

Existing Title 22: Intermediate Care Facilities/Developmentally Disabled-Habilitative

§ 76800. Registered Health Information Technician.

Registered health information technician means a person who is registered as a health information technician by the American Health Information Management Association.

§ 76801. Active Treatment.

Active treatment means an aggressive and organized effort to fulfill each client's fullest developmental capacity. It requires an integrated, individually tailored program of services directed to achieving measurable, behaviorally stated objectives.

§ 76801.1. Antecedent.

Antecedent means conditions or events which occur prior to a behavior.

§ 76802. Authorized Representative.

Authorized Representative means a person authorized to act on behalf of the client by law, by court order or by a written statement which shall be signed by the client, unless the client has been judicially declared incompetent or gravely disabled. Except in state operated facilities, an authorized representative shall not be an owner, administrator, employee, representative or agent of the facility.

§ 76803. Chemical Restraint.

Chemical restraint means the use of psychotherapeutic or behavior modifying drugs used to prevent a client from exhibiting an identified maladaptive behavior.

§ 76804. Client.

Client means a person who is receiving services from an Intermediate Care Facility/Developmentally Disabled -Habilitative.

§ 76804.1. Consequence.

Consequence means conditions or events which occur after a behavior.

§ 76805. Contingent Observation.

Contingent Observation means the temporary removal of a client from participation in an activity.

§ 76806. Controlled Drugs.

Controlled drugs means those drugs covered under the Federal Comprehensive Drug Abuse Prevention Control Act of 1970, as amended, or the California Uniform Controlled Substances Act.

§ 76807. Decubitus Ulcer.

Decubitus ulcer means an ulceration of skin, caused by pressure, and may include ulceration of underlying tissue.

§ 76808. Dietetic Service Supervisor.

Dietetic Service Supervisor means a person who has completed the training requirements specified in section 1265.4(b) of the Health and Safety Code.

§ 76809. Dietitian.

Dietitian means a registered dietitian who meets the qualifications specified in section 2585 of the Business and Professions Code.

§ 76810. Direct Care Staff.

Direct care staff means all facility staff who directly provide program and/or nursing services to clients. Administrative and licensed personnel shall be considered direct care staff when directly providing program and/or nursing services to clients. Members of the interdisciplinary professional staff/team shall not be considered direct care staff.

§ 76811. Distinct Part.

Distinct part means an identifiable unit accommodating beds including, but not limited to, contiguous rooms, a wing, floor or building.

§ 76812. Drug.

Drug means a medication.

§ 76813. Drug Administration.

Drug administration means the act in which a single dose of a prescribed drug or biological is given to a client. The complete act of administration entails removing an individual dose from a container, verifying the dose with the prescriber's orders, giving the individual dose to the client and promptly recording the time and dose given.

§ 76814. Drug Dispensing.

Drug dispensing means the act of interpretation of an order for a drug or biological and the proper selection, measuring, packaging, labeling and issuance of that drug or biological for a client or for a service unit of the facility.

§ 76814.1. Educator.

Educator means a person who has one year of teaching experience with individuals with developmental disabilities and possesses a current Special Education credential valid in the State of California.

§ 76815. Emergency Intervention Procedures for Behavior Control.

Emergency intervention procedures for behavior control means those techniques used in the management of clients who exhibit severe aggressive or explosive behavior which poses an immediate threat of bodily harm to the client or others.

§ 76816. Exclusion Timeout.

Exclusion timeout means removing a client from an activity to another area in the same room or vicinity for a period of time contingent on a specific maladaptive behavior.

§ 76817. Extinction.

Extinction is the systematic elimination of potential reinforcement following a maladaptive behavior.

§ 76818. Fines.

Fines is the forfeiture of token reinforcers following a predetermined maladaptive behavior.

§ 76820. Individual Service Plan.

Individual service plan means a plan developed for each individual client by the facility's interdisciplinary professional staff/team. The individual service plan is not to be confused with the individual program plan which is developed by the Regional Center.

§ 76821. Legend Drug.

Legend drug means:

(a) Any drug labeled with the statement "Caution: Federal Law prohibits dispensing without prescription," or words of similar import, or

(b) Any dangerous drug under Section 4211 of Article 8 of the Business and Professions Code.

§ 76822. Local Bank.

Local bank means a bank, or the branch of that bank which is in the vicinity of the facility.

§ 76822.1. Medication.

Medication means any chemical compound, remedy or biological substance, the action of which is not solely mechanical, which may be administered to clients by any route as an aid in the diagnosis, treatment, or prevention of disease or other abnormal condition, for relief of pain or suffering, or to control or improve any physiological or pathological condition. Products which contain medications but which are primarily used for cosmetic or other nonmedication purposes are not medications as defined above.

§ 76823. Modified Diet.

Modified diet means a diet altered in texture.

§ 76824. Normalization.

Normalization means making available to the developmentally disabled, patterns and conditions of everyday life which are as close as possible to the normal patterns of everyday society.

§ 76825. Occupational Therapist.

Occupational therapist means a person who is licensed as an occupational therapist by the California Board of Occupational Therapy.

§ 76826. Permanently Converted Beds.

Permanently converted beds means client accommodation space which is not available for client accommodation because the facility has converted the client accommodation space to some other use and such space could not be reconverted to client accommodation within 24 hours.

§ 76827. Physical Restraints.

Physical restraint means those devices as described in Section 76866(a) and used to control a client's physical activity in order to prevent the client from causing harm to self or others.

§ 76828. Postural Supports.

Postural supports means devices other than orthopedic braces used to assist clients to achieve proper body position and balance. Postural supports may only include soft ties, seat belts, spring release trays or cloth sheeting and shall only be used to improve a client's mobility and independent functioning, and not to restrict movement. These devices shall not be considered restraints.

