to provide such services. (3-15-22)

153. FINANCIAL REQUIREMENTS.

Each facility must develop and implement financial policies and procedures that include: (3-15-22)

01. Resident Funds. A policy specifying how the facility will manage resident funds. (7-1-26)

02. Safeguarding of Funds. Specify how residents' funds will be managed and safeguarded and be in compliance with Section 39-3316, Idaho Code. If the facility does manage resident funds, policies must address the following: (7-1-26)

a. The facility cannot require a resident to purchase goods or services from the facility, other than items specified in the admission agreement and facility policies; (3-15-22)

b. Each transaction must include copies of receipts. (7-1-26)

03. Funds at Discharge. When a resident permanently leaves the facility, the facility can only retain room and board funds prorated to the last day of the thirty (30) day notice. Per the admissions agreement, the facility may charge a fee for the repair of damages or cleaning the room. All remaining funds are the property of the resident. (7-1-26)

154. RESIDENT SAFETY REQUIREMENTS.

The facility must develop a written, dated set of policies and procedures that are specific to the populations served in the facility and are available to all staff at all times to direct and ensure compliance with these rules. The facility must develop and implement policies and procedures to address the following: (7-1-26)

01. Response to Accidents, Incidents, or Allegations of Abuse, Neglect, or Exploitation of Residents. This includes how accidents, incidents, or allegations of abuse, neglect, and exploitation are identified, documented, reported, investigated, and followed-up with interventions to prevent re-occurrence and ensure protection. (7-1-26)

02. Response to Emergencies. Staff responsibilities in emergency situations, including: (7-1-26)

a. Medical and psychiatric emergencies; (3-15-22)

b. Resident absence; (3-15-22)

c. Criminal situations; and (3-15-22)

d. Presence of law enforcement officials at the facility. (3-15-22)

03. Notification of Changes to Resident Health or Mental Status. Staff responsibilities and notification requirements for any changes in residents' health or mental status. (7-1-26)

04. Provided Care and Services by Staff. Staff responsibilities when providing care and services to residents in the following areas: (7-1-26)

a. Activities of daily living; (3-15-22)

b. Dietary and eating, including when a resident refuses to eat or follow a prescribed diet; (3-15-22)

c. Dignity; (3-15-22)

d. Ensuring each individual's rights; (3-15-22)

e. Medication assistance; (3-15-22)

f. Provision of privacy; (3-15-22)

g. Social activities; (3-15-22)

- h.** Supervision; (3-15-22)
- i.** Supporting resident independence; and (3-15-22)
- j.** Telephone access. (3-15-22)

05. Behavior Management for Residents. The facility must have policies and procedures to ensure staff are trained and complete timely assessment, plan development, and documentation as described in Section 330 of these rules. (3-15-22)

06. Facility Operations, Inspections, Maintenance, and Testing. Plans and procedures for the operation, periodic inspection, and testing of the physical plant, which includes utilities, fire safety, and plant maintenance for all areas of the facility's campus. (3-15-22)

07. Hazardous Materials. The handling of hazardous materials. (3-15-22)

08. Mechanical Equipment. The handling of potentially dangerous mechanical equipment. (3-15-22)

09. Smoking Requirements. The facility must develop and implement written rules governing smoking. Smoking policies must be available to staff, residents, and visiting public and must ensure: (7-1-26)

a. Smoking is prohibited in areas where combustible supplies or materials, flammable liquids, gases, or oxidizers are in use or stored. (7-1-26)

b. Smoking in bed is prohibited. (7-1-26)

c. Unsupervised smoking by residents classified as not mentally or physically responsible, sedated by medication, or taking oxygen is prohibited. (7-1-26)

d. If smoking is permitted, there must be designated smoking areas which are clearly marked. Designated smoking areas must have non-combustible disposal receptacles. (7-1-26)

155. EMERGENCY PREPAREDNESS REQUIREMENTS.

Each facility must develop and implement an emergency preparedness plan in the event of fire, explosion, natural disaster, or other emergency. (7-1-26)

01. Relocation Agreements. Each facility must have a current written agreement developed between the facility and two (2) separate locations to which residents would be relocated in the event the building is evacuated and cannot be reoccupied. (7-1-26)

02. Written Procedures. The facility must have written procedures outlining steps to be taken in the event of an emergency including: (3-15-22)

a. Each person's responsibilities; (3-15-22)

b. Where and how residents are to be evacuated; and (3-15-22)

c. Notification of emergency agencies. (3-15-22)