§ 76829. Psychotherapeutic Drug.

Psychotherapeutic drug means a medication to control behavior or to treat a thought disorder process.

§ 76830. Qualified Mental Retardation Professional (Q.M.R.P.).

(a) Qualified mental retardation professional means a person who has specialized training or one (1) year of experience in treating or working with the developmentally disabled and is one of the following:

- (1) A person with a master's degree in psychology.
- (2) A physician.
- (3) An educator with a degree in education.
- (4) A social worker with a bachelor's degree in:
 - (A) Social work from an accredited program; or
 - (B) A field other than social work and at least three (3) years of social work experience under the supervision of a social worker with a master's degree.
- (5) A physical therapist.
- (6) An occupational therapist.
- (7) A speech pathologist.
- (8) An audiologist.
- (9) A registered nurse.
- (10) A recreation therapist.
- (11) A rehabilitation counselor.

§ 76831. Recreation Therapist.

Recreation therapist means a person with specialization in therapeutic recreation who is registered or eligible for registration as such by the National Therapeutic Recreation Society.

§ 76831.1. Registered Domestic Partner.

Registered domestic partner shall have the same meaning as defined in Family Code Sections 297 and 297.5.

§ 76832. Registered Health Information Administrator.

Registered health information administrator means a person who is registered as a health information administrator by the American Health Information Management Association.

§ 76833. Rehabilitation Counselor.

Rehabilitation counselor means a person who is certified or eligible for certification by the Commission on Rehabilitation Counselor Certification and who has specialized training or one year of experience in treating the developmentally disabled.

§ 76835. Standing Orders.

Standing orders means those orders which are used or intended to be used in the absence of a prescriber's specific orders for a specific client.

§ 76836. Supervision.

Supervision means to instruct an employee or subordinate in his or her duties and to oversee or direct his or her work, but does not necessarily require the immediate presence of the supervisor.

§ 76837. Therapeutic Diet.

Therapeutic diet means any diet altered from a regular diet in a manner essential to the treatment or control of a particular disease or illness.

§ 76838. Token Reinforcers.

Token reinforcers means articles earned by a client which can be exchanged at some future time for a desired object or activity.

§ 76839. Training and Habilitative Service.

Training and habilitative services means those services provided to clients for the purpose of enhancing or preventing regression of intellectual, functional skills and the emotional wellbeing of the clients.

§ 76840. Unit Client Record.

Unit client record means a file which contains all information concerning a particular client.

§ 76841. Withdrawal of Social Contact.

Withdrawal of social contact means the termination of an interaction immediately after the client demonstrates a maladaptive behavior.

§ 76844. Application Required.

(a) A verified application for a new license shall be submitted to the Department on forms prescribed and furnished by the Department whenever either of the following circumstances occur:

- (1) Establishment of a facility.
- (2) Change of ownership.

(b) The licensee shall submit a verified application for a corrected license to the Department on forms prescribed and furnished by the Department whenever any of the following occur:

- (1) Construction of a new or replacement facility.
- (2) Increase in licensed bed capacity.
- (3) Change of license category.
- (4) Change of name of facility.
- (5) Change of location of facility.
- (6) Change in bed classification.

(c) Notification by letter shall be sent to the Department when a decrease in licensed bed capacity occurs.

§ 76845. Criminal Record Clearance.

The securing of criminal records shall be in accordance with the provisions of Section 1265.5 of the Health and Safety Code.

§ 76846. Fee.

(a) Each application for a license shall be accompanied by the prescribed license fee as authorized by Health and Safety Code, section 1266.

(b) No fee shall be refunded to the applicant if the application is withdrawn or if the application is denied by the Department.

§ 76847. Safety, Zoning and Building Clearance.

(a) A license shall not be issued to any intermediate care facility/developmentally disabled -habilitative which does not conform to the requirements of Section 1267.8, Health and Safety Code. Evidence of such compliances shall be presented in writing to the Department.

(b) It shall be the responsibility of the licensee to maintain the facility in a safe structural condition. If the Department determines that an evaluation of the structural condition of a facility is necessary, the licensee may be required to submit a report by a licensed structural engineer which shall establish a basis for eliminating or correcting the structural conditions which are found to be hazardous to occupants.

§ 76848. Expiration of License.

Each license shall expire at midnight on the date of expiration.

§ 76849. Separate License.

(a) A separate license shall be required for each intermediate care facility/developmentally disabled -habilitative which is maintained on the same or separate premises even though they are under the same management.

(b) Intermediate care facilities/developmentally disabled -habilitative shall not be a distinct part of any other licensed health or community care facility.

§ 76850. Posting.

The license or a true copy shall be conspicuously posted in a prominent location within the facility accessible to public view.

§ 76851. Report of Changes.

(a) The licensee shall notify the Department, within 10 days, in writing, of any of the following:

- (1) Any change in administrator.
- (2) Any change of the principal officers (President, Vice-President, Secretary, Treasurer) of the corporation.
- (3) Any change of the principal mailing or business address of the licensee or officer(s).

§ 76852. Program Flexibility.

(a) All intermediate care facilities/developmentally disabled -habilitative shall maintain continuous compliance with the licensing requirements. Such requirements however, do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects which provide for continuous, safe, and adequate client care, and are implemented with the prior written approval of the Department. Any approval shall provide for the terms and conditions under which the exception is granted. A written request for program flexibility together with supporting evidence shall be submitted by the applicant or licensee to the Department.

(b) Any approval of program flexibility shall be in writing and shall provide for the terms and conditions under which the program flexibility is granted.

(c) Any written approval of the Department granted under this Section shall be posted immediately adjacent to the facility's license.

§ 76852.1. Conviction of Crime; Standards for Evaluating Rehabilitation.