156. HOURLY ADULT CARE REQUIREMENTS.

Facilities offering hourly adult care must develop and implement written policies and procedures which include the following: (3-15-22)

01. Services Offered. A description of hourly adult care services, including transportation services (if offered), meals, medical assistance, activities, supervision, and documentation requirements. (7-1-26)

02. Hourly Adult Care. The facility must keep record of names, dates, and description of services provided. (7-1-26)

03. Staffing. Staffing must be based on the needs of the entire facility, including those receiving hourly adult care and residents. Hourly adult care may be provided to as many individuals as possible without disrupting the day-to-day operations and normal activities of the facility. (3-15-22)

04. Accommodations. The facility must provide accommodations appropriate to the time frame for those receiving hourly adult care. (7-1-26)

157. – 215. (RESERVED)

216. REQUIREMENTS FOR RESIDENT ADMISSIONS.

01. Pre-Admission. Prior to admission, each resident must be assessed by the facility to ensure the resident is appropriate for placement in their residential assisted living facility. The assessment must include the following: (7-1-26)

a. Documentation of level of assistance required for activities of daily living including bathing, dressing, toileting, grooming, eating, communicating and the use of adaptive equipment; (7-1-26)

b. Pre-admission nursing assessment; (7-1-26)

c. Documentation of any maladaptive behaviors including history, intensity, duration, and frequency, including potential contributing factors and mitigation efforts; and (7-1-26)

d. Documentation of the need for related outside services, including service type, name and frequency. (7-1-26)

02. Written Agreement. Prior to, or on the day of admission, the facility and each resident or the resident's legal guardian or conservator must enter into a written admission agreement. The admission agreement will provide a complete reflection of the facility's charges, commitments agreed to by each party, and the services to be provided by the facility. The agreement must include the following: (7-1-26)

a. Identify staffing patterns and qualifications of staff on duty during a normal day. (7-1-26)

b. Identify the facility's and resident's roles and responsibilities relating to assistance with medications including the reporting of missed medications or those taken on a PRN basis. (7-1-26)

c. Identify who is responsible for the resident's personal funds. (7-1-26)

d. Identify responsibility for protection and disposition of all valuables belonging to the resident and provision for the return of the resident's valuables if the resident leaves the facility. (7-1-26)

e. Identify conditions under which emergency transfers will be made as provided in Section 152 of these rules. (7-1-26)

f. Provide a description of the facility's billing practices, notices, and procedures for payments and refunds. The following procedures must be included: (7-1-26)

i. Arrangement for payments; (3-15-22)

ii. Under what circumstances and time frame a partial month's resident fees are to be refunded when a resident no longer resides in the facility; and (3-15-22)

iii. Written notice to vacate the facility must be given thirty (30) calendar days prior to transfer or discharge on the part of either party, except in the case of the resident's emergency discharge or death. The facility

may charge up to fifteen (15) days prorated rent from the date of the resident's emergency discharge or death. The agreement must disclose any charges that will result when a resident fails to provide a thirty (30) day written notice. (3-15-22)

g. Specify permission for the facility to transfer information from the resident's records to any facility to which the resident transfers. (7-1-26)

h. Specify resident responsibilities. (7-1-26)

i. Specify any restriction on choice of care or service providers, such as home health agency, hospice agency, or personal care services. (7-1-26)

j. Identify written documentation of the resident's preference regarding the formulation of an advance directive in accordance with Idaho state law. When a resident has an advance directive, a copy must be immediately available for staff and emergency personnel. (7-1-26)

k. Provide the methods by which a resident may contest charges or rate increases including contacting the ombudsman for the elderly. (7-1-26)

l. Disclose the conditions under which the resident can remain in the facility if payment for the resident shifts to a publicly funded program. (7-1-26)

m. Include a copy of the facility's smoking policy. (7-1-26)

217. REQUIREMENTS FOR TERMINATION OF ADMISSION AGREEMENT.

01. Notification. Before a facility discharges a resident, the facility must notify the resident or their representative in writing and their representative of the discharge and the cause. (7-1-26)

02. Facility Responsibility During Resident Discharge. The facility is responsible to assist the resident with transfer by providing a list of skilled nursing facilities, other residential assisted living facilities, and certified family homes that may meet the needs of the resident. (7-1-26)