(a) When considering the denial, suspension or revocation of a license based on the conviction of a crime in accordance with Section 1265.1 or 1294 of the Health and Safety Code, the following criteria shall be considered in evaluating rehabilitation:

- (1) The nature and the seriousness of the crime(s) under consideration.
- (2) Evidence of conduct subsequent to the crime which suggests responsible or irresponsible character.
- (3) The time which has elapsed since commission of the crime(s) or conduct referred to in subdivision (1) or (2).
- (4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.
- (5) Evidence, if any, of rehabilitation submitted by the applicant.

§ 76852.2. Bonds.

(a) The amount of the Bond required by Section 1318 of the Health and Safety Code shall be in accordance with the following schedule:

(1) Total Amount Handled per month	Bond Required
\$750 or less	\$1,000
\$751 to \$1,500	\$2,000
\$1,501 to \$2,500	\$3,000

(2) Every further increment of \$1,000 or fraction thereof shall require an additional \$1,000 on the bond.

(b) Each application for an original license or renewal of license shall be accompanied by an affidavit on a form provided by the Department. The affidavit shall state whether the licensee handles or will handle money of clients and the maximum amount of money to be handled for:

(1) Any client.

(2) All clients in any month.

(c) No licensee shall either handle money of a client or handle amounts greater than those stated in the affidavit submitted without first notifying the Department and filing a new or revised bond if requested.

(d) Charges for the surety company bond to handle client monies shall not be paid out of client funds.

§ 76853. Required Services.

(a) Intermediate Care Facilities/Developmentally Disabled -Habilitative shall provide as a minimum, but not be limited to, the following required services: active treatment, health support, food and nutrition, recreational and pharmaceutical services.

(b) Clients shall be provided those services as specified in CAC, Title 22, Division 3, Section 51510.2(b) as recommended by the interdisciplinary professional staff/team in accordance with each client's individual service plan.

(c) Provision shall be made for social services as determined by the interdisciplinary professional staff/team and in accordance with each client's individual service plan.

(d) If diagnostic and therapeutic services are not provided in the facility, written arrangements shall be made for obtaining all diagnostic and therapeutic services prescribed by the attending physician, podiatrist, dentist, licensed psychologist or interdisciplinary professional staff/team subject to the scope of their practice and the policies of the facility. If the services cannot be brought into the facility, the facility shall assist the client, if necessary, in arranging for transportation to and from the service location.

(e) Arrangements shall be made for one or more physicians to be called in a medical emergency and their telephone numbers shall be prominently displayed near the facility's telephone.

§ 76855. Developmental Program Services.

Each client shall participate in a developmental services program as specified in his or her individual service plan.

Note: Authority cited: Sections 208.4 and 1267.7 Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 76856. Developmental Program Services -Program Approval for Developmental Services.

- (a) A facility program plan shall be submitted to the Department of Developmental Services as specified in Section 1267.7 of the Health and Safety Code.
- (b) The Department shall not issue or renew a license for a facility unless the licensee's program plan has been reviewed and approved by the Department of Developmental Services.

§ 76857. Developmental Program Services -Facility Program Plan Requirements.

- (a) The facility program plan shall include but not be limited to:
 - (1) The number of eligible clients.
 - (2) A profile of the client population using the Client Development Evaluation Report (C.D.E.R.) furnished by the Department of Developmental Services.
 - (3) A summary of clients' identified needs.
 - (4) Description of the program elements as specified in Section 76862.
 - (5) A week's program schedule for clients in the facility.
 - (6) The facility program staffing pattern including:
 - (A) The facility's organizational chart.
 - (B) The interdisciplinary professional staff/team utilized indicating their disciplines and hours worked per week.
 - (7) Description of the space provided for program elements.
 - (8) Description of the equipment available or to be obtained for program use.
 - (9) The in-service training program plan for at least the next twelve months which shall include, but not be limited to; those topics contained in Section 76873(c).
 - (10) A plan for utilization of community resources.
 - (11) Provisions for accomplishing the following:
 - (A) An initial assessment of each client to identify the current level of needs and function. The assessment shall be standardized on forms prescribed and furnished by the Department of Developmental Services or other approved forms.
 - (B) An individual service plan developed by the interdisciplinary professional staff/team under the direction of a qualified mental retardation professional.
 - (C) Semi-annual review of service plan.
 - (12) A plan for the behavior modification program, if used, as defined in Section 76869.
 - (13) A training program for drug administration for nonlicensed personnel who administer drugs in the facility in accordance with Section 76876(f).
- (b) Any changes in the facility operation which alters the contents of the approved program plan, including changes of approved staff, shall be reported to the Department of Developmental Services within ten working days.

§ 76858. Developmental Program Services -Interdisciplinary Professional Staff/Team.

- (a) The interdisciplinary professional staff/team shall be composed as required in Section 76872(d).
- (b) A client's interdisciplinary professional staff/team shall jointly meet to:
 - (1) Assess the client's developmental needs.
 - (2) Develop an integrated and coordinated individual service plan.

(3) Evaluate the client's response to the service plan and revise the plan as needed.

§ 76859. Developmental Program Services -Client Assessment.

(a) The facility qualified mental retardation professional, interdisciplinary professional staff/team, member(s) of the direct care staff, if the client is registered with the regional center, a representative from that agency, the client, and when lawful the client's parents or authorized representative shall:

(1) Review and update the preadmission evaluation within 30 days following the client's admission.

(2) Assess the client's developmental status which includes prioritized problems, disabilities, developmental strengths and weaknesses, and the client's needs and discharge plan, all of which shall provide the basis for formulating an individual service plan for the client.

(3) Write an evaluation stating the recommendations for development of the individual service plan.

(b) Share the assessment with the direct care staff and interpret the assessment to the client, and when lawful the client's parents or authorized representative.

(c) Review client progress every six (6) months. The review shall include:

(1) Consideration of the client's need for continued Intermediate Care Facility/Developmentally Disabled-Habilitative services or alternative placement.

(2) Consideration of the client's need for guardianship or conservatorship if the client will attain majority or become emancipated prior to the next annual review.

(3) Provision for the protection of the client's civil and legal rights, pursuant to Welfare and Institutions Code Sections 4502, 4503, 4504 and 4505, and California Administrative Code, Title 17, Sections 50500 through 50550.

(4) Assessment of the client's recreational interests.

§ 76860. Developmental Program Services -Individual Service Plan.

(a) Each client shall have an individual service plan that:

(1) Implements the prescriptive requirements of the Regional Center individual program plan.

(2) Is based on assessment data pursuant to Section 76859 and is completed within 30 days following admission.

(3) Is developed by the facility interdisciplinary professional staff/team, and includes participation of the client, direct care staff, and should include all relevant staff of other agencies involved in serving the client. Prior to development of the individual service plan, the client's parents, if the client is a minor, or the client's authorized representative shall be invited to attend the service plan conference.

(4) Identifies the client's developmental, social, behavioral, recreational and physical needs.

(5) Includes established prioritized objectives, written in behavioral and/or developmental terms, that are measurable and time limited, for meeting the client's identified needs.

(6) Identifies the method and frequency of evaluation.

(7) Includes a daily program schedule which specifies:

(A) Time and duration of all activities of daily living.

- (B) Time, duration and location of all specified programs.
- (8) Specifies the persons and agencies responsible for implementing and coordinating the service plan.
- (9) Contains monthly progress notes related to the service plan, goals and objectives.
- (10) Includes, when discharge is anticipated, plans for services, including the specific agencies or persons responsible for those follow-up services in the client's new environment. Procedures shall be established so that when lawful parents, guardians or legal representatives who request discharge of a client are counseled concerning the advantages and disadvantages of discharge.
- (b) The individual service plan shall be implemented as written.

§ 76861. Developmental Program Services -Grouping Criteria.

- (a) Clients of grossly differing ages, developmental levels and social needs shall not be housed together.
- (b) Clients shall be integrated with peers of comparable social and intellectual development and shall not be segregated on the basis of their physical handicaps.

§ 76862. Developmental Program Services -Program Elements.

- (a) The facility shall have the capability to provide program services to those developmentally disabled clients it serves. These program services shall be based on the client's specific needs as identified through the individual client assessment and include as appropriate:
 - (1) Sensory motor development.
 - (2) Self-help skills training.
 - (3) Behavior management program.
 - (4) Habilitation program.
- (b) The facility shall provide active treatment seven days a week, each client receiving no less than 56 hours. The treatment program hours shall include:
 - (1) Any active treatment provided by agencies either outside or inside the facility shall be specified in the individual service plan.
 - (2) No more than two consecutive hours not devoted to active treatment as specified in the individual service plan. If additional unstructured time is required, such need shall be determined by the interdisciplinary professional staff/team and documented in the client's individual service plan and the facility's program plan.
 - (3) Weekend programming which emphasizes recreation and social experiences.
- (c) If, as a result of the client assessment, the interdisciplinary professional staff/team concludes that the client is capable of independently making effective use of leisure time, self-structured leisure time may be specified in the individual service plan and in the daily activity schedule.
- (d) When a client receives a portion of active treatment through other agencies, continuity shall be assured with facility services.
- (e) Clients shall be permitted personal possessions, including but not limited to: toys, books, pictures, games, radios, arts and crafts materials, religious articles, toiletries, jewelry and letters.

§ 76863. Developmental Program Services -Recreational Activities.

(a) Each facility shall employ or contract for the services of a Registered Recreation Therapist or an Occupational Therapist for not less than four hours every three months to assess the recreational needs of each client and train staff in the implementation of each recreation activity plan.

(b) A recreational activity plan as part of the individual service plan shall be developed for each client. This plan shall be included in the daily program schedule. The recreational activities plan shall include:

(1) Individual or group activities with age appropriate materials.

(2) Opportunities to interact with nonhandicapped persons.

(3) Regularly scheduled recreational activities away from the facility.

(c) All clients shall have planned periods out-of-doors, weather and health permitting.

(d) Recreational activity areas belonging to the facility shall be designed and constructed or modified so as to be easily accessible to all clients regardless of their disabilities.

§ 76864. Developmental Program Services -Client Mobility.

(a) All clients including the multiple-handicapped and nonambulatory shall:

(1) Spend at least 75 percent of their waking day out of bed.

(2) Spend at least 75 percent of their waking day out of their bedroom.

(3) Be mobile to the extent possible.

(b) Orders prescribing bed rest or prohibiting clients from being taken out-of-doors shall be reviewed by a physician at least every three days.

§ 76865. Developmental Program Services -Health, Hygiene and Grooming.

(a) Each client shall be encouraged and assisted to achieve and maintain maximum independence in health, hygiene and grooming including bathing, brushing teeth, shampooing, combing and brushing hair, shaving, dressing, undressing and caring for toenails and fingernails.

(b) Each client shall exhibit good personal hygiene and grooming and shall be free of offensive odors.

(c) Each client shall have and use only his or her own personal toilet articles.

(d) Each client shall have neat, clean, suitable, age appropriate and seasonable clothing to meet his or her needs.

(e) Clients shall have their own clothing which is properly and inconspicuously marked when necessary.

(f) Clients shall be dressed daily in their own clothing, suitable to the activities in which they are participating.

(g) Clients shall be taught and encouraged as appropriate to:

(1) Select their daily clothing.

(2) Dress themselves.

(3) Change their clothes to suit the activities in which they participate.

(h) Each client upon admission shall be given orientation to the facility and the facility's services and staff.