03. Written Notice of Discharge. The written notice of discharge must include the following: (3-15-22)

a. The specific reason for the discharge; (3-15-22)

b. The effective date of the discharge; (3-15-22)

c. A statement informing the resident of their appeal rights including timelines and methods; (7-1-26)

d. The name, address, and telephone number of the local ombudsman; (3-15-22)

e. The name, address, and telephone number of Disability Rights Idaho; (3-15-22)

f. If the resident fails to pay fees to the facility during the discharge appeal process, the resident's appeal of the involuntary discharge becomes null and void and the discharge notice applies; and (7-1-26)

g. When the notice does not contain all the above required information, the notice is void and must be reissued. (3-15-22)

04. Resident's Appeal of Involuntary Discharge. A resident may appeal all discharges, with the exception of an involuntary discharge in the case of nonpayment or emergency conditions that require the resident to be transferred to protect the resident or other residents in the facility from harm. (7-1-26)

05. Receipt of Appeal. The Department must receive the appeal request within thirty (30) calendar

days of receipt of written notice of discharge. (7-1-26)

218. – 249. (RESERVED)

250. REQUIREMENTS FOR BUILDING CONSTRUCTION AND PHYSICAL STANDARDS.

01. Construction Changes. For all new construction, changes of occupancy, modifications, additions, or renovations to existing buildings, the facility must submit construction drawings with specifications to the licensing authority for review and approval prior to any work being started. All new construction and conversions must install audible and visual notification devices for fire alarm systems in all common areas and resident rooms no matter the size of facility. (3-15-22)

02. Plans and Specifications. Plans must be prepared, signed, stamped, and dated by an architect or engineer licensed in the state of Idaho and submitted to the Department after approval of local authorities. (7-1-26)

03. Approval. All buildings, additions, and renovations are subject to approval by the Licensing Agency and must meet applicable requirements. (3-15-22)

04. Toilets and Bathrooms. Each facility must provide: (3-15-22)

a. A toilet and bathroom for resident use so arranged that it is not necessary for an individual to pass through another resident's room to reach the toilet or bath; (3-15-22)

b. Solid walls or partitions to separate each toilet and bathroom from all adjoining rooms; (3-15-22)

c. Mechanical ventilation to the outside from all inside toilets and bathrooms not provided with an operable exterior window; (3-15-22)

d. Adequate number of bathrooms to meet the needs of the residents admitted to the facility; (7-1-26)

05. Accessibility for Persons with Mobility and Sensory Impairments. For residents who have mobility or sensory impairments, the facility must provide a physical environment which meets the needs of the person for independent mobility and use of appliances, bathroom facilities, and living areas. New construction must meet the requirements of the Americans with Disabilities Act Accessibility Guidelines (ADAAG). Existing facilities must comply, to the maximum extent feasible. (7-1-26)

06. Plumbing. The temperature of hot water at plumbing fixtures used by residents must be between one hundred five degrees Fahrenheit (105°F) and one hundred twenty degrees Fahrenheit (120°F). (7-1-26)

07. Heating, Ventilation, and Air-Conditioning (HVAC). Equipment must be furnished, installed, and maintained to meet all requirements of current state and local mechanical, electrical, and construction codes. An HVAC system must be capable of maintaining a minimum temperature of seventy degrees Fahrenheit (70°F) and a maximum temperature of seventy-eight degrees Fahrenheit (78°F) during the day, and a minimum of sixty-two degrees Fahrenheit (62°F) and a maximum temperature of seventy-five degrees Fahrenheit (75°F) during the night. Wood stoves, gas fireplaces, or solid burning fireplaces are not permitted as the sole source of heat, and the thermostat for the primary source of heat must be remotely located away from any of these sources. (7-1-26)

a. Portable heating devices of any kind are prohibited in resident sleeping areas; (7-1-26)

b. All fireplaces must provide a safety barrier that is tip resistant and ensures resident safety; (7-1-26)

c. Boilers, hot water heaters, and unfired pressure vessels must be equipped with automatic pressure relief valves; (3-15-22)

d. Fire and smoke dampers must be inspected, serviced, and cleaned once every four (4) years by a person professionally engaged in the business of servicing these devices or systems. A copy of these results must be kept in the facility. (3-15-22)

08. Dining, Recreation, Shower, Bathing, and Living Space. The total area set aside for these purposes must be no less than thirty (30) square feet per licensed bed. A hall or entry cannot be included as living or recreation space. (3-15-22)