(i) Each client shall be weighed at least monthly.

(j) Each client's height shall be measured at least quarterly until the client achieves maximum growth.

(k) The client shall be trained to use dentures, eyeglasses, hearing aids and braces, when these are prescribed. Provisions shall be made to identify and maintain these items in good repair and to make them available to the client.

(l) When indicated, each client's individual service plan shall include measures to prevent the development of decubitus ulcers, contractures and deformities. If contractures and deformities are present, the client's individual service plan shall specify treatment measures. These measures shall be implemented as written. Preventive and treatment measures shall include, but not be limited to:

(1) Mobilizing programs.

(2) Changing of position of bedfast and chairfast clients.

(3) Preventive skin care.

(4) Body alignment and joint movement.

(5) Pressure relieving devices.

(m) The facility shall not admit or retain clients with decubitus ulcers.

(n) Measures shall be used to prevent and reduce incontinence for each client who does not eliminate appropriately and independently and shall include:

(1) Written assessment within one month of admission of each client's ability to participate in a bowel and bladder management training program.

(2) An individual plan for each client selected for bladder and bowel training.

§ 76866. Developmental Program Services -Types of Restraints.

(a) Only the following types of physical restraints shall be used:

(1) Mittens and/or soft ties.

(2) Jackets consisting of sleeveless cloth webbing.

(b) Totally enclosed cribs and barred enclosures shall not be used.

(c) Chemical restraints shall not be used as a substitute for active treatment.

§ 76867. Developmental Program Services -Restraints.

(a) Restraints shall only be used as temporary emergency measures to protect the client from injury to self or others and only upon a written or telephone order of a physician or clinical psychologist. Telephone orders shall be recorded immediately in the client's record and shall be signed by the prescriber within five days. Restraints shall not be used as punishment, a substitute for more effective programming or for the convenience of the staff.

(b) Orders for physical restraints shall be in force for not longer than 12 hours.

(c) There shall be no PRN (as needed) orders for physical restraints.

(d) The client's record shall include an entry noting the time of application and removal of restraints, justification for and authorization of all periods of restraints and signature of the person applying the restraints.

(e) Clients shall not be placed in a room that is locked or where the door is held closed by any means.

(f) No restraint with locking devices shall be used.

§ 76868. Developmental Program Services -Application of Restraints.

(a) In the use of physical restraints, each of the following requirements shall be met:

(1) Restraints shall be applied in such a manner that they can be speedily removed in case of emergency.

(2) A client placed in restraint shall be checked at least every 15 minutes by staff to assure that the restraint is properly applied. Written documentation of these checks identifying staff responsible for performing the check shall be kept in the Unit Client Record.

(3) Physical restraints shall be designed and used in such a way as not to cause physical injury and to assure the least possible discomfort to the client. Opportunity for motion and exercise shall be provided for a period of not less than 10 minutes during each 2 hours in which restraint is applied. The exercise periods shall be documented in the client's record.

(4) Clients in restraint shall remain in staff's constant line of vision and shall be protected from other clients.

(b) If chemical restraints are used, each of the following requirements shall be met:

(1) Chemical restraints shall not be used as punishment, for the convenience of staff, as a substitute for active treatment, or in quantities that interfere with a client's ability to participate in program activities.

(2) Psychotherapeutic or behavior-altering drugs shall be used only as an integral part of an individual service plan that is designed by an interdisciplinary professional staff/team to lead to a less restrictive way of managing maladaptive behavior and ultimately to the elimination of those behaviors for which the drugs are employed. Each individual service plan utilizing a psychotropic drug:

(A) Shall specify the behavior to be managed and be a time-limited prescription of no more than 30 days, ordered by a physician. Each renewal order shall include written justification by the physician for the continued use of the drug.

(B) Shall include a written plan for gradually diminishing the dosage of the drug and its ultimate discontinuance.

(3) PRN (as needed) prescriptions for psychotherapeutic or behavior-altering drug use shall be subject to the requirements of Section 76896.

§ 76869. Developmental Program Services -Behavior Management Program.

(a) Behavior management programs shall be approved by the Department of Developmental Services prior to implementation in accordance with Sections 76856 and 76857(a)(12).

(b) No facility shall modify its approved behavior management program prior to obtaining the written approval of the Department of Developmental Services.

(c) Facilities which use behavior management programs as part of their total service shall have:

(1) A written description of the behavior management program.

(2) A written assessment conducted by the interdisciplinary professional staff/team to identify maladaptive behaviors which require management. This assessment shall address the following areas:

(A) Social and emotional status.

- (B) Communication skills.
 - (C) Physical and mental status.
 - (D) Cognitive and adaptive skills.
 - (E) An identification of the maladaptive behaviors.
 - (F) A baseline data collection system which addresses the maladaptive behaviors.
 - (G) An analysis of the maladaptive behaviors identified in terms of their antecedents and consequences.
- (3) A written behavior management plan available to all facility staff, the client if appropriate, or the client's representative, if lawful. This plan shall include:
- (A) Long range goals.
 - (B) Behavioral objectives that are time-limited, measurable, observable, and complement the long-range goals.
 - (C) Behavioral objectives which specify:
 1. The name of the primary person providing the intervention.
 2. The place of intervention.
 3. The reinforcement(s) to be used to elicit adaptive behaviors.
 4. The type(s) of interventions to be used.
 - (4) A written document that shall clearly justify, prior to the use of behavioral interventions that:
 - (A) The procedure to be used is the least restrictive and most effective intervention for the maladaptive behaviors.
 - (B) The environment where the behavior change is to occur which is designed to avoid stigma and to support and reinforce adaptive behaviors is specified.
 - (C) A specific choice from different behavior interventions that has been made based on relative effectiveness.
 - (D) The undesirable long-term and short-term effects which may be associated with the procedures have been identified.
 - (E) The conditions under which the procedure is contraindicated have been identified.
 - (F) The social, behavioral and status benefits that can be expected have been specified.
 - (G) The rights of the developmentally disabled person were and are protected in accordance with Sections 4503 and 4505 of the Welfare and Institutions Code.
 - (H) All legal and regulatory requirements have been met.
 - (I) There is a plan to decrease the restrictiveness of the program.
 - (J) A recommended treatment hierarchy which identifies the maladaptive behavior warranting the most immediate attention has been developed.
 - (5) A written monthly report of progress that shall include:
 - (A) The amount of progress attained in achieving each behavioral objective.
 - (B) A determination as to whether the program should be continued as designed, or amended.
 - (C) In those instances when it can be demonstrated that behavioral programs utilizing only positive reinforcement do not result in the desired adaptive behavior, mild restrictive interventions may be employed. Such interventions shall be limited to:
 - (1) Contingent observation.
 - (2) Extinction.
 - (3) Withdrawal of social contact.
 - (4) Fines.

(5) Exclusion time-out, with the client in constant visual observation.

§ 76870. Developmental Program Services -Client Abuse.

Clients shall not be subjected to corporal punishment, humiliation or verbal or mental abuse.

§ 76871. Developmental Program Services -Postural Supports.

(a) Postural supports are devices other than orthopedic braces used to assist clients to achieve proper body alignment and balance.

(b) Postural supports shall be designed and applied in such a manner so that they can be speedily removed in case of emergency.

(c) Postural supports shall be designed and applied:

(1) Under the supervision of a physical or occupational therapist.

(2) In accordance with principles of proper body alignment, with concern for circulation and allowance for change of position.

(3) To improve a client's mobility and independent functioning.

(d) Facilities shall have written policies and procedures concerning the use of postural supports.

§76872. Developmental Program Services -Staffing.

(a) The facility shall provide through direct employment or contractual arrangement a qualified mental retardation professional who shall have the responsibility for supervising the implementation of each client's individual service plan, integrating the various aspects of the facility's program plan, assuring continuity of facility services with those provided by outside agencies, recording each client's progress and initiating periodic review of each individual service plan for necessary modifications or adjustments.

(b) The facility shall provide through direct employment or contractual arrangement a qualified mental retardation professional who shall provide a minimum of 1.75 hours of service per week per client.

(c) In addition to the qualified mental retardation professional, the facility shall provide either through direct employment or by contractual arrangement an interdisciplinary professional staff/team to assist in the development and implementation of individual service plans and provide training to the facility staff.

(d) The interdisciplinary professional staff/team shall be composed of at least three (3) persons from any of the following disciplines and the composition of the staff/team shall be of the numbers and disciplines appropriate to meet the clients' needs.

(1) Clinical psychologist.

(2) Recreation therapist.

(3) Occupational therapist.

(4) Physical therapist.

(5) Social worker with a master's degree.

(6) Speech therapist.

(7) Audiologist.

(8) Physician.

(9) Pharmacist.

(10) Educator.

(e) The aggregate time provided by members of the interdisciplinary professional staff/team shall be equal to at least one half hour per week per client.

(f) The primary responsibility of direct care staff shall be the care and training of the clients as follows:

(1) Staff shall train clients in activities as specified in the individual service plan.

(2) Direct care staff shall not be diverted from their primary responsibilities by excessive housekeeping, clerical duties or activities not related to client care when clients are physically present in the facility.

§ 76872. Developmental Program Services -Staffing.

(a) The facility shall provide through direct employment or contractual arrangement a qualified mental retardation professional who shall have the responsibility for supervising the implementation of each client's individual service plan, integrating the various aspects of the facility's program plan, assuring continuity of facility services with those provided by outside agencies, recording each client's progress and initiating periodic review of each individual service plan for necessary modifications or adjustments.

(b) The facility shall provide through direct employment or contractual arrangement a qualified mental retardation professional who shall provide a minimum of 1.75 hours of service per week per client.

(c) In addition to the qualified mental retardation professional, the facility shall provide either through direct employment or by contractual arrangement an interdisciplinary professional staff/team to assist in the development and implementation of individual service plans and provide training to the facility staff.

(d) The interdisciplinary professional staff/team shall be composed of at least three (3) persons from any of the following disciplines and the composition of the staff/team shall be of the numbers and disciplines appropriate to meet the clients' needs.

(1) Clinical psychologist.

(2) Recreation therapist.

(3) Occupational therapist.

(4) Physical therapist.

(5) Social worker with a master's degree.

(6) Speech therapist.

(7) Audiologist.

(8) Physician.

(9) Pharmacist.

(10) Educator.

(e) The aggregate time provided by members of the interdisciplinary professional staff/team shall be equal to at least one half hour per week per client.

(f) The primary responsibility of direct care staff shall be the care and training of the clients as follows:

(1) Staff shall train clients in activities as specified in the individual service plan.

(2) Direct care staff shall not be diverted from their primary responsibilities by excessive housekeeping, clerical duties or activities not related to client care when clients are physically present in the facility.

(g) Each facility shall employ direct care staff to provide program and nursing services to clients 24 hours a day as indicated in the chart below. Direct care staffing hours shall not include the time staff spend in in-service programs as specified in subsection 76873(c).

Number of Clients	Average Hours Per Day	Minimum Hours Per Day	Total Hours Per Calendar Week
4-6	36	30	252
7	37	30	259
8	41	35	287
9	46	38	322
10	51	43	357
11	57	47	399
12	62	51	434
13	67	55	469
14	73	60	511
15	78	65	546

(h) Each facility shall designate supervisory direct care staff persons in accordance with the provisions of Section 1267.11 of the Health and Safety Code. For purposes of this subsection, the definition of supervision contained in Section 76836 shall apply.