09. Resident Sleeping Rooms. The facility must ensure that: (3-15-22)

a. Not more than two (2) residents can be housed in any multi-bed sleeping room; (7-1-26)

b. Square footage requirements for resident sleeping rooms must provide for not less than one hundred (100) square feet of floor space per resident in a single-bed sleeping room and not less than eighty (80) square feet of floor space per resident in a multi-bed sleeping room. For facilities constructed after January 1, 2021, square footage requirements for resident sleeping rooms must provide at least one hundred (100) square feet of floor space per resident for both single-bed and multi-bed sleeping rooms. (3-15-22)

c. The operable windowsill height must not exceed forty-four (44) inches above the floor in existing buildings being; (7-1-26)

d. Window screens must be provided on operable windows; and (7-1-26)

e. Closet space in each resident sleeping room must provide at least four (4) usable square feet per resident. Common closets used by two (2) or more residents must have substantial dividers for separation of each resident's clothing. All closets must be equipped with doors. Free-standing closets are deducted from the square footage of the sleeping room. (3-15-22)

10. Secure Environment. If the facility accepts and retains residents who have cognitive impairment and have a history of elopement or attempted elopement, the facility must provide an interior environment and exterior yard that is secure and safe. The secured environment and security provided must be evaluated and adjusted as necessary to meet the needs of all residents. (7-1-26)

11. Call System. The facility must have a call system available for each resident and maintain the resident's right to privacy, including in the resident's living quarters and common areas, during medical treatment, and other services, and in written and telephonic communications, or in visits with family, friends, advocates, and resident groups. The call system cannot be a substitute for supervision. (7-1-26)

251. – 259. (RESERVED)

260. REQUIREMENTS FOR ENVIRONMENTAL SANITATION.

01. Water Supply. Water supply must be from an approved private, public, or municipal water supply. (7-1-26)

a. Water from a private supply must have water samples submitted annually to either a private accredited laboratory or to the Public Health District Laboratory for bacteriological examination. The Department may require more frequent examinations if warranted. (7-1-26)

02. Garbage and Refuse Disposal. Garbage and refuse disposal must be provided to ensure that: (3-15-22)

a. The premises and all buildings must be kept free from the accumulation of weeds, trash, and rubbish; (3-15-22)

b. Material not directly related to the maintenance and operation of the facility must not be stored on the premises; and (7-1-26)

c. Garbage containers must be maintained in a sanitary manner. Sufficient containers must be afforded to hold all garbage and refuse which accumulates between periods of removal from the facility. (7-1-26)

03. Insect and Rodent Control. A pest control program must effectively prevent insects, rodents, and other pests from entrance to, or infestation of, the facility. (7-1-26)

04. Linen and Laundry Facilities and Services. (3-15-22)

- a.** The facility must have linen suitable to the proper care and comfort of residents; and (7-1-26)
- b.** Not thread-bare, torn, or stained; (7-1-26)
- c.** Handled, processed, and stored in an appropriate manner that prevents contamination; (7-1-26)
- d.** Situated in an area separate and apart from where food is stored, prepared, or served; (7-1-26)
- e.** Soiled linen and clothing must be properly handled to prevent contamination. Clean linen and clothing received from a laundry service must be stored in a proper manner to prevent contamination; and (7-1-26)
- f.** Residents' and personnel's personal laundry must be collected, transported, sorted, washed, and dried in a sanitary manner and cannot be washed with general linens (e.g., towels and sheets). (3-15-22)

05. Housekeeping and Maintenance Services. Housekeeping, maintenance personnel, and equipment must be provided to maintain the interior and exterior of the facility in a clean, safe, and orderly manner. Prior to occupancy of any sleeping room by a new resident, the room must be thoroughly cleaned including the bed, bedding, and furnishings. (3-15-22)

06. Toxic Chemicals. All toxic chemicals must be properly labeled. Toxic chemicals cannot be stored where food is stored, prepared, or served, where medications are stored, and where residents with cognitive impairment have access. (3-15-22)

261. – 304. (RESERVED)

305. REQUIREMENTS FOR THE LICENSED NURSING ASSESSMENT. (7-1-26)
For each resident the licensed nurse must assess, document, date and sign, the following:

01. Pre-Admission Assessment. A review of the resident's health and medical status including identification of medical and care needs. (7-1-26)

02. Quarterly Nursing Assessments. The facility nurse must visit the facility at least once every ninety (90) days to conduct quarterly assessments. The assessments must include: (7-1-26)

- a.** Review of the residents' health and medical status, including any changes in medical or physical status; and (7-1-26)
- b.** Recommendations for changes needed to the NSA to meet the residents' needs. (7-1-26)

03. Change in Resident Health Status. Physical assessment, identifying symptoms of illness, or changes in mental or physical health status. (7-1-26)

04. Recommendations. Notify the administrator regarding any medical changes requiring amendments to the NSA. Notify the physician or authorized provider of medical changes. (7-1-26)

05. Self-Administered Medication. Residents must be assessed prior to self-administering medications and every ninety (90) days thereafter. (7-1-26)

306. – 309. (RESERVED)

310. REQUIREMENTS FOR MEDICATIONS AND TREATMENTS.

Facility policies and procedures must specify how medications will be handled. (3-15-22)

01. Medication Distribution. The facility must ensure. (7-1-26)

a. All medications must be kept in a locked area such as a locked box or room; (3-15-22)

b. Poisons, toxic chemicals, and cleaning agents must not be stored with medications; (3-15-22)

c. Biologicals and other medications requiring cold storage must be maintained per manufacturer's guidelines and the temperature monitored and documented weekly; (7-1-26)

d. Each prescription medication must be given to the resident directly from the medi-set, blister pack, or medication container; (3-15-22)

e. Each resident must be observed taking the medication; and (3-15-22)

f. Medications and treatments must be provided per physician or authorized provider orders. (7-1-26)

02. Discontinued and Expired Prescriptions. Discontinued or outdated medications and treatments must be removed from the resident's medication supply and cannot accumulate at the facility for longer than thirty (30) days. The unused medication must be disposed of properly. The facility must document the following: (7-1-26)

a. A description of the drug, including the amount; (3-15-22)

b. Name of the resident for whom the medication is prescribed; (3-15-22)

c. The method and date of disposal; and (7-1-26)

d. Signatures of responsible facility personnel and witness. (3-15-22)

03. Controlled Substances. The facility must track all controlled substances entering the facility, including the amount received, the date, a daily count, reconciliation of the number given or disposed, and the number remaining. (3-15-22)

04. Behavior Modifying Medication. (7-1-26)

a. Psychotropic or behavior modifying medication intervention must not be the first resort to address behaviors. The facility must attempt non-drug interventions to assist and redirect the resident's behavior. (3-15-22)

b. The facility must document residents' response to the medications including demonstrated behaviors and any side effects that impacted the residents' health or safety. (7-1-26)

c. The facility must provide behavior updates to the physician or authorized provider when requested. (7-1-26)

311. – 319. (RESERVED)

320. NEGOTIATED SERVICE AGREEMENT (NSA) REQUIREMENTS.

An interim plan must be developed and used while the NSA is being completed. (7-1-26)

321. – 329. (RESERVED)

330. REQUIREMENTS FOR FACILITY RECORDS.

The facility must develop policies and procedures in accordance with Sections 39-3316, Idaho Code, for a minimum of three (3) years. (7-1-26)

01. Paper Records. All paper records must be recorded legibly in ink. (3-15-22)

02. Record Confidentiality. The facility must comply with the Health Insurance Portability and Accountability Act (HIPAA). (7-1-26)

03. Resident Care Records. Each resident must have an individual care record. Entries must be documented during each shift and completed by the person providing the care, including the date, time, name, and title of the person making the entry. (7-1-26)

- a. The plan of care must be available to staff at all times and include: (7-1-26)
 - i. A copy of written, signed, and dated medication and treatment orders; (7-1-26)
 - ii. Treatments, wound care, assistance with medications, and any delegated nursing tasks. PRN medication use (if applicable), including the reason for taking the medication and the efficacy; (7-1-26)
 - iii. Documentation when the resident refuses care or services or the resident missed taking prescribed medication including the reason; (7-1-26)
 - iv. Notification to the facility nurse of changes in the resident's physical or mental condition; (3-15-22)
 - v. Nursing assessments; (7-1-26)
 - vi. The results of any physician or authorized provider visits, including phone calls to providers including the reason and outcome; (7-1-26)
 - vii. Copies of all signed and dated care plans prepared by outside service agencies; (3-15-22)
 - viii. Notes regarding outside services and care provided to the resident, such as home health, hospice, or physical therapy; (3-15-22)
 - ix. Unusual events such as incidents, accidents, or altercations, and the facility's response; and (3-15-22)
 - x. Documentation the physician, authorized, and legal representative provider has been contacted when a resident consistently refuses medical treatment or physician orders. (7-1-26)

04. Behavior Documentation. For residents who exhibit maladaptive behaviors, the facility must maintain documentation of the following: (7-1-26)

- a. An assessment of maladaptive behaviors. (7-1-26)
- b. A behavior plan that includes interventions; (7-1-26)
 - i. Interventions must be the least restrictive possible and must include the date and time of each maladaptive behavior, a description of the behavior, the interventions implemented and the effectiveness of each intervention. (7-1-26)