(i) Supervisory direct care staff persons shall report to and be accountable to the qualified mental retardation professional.

(j) Facilities serving 12 to 15 clients shall staff the night shift with a minimum of two (2) direct care staff. This is inclusive of the staffing requirements of Section 76872(g).

(k) Each facility shall employ sufficient direct care staff to carry out the active treatment programs and meet individual client needs.

(l) Direct care staff shall be in the facility whenever clients are present.

(m) When clients are not present in the facility, prior arrangements shall be made for the notification of facility staff in case of emergency.

Note: Authority cited: Sections 208, 208.4, 1267.7, 1267.11 and 1275, Health and Safety Code. Reference: Section 1276, Health and Safety Code.

§ 76873. Developmental Program Services -Orientation and In-Service Training.

(a) An individual shall be designated to be responsible for staff development and training.

(b) The facility shall require that all new staff, prior to providing direct care services, receive eight (8) hours of orientation which shall be documented and be completed during the first 40 hours of employment.

(1) The orientation shall include.

(A) Tour of the facility.

(B) Description of the client population.

(C) Special needs of developmentally disabled clients.

- (D) Overall concepts of the facility's program which meet the needs of the clients, including normalization.
- (E) Developmental growth and assessment.
- (F) Implementation of the individual service plan.
- (G) The clients' activities of daily living.
- (H) Use of adaptive equipment or devices.
- (I) Unusual occurrences with clients, including but not limited to, emergency procedures for relief of choking.
- (J) Fire and disaster plans.
- (c) The facility shall require that all direct care staff, in addition to eight (8) hours of orientation, receive at least three (3) hours per month, 36 hours annually, of planned in-service training which shall be documented and shall include, but not be limited to, the following topics:
 - (1) Program techniques specific to the facility's clients.
 - (2) Developing program objectives for clients.
 - (3) Evaluation and assessment techniques.
 - (4) Documentation of client progress.
 - (5) Developmental special needs of the facility's clients.
 - (6) Interpersonal relationship and communication skills between staff and clients.
 - (7) Confidentiality of client information.
 - (8) Detection of signs of illness or dysfunction that warrant medical or nursing intervention.
 - (9) Basic nursing and health related skills.
 - (10) Behavior management.
 - (11) Emergency intervention procedures for behavior control.
 - (12) Prevention and control of infection.
 - (13) Fire and accident prevention and safety.
 - (14) Client's rights as specified in Welfare and Institutions Code, Sections 4502 through 4507, and Title 17, California Administrative Code, Sections 50500 through 50550.
 - (15) Role and involvement of the parent, guardian, conservator or authorized representative, in the overall client service plan.
 - (16) First aid and cardiopulmonary resuscitation.
 - (17) If any client has epilepsy, the causes and treatment of epilepsy; care during and following an epileptic seizure; safety precautions; and protective equipment.
 - (18) Locating and using program reference materials.
 - (19) The use of and proper application of supportive devices.
- (d) Direct care staff enrolled in a college Residential Services Specialist Training program shall have those hours credited toward the 24 hours of annual in-service training, and in addition to the specialist program shall receive in-service training in the following areas:
 - (1) Behavior management.
 - (2) First aid and cardiopulmonary resuscitation.
 - (3) Any other training necessary to meet the needs of the clients.
- (e) Documentation of each planned in-service training shall be maintained, including name and title of presenter, date of presentation, title of subject covered including

description and content, duration of program, and the legible signatures of those in attendance.

§ 76874. Health Support Services - Physician Services.

(a) Physician services provided shall include but not be limited to:

(1) Continuing supervision by a physician who sees the client every 60 days or more frequently as needed. The Medi-Cal consultant as specified in the California Administrative Code, Title 22, Division 3, Section 51343.1 may approve an alternate schedule of visits. An alternative schedule of visits shall not result in more than three months elapsing between physician visits.

(2) Annual physical examinations which shall include:

(A) Examination of vision and hearing.

(B) Laboratory examinations as determined necessary by the physician.

(3) Immunizations, using as a guide the recommendations of the United States Public Health Service Advisory Committee on Immunization Practices and of the Committee on the Control of Infectious Disease of the American Academy of Pediatrics.

(b) Testing for tuberculosis shall consist of a test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA). If a positive result is obtained from the tuberculosis test, the client shall be referred to the attending physician to determine if a chest X-ray is necessary.

(c) The physician, clinical psychologist, podiatrist, or dentist shall sign all orders for diagnostic tests, medications and treatment of clients consistent with their respective licensing practice act.

(d) The physician, clinical psychologist, podiatrist or dentist shall record progress notes and make other appropriate entries in the client records upon each appointment with the client.

(e) The physician shall review and update medication and medical treatment orders at least every 60 days. For alternative schedules approved by the Medi-Cal consultant the medication and treatment orders review shall be in accordance with Section 76874(a). Review and update of medication and medical treatment orders shall be documented in accordance with the approved schedule.

(f) The attending physician shall participate as a member of the interdisciplinary professional staff/team when required by the Qualified Mental Retardation Professional in consultation with the Registered Nurse.

(g) Nonphysician practitioners may be permitted to render those medical services which they are legally authorized to perform.

Note: Authority cited: Sections 1267.7, 1275, 121357 and 131200, Health and Safety Code. Reference: Sections 1250, 1276, 121362, 131050, 131051 and 131052, Health and Safety Code.

§ 76875. Health Support Services - Nursing Services.

(a) Facilities shall provide registered nursing services in accordance with the needs of the clients for the purpose of:

(1) Training in personal hygiene, family life, and sex education including family planning and venereal disease counseling.