05. Discharge Records. Resident discharge documentation must include: (3-15-22)

- a. A copy of the written notice of discharge if applicable; (7-1-26)
- b. The date and the location where the resident was discharged; and (7-1-26)
- c. The disposition of the resident's belongings. (3-15-22)

06. Additional Resident Records. The facility must also maintain the following for each resident:

(3-15-22)

- a.** A record of all resident personal property with a value of more than fifty dollars (\$50); and (7-1-26)
 - b.** A record of complaints or grievances including the date received, the investigation and the outcome. (7-1-26)

07. Resident Admission and Discharge Register. The facility must maintain an admission and discharge register listing the name of each resident, the date admitted, and the date discharged. (7-1-26)

08. Dietary Records. The facility must maintain on-site a minimum of three (3) months of dietary records including: (7-1-26)

- a.** Planned, substitution, and therapeutic menus that have been approved and signed by a licensed registered dietitian. (7-1-26)

09. Water Supply. Laboratory reports documenting the bacteriological examination of a private water supply. (7-1-26)

10. Personnel Records. A record for each employee must be maintained and available, which includes the following: (3-15-22)

- a.** The employee's name, address, phone number, and date of hire; (3-15-22)
 - b.** A job description that includes the purpose, responsibilities, duties, and authority; (3-15-22)
 - c.** A copy of a valid license for nursing staff; (7-1-26)
 - d.** Signed and dated record of all required staff training; (7-1-26)
 - e.** Copies of CPR and first aid certifications; (3-15-22)
 - f.** Evidence of medication training; (7-1-26)
 - g.** Criminal history and background check results; (7-1-26)
 - h.** Documentation by the licensed nurse of delegation to unlicensed staff; (7-1-26)
 - i.** A signed and dated record identifying any administrator or manager designees; and (7-1-26)
 - j.** Records of contracts with outside service providers and contract staff. (7-1-26)

11. As Worked Schedules. Work records indicating direct care staff names and shifts worked. (7-1-26)

12. Fire and Life Safety Records. The administrator must ensure the facility's records for fire and life safety are maintained. The facility must maintain on file: (3-15-22)

- a.** The results of fire detection, alarm inspections, maintenance, and test results including: (7-1-26)
 - i.** The results of the annual inspection and tests; and (3-15-22)
 - ii.** Smoke detector sensitivity testing results. (3-15-22)
 - b.** The results of any sprinkler system inspections, maintenance, and tests; (7-1-26)

- #### **410. REQUIREMENTS FOR EMERGENCY ACTIONS AND FIRE DRILLS.**

Fire drills must be conducted quarterly and at least one per shift per year and include date and time of drill including personnel and residents involved. (7-1-26)

01. Report of Fire. Any fire or fire incident occurring within the facility must be reported to the Department within fifteen (15) days of the occurrence. A fire incident is considered any activation of the building's fire alarm system other than a false alarm, during testing of the fire alarm system, or during a fire drill. (7-1-26)

02. Fire Watch. Where a required fire alarm system or fire sprinkler system is out of service for more than four (4) hours in a twenty-four (24) hour period, the local jurisdiction must be notified, and the building evacuated, or an approved and documented fire watch provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. (7-1-26)

411. – 429. (RESERVED)

430. REQUIREMENTS FOR FURNISHINGS, EQUIPMENT, AND SUPPLIES.

Each facility must provide: (7-1-26)

01. Common Shared Furnishings. Common areas must be furnished with appropriate reading lamps, tables, chairs, or sofas that are clean, safe, and in good repair. (7-1-26)

02. Resident Sleeping Room Furnishings. All facility provided furnishings such as a dresser, or bed, must be in good repair, clean, and safe. Resident beds shall be at least thirty-six (36) inches wide. (7-1-26)

03. Resident Telephone Privacy. The facility must have at least one (1) telephone that is accessible to all residents, and provide local calls at no additional cost. The telephone must be placed in such a manner as to provide the resident privacy while using the telephone. (3-15-22)

04. Basic Services. Basic services and personal supplies must be provided in accordance with the admission agreement. (7-1-26)

431. -- 449. (RESERVED)

450. REQUIREMENTS FOR FOOD AND NUTRITIONAL CARE SERVICES.

The facility food services must meet the standards in IDAPA 16.02.19, "Idaho Food Code." (7-1-26)

451. MENU AND DIET PLANNING.

01. Menu. Must be planned approved, signed, and dated by a licensed registered dietitian. (7-1-26)

a. Menus will provide a sufficient variety of foods in adequate amounts at each meal; (3-15-22)

b. The weekly menu must be posted in a facility common area; and (7-1-26)

c. The facility must serve the planned menu. If substitutions are made, the menu must be modified to reflect the substitutions. (3-15-22)

02. Therapeutic Diets. Therapeutic menus must be planned, approved, signed, and dated by a licensed registered dietitian. (7-1-26)

452. – 454. (RESERVED)

455. FOOD SUPPLY.

The facility must maintain a seven (7) day supply of nonperishable foods and a two (2) day supply of perishable foods. The facility's kitchen must have the types and amounts of food to be served readily available to meet all planned menus during that time. (3-15-22)

456. – 459. (RESERVED)

460. FOOD PREPARATION AND SERVICE.

01. Food Preparation. Foods must be prepared by methods that conserve nutritional value, flavor, and appearance. (3-15-22)

02. Frequency. Meals must be served at least three (3) times per day at regular intervals with snacks and fluids offered between meals. (7-1-26)

03. Disposable Items. The facility will not use single-use items except in unusual circumstances for a short period of time or for special events. (3-15-22)

461. – 599. (RESERVED)

600. REQUIREMENTS FOR STAFFING STANDARDS.

The facility must develop policies and procedures for staffing to ensure adequate care is provided to residents which include: (7-1-26)

01. On-Duty Staff Up and Awake During Residents' Sleeping Hours. Staff must be up and awake, and immediately available in the facility during resident sleeping hours. (7-1-26)

02. Detached Buildings or Units. Facilities with detached buildings or units must have at least one (1) staff present and available in each building when residents are present. (7-1-26)

03. Cardio-Pulmonary Resuscitation (CPR) and First Aid Certification. Provide for at least one (1) direct care staff with certification in first aid and CPR in the facility at all times. Facilities with multiple buildings or units will have at least one (1) direct care staff with certification in first aid and CPR in each building or each unit at all times. (7-1-26)

601. – 624. (RESERVED)

625. ORIENTATION TRAINING REQUIREMENTS.

Staff must complete orientation training specific to their job description as described in Section 39-3324, Idaho Code, within thirty (30) days of hire. Prior to working alone staff must have completed the orientation training requirements. (7-1-26)

01. Number of Hours of Training. A minimum of sixteen (16) hours of job-related orientation training must be completed prior to providing unsupervised personal assistance to residents. The means and methods of training are at the facility's discretion. (7-1-26)

02. Content for Training. Orientation training must include the following: (3-15-22)

a. Resident rights; (3-15-22)

b. Reporting and documentation requirements for allegations of abuse, neglect, and exploitation; (7-1-26)

c. Relevant policies and procedures; and (7-1-26)

d. Training must be specific and appropriate to the population served. (7-1-26)

626. – 639. (RESERVED)

640. CONTINUED TRAINING REQUIREMENTS.

Each employee must receive a minimum of eight (8) hours of job-related continued training per year. (3-15-22)

641. ADDITIONAL TRAINING RELATED TO CHANGES.

When policies or procedures are added, modified, or deleted, the date of the change must be specified on the policy and staff training must be updated. (7-1-26)

642. – 644. (RESERVED)

645. ASSISTANCE WITH MEDICATIONS.

01. Training Requirements. Prior to assisting residents with medications, staff must complete the following: (7-1-26)

a. A medication assistance course offered by one (1) of Idaho's community colleges or a curriculum approved by the Department. This training is in addition to the curriculum minimum orientation requirements. (7-1-26)

b. Staff training on documentation requirements and how to respond when a resident refuses or misses a medication, receives an incorrect medication, or when medication is unavailable or missing. (3-15-22)

02. Delegation. The facility nurse must delegate and document assistance with medications and other nursing tasks. Each medication assistant must be delegated individually, including skill demonstration, prior to assisting with medications or nursing tasks, and any time the licensed nurse changes. (3-15-22)

646. – 899. (RESERVED)

900. ENFORCEMENT ACTIONS.

Enforcement actions, as described in these rules and Sections 39-3357 and 39-3358, Idaho Code, are actions the Department can impose upon a facility. The Department will consider a facility's compliance history, and the number, scope, and severity of the deficiencies when initiating or extending an enforcement action. The Department can impose any of the enforcement actions, independently or in conjunction with others. (7-1-26)

901. ENFORCEMENT ACTION.

If the Department determined non-compliance with these rules immediately jeopardizes the health or safety of residents the Department may take action in accordance with Section 39-3358, Idaho Code. (7-1-26)

902. – 909. (RESERVED)

910. ENFORCEMENT ACTION OF A CONSULTANT.

A consultant may be required when an acceptable plan of correction has not been submitted, or if the Department identifies repeat deficient practice(s) in the facility. The consultant is required to submit periodic reports to the Licensing Agency. (7-1-26)

911. – 919. (RESERVED)

920. ENFORCEMENT ACTION OF LIMIT ON ADMISSIONS.

01. Reasons for Limit on Admissions. The Department may limit admissions for the following reasons: (3-15-22)

a. The facility is inadequately staffed or the staff is inadequately trained to handle more residents; (3-15-22)

b. The facility otherwise lacks the resources necessary to support the needs of more residents; (3-15-22)

c. The Department identifies repeat core issues during any follow-up survey; or (7-1-26)

d. An acceptable plan of correction is not submitted as described in Section 39-3352, Idaho Code. (7-1-26)

02. Notification of Limit on Admissions. Limits or bans on admissions will remain in effect until the Department determines the facility has achieved substantial compliance with requirements or receives written evidence and statements from the outside consultant that the facility is in compliance. (7-1-26)

921. – 924. (RESERVED)

925. ENFORCEMENT ACTION OF CIVIL MONETARY PENALTIES.

01. Civil Monetary Penalties. May be imposed when it is determined a facility is operating without a license, has repeat non-core deficiencies that place residents at significant risk for potential harm, or the facility fails to comply with conditions of the provisional license. Actual harm to a resident or residents does not need to occur. A single act, omission, or incident will not give rise to imposition of multiple penalties, even though such act, omission, or incident may violate more than one (1) rule. (7-1-26)

02. Assessment Amount for Civil Monetary Penalty. Civil monetary penalties are assessed at ten dollars (\$10) for each day the facility is or was out of compliance per deficiency, multiplied by the total number of occupied licensed beds. (7-1-26)

a. In any ninety (90) day period, the penalty amounts may not exceed the limits shown in the following table:

Limits on Accruing Civil Monetary Amount	
Number of Occupied Beds in Facility	Repeat Deficiency
3-4 Beds	\$2,880
5-50 Beds	\$6,400
51-100 Beds	\$10,800
101-150 Beds	\$17,600
151 or More Beds	\$29,200

(3-15-22)

03. Notice of Civil Monetary Penalties and Appeal Rights. The Department will give written notice informing the facility of the amount of the penalty, the basis for its assessment and the facility's appeal rights. (3-15-22)

04. Payment of Penalties. The facility must pay the full amount of the penalty within thirty (30) calendar days from the date the notice is received, unless the facility requests an administrative review. The civil monetary penalty determined through administrative review must be paid within thirty (30) calendar days of the dated administrative review decision, unless the facility requests an administrative hearing. The amount of the civil monetary penalty determined through an administrative hearing must be paid within thirty (30) calendar days of the dated hearing decision unless the facility files a petition for judicial review. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Such interest accrual will begin one (1) calendar day after the date of the initial assessment of the penalty. (7-1-26)

05. Failure to Pay. Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the license or the amount will be withheld from Medicaid payments to the facility. (3-15-22)

926. – 929. (RESERVED)

930. ENFORCEMENT ACTION OF TEMPORARY MANAGEMENT.

01. Need for Temporary Management. The Department may impose, and appoint the use of temporary management in situations where it is determined there is immediate jeopardy to the health and safety of the residents, such as: (7-1-26)

a. To ensure the safe relocation of residents due to a facility closure; or (7-1-26)

b. A temporary manager is necessary to bring the facility back into substantial compliance pending improvements to bring the facility into compliance with program requirements. (7-1-26)

02. Powers and Duties of the Temporary Manager. The temporary manager will have the authority to direct and oversee the day-to-day operations of the facility including the enforcement of policies and procedures and ensuring the facility is in compliance with these rules. (7-1-26)

03. Responsibility for Payment of the Temporary Manager. All compensation and per diem costs of the temporary manager must be paid by the licensee. (3-15-22)

931. – 934. (RESERVED)

935. ENFORCEMENT ACTION OF A PROVISIONAL LICENSE.

A provisional license may be issued when a facility has one (1) or more core issues, when non-core issues have not been corrected, have become repeat deficiencies, or an acceptable plan of correction is not submitted as described in these rules. The provisional license will state the conditions the facility must follow to continue to operate. (3-15-22)

936. – 999. (RESERVED)