- (2) Development and implementation of a written plan for each client to provide for nursing services as a part of the individual service plan, consistent with diagnostic, therapeutic and medication regimens.
- (3) Review and revision, as necessary, of the nursing services section of the individual service plan at least every six months.
 - (b) The attending physician shall be notified immediately of any sudden and/or marked adverse change in signs, symptoms or behavior exhibited by a client.
 - (c) The registered nurse shall participate as a member of the interdisciplinary professional staff/team when required by the client's nursing care needs in areas of:
 - (1) The preadmission evaluation.
 - (2) Placement of the client at the time of admission to the facility.
 - (3) The periodic reevaluation of the type, extent and quality of nursing services.
 - (4) Discharge planning.
 - (d) The registered nurse shall review all medication documentation and recordings for compliance with regulatory requirements and acceptable standards no less often than every two weeks. Such review shall be documented in the unit client record with specific notation of all noncompliances found.

§ 76876. Nursing Services -Administration of Medications and Treatments.

- (a) Medications and treatments shall be given only on the order of a person lawfully authorized to prescribe.
- (b) Medications and treatments shall be administered as prescribed and shall be recorded in the unit client record. The name, title of the person administering the medication or treatment, the date, time and dosage of the medication administered shall be recorded. Initials may be used provided the signature of the person administering the medication or treatment is recorded on the medication or treatment record.
- (c) Preparation of dosages for more than one scheduled administration time shall not be permitted.
- (d) Persons administering medications shall confirm each client's identity prior to the administration.
- (e) Medications shall be administered within two (2) hours after dosages are prepared and shall be administered by the same person who prepared the dosages. Dosages shall be administered within one (1) hour of the prescribed time unless otherwise indicated by the prescriber.
- (f) All medications shall be administered only by those persons specifically authorized to do so by their respective practice act with the following exception:
 - (1) Direct care staff, who are so designated by the facility registered nurse, may administer medications, except injections, provided the individual has successfully completed a program in medication administration either through a college system or through the facility medication training program taught by the facility registered nurse and/or consultant pharmacist. The medication training program shall include, but not be limited to the following:
 - (A) Use, action and side effects of drugs used in the facility.
 - (B) General practices, procedures and techniques for administering oral, rectal, eye, ear, nose, and topical medications.
 - (C) Prescriber's verbal orders.

- (D) Automatic stop orders.
- (E) Medication storage and labeling.
- (F) Disposition of unused and outdated medications.
- (G) Requirements for documentation of medications and treatments.
- (H) Requirements for documentation and physician notification of medication errors.
- (I) Metric and apothecary dosages.
- (J) Commonly used abbreviations.
- (K) Locating and using reference materials.
- (2) Successful completion of a college based or facility medication training program shall be documented in the employee's training record.
- (3) The facility registered nurse shall observe and certify the staff person's proficiency in handling, administering and recording of drugs given, and shall document the proficiency in the staff person's training record.
- (g) No medication shall be administered to or used by any client other than the client for whom the medication was prescribed.
- (h) Medication errors and adverse drug reactions shall be recorded and reported immediately to the practitioner who ordered the drug or another practitioner responsible for the medical care of the client. Minor adverse reactions which are identified in the literature accompanying the product as a usual or common side effect, need not be reported to the practitioner immediately, but in all cases shall be recorded in the client's record. Medication errors include, but are not limited to, the failure to administer a drug ordered by a prescriber within one (1) hour of the time prescribed, administration of any drugs other than that prescribed, or the administration of a dose not prescribed.

§ 76877. Nursing Services -Standing Orders.

Standing orders for medications and treatments shall not be used.

§ 76878. Nursing Services -Staff.

- (a) The facility shall provide by employment or formal contract for the services of a registered nurse to visit the facility for health services and client health assessment as needed, but no less than one hour per week per client.
- (b) The licensee shall delegate to the registered nurse the authority, in writing, to carry out the nursing functions as required in these regulations. The registered nurse shall have the authority to make judgments regarding client-health issues, within the scope of the Nursing Practice Act.

§ 76878.1. Equipment and Supplies.

- (a) Equipment and supplies in each facility shall be of the quality and in the quantity necessary for the care of clients as ordered or indicated. These shall be provided and properly maintained at all times and shall include at least the following:
 - (1) Airways.
 - (2) Adaptive devices.
 - (3) Bulb syringes.
 - (4) Emesis basins.
 - (5) Examination light.

- (6) First aid equipment and supplies, as determined by the registered nurse, readily available at all times.
 - (7) Flashlights.
 - (8) Gloves (unsterile).
 - (9) Ice bag.
 - (10) Medicine droppers.
 - (11) Medicine glasses, cups or other small containers which are accurately calibrated.
 - (12) Scales for weighing clients.
 - (13) Mobility assistive devices such as wheelchairs, walkers, canes and crutches as needed by clients and as indicated by the interdisciplinary professional staff/team.
 - (14) Sphygmomanometer.
 - (15) Sterile dressings.
 - (16) Stethoscope.
 - (17) Syringes and needles.
 - (18) Thermometers, oral and rectal.
 - (19) Tongue depressors.
- (b) Electronic thermometers shall be cleaned and disinfected according to the manufacturer's instructions. Glass thermometers shall be cleaned and disinfected. Oral and rectal thermometers shall be stored separately in clean, labeled containers.
- (c) Syringes and needles shall be rendered unusable before being discarded.

§ 76879. Health Support Services -Dental Services.

Dental services are those services provided by dentists and registered dental hygienists.

§ 76880. Dental Services -General Requirements.

- (a) There shall be comprehensive diagnostic services for all clients which include a complete extraoral and intraoral examination, utilizing all diagnostic aids necessary to properly evaluate the client's oral condition within a period of one month following admission, unless such an examination was done within six months of admission and the results are received and reviewed by the interdisciplinary professional staff/team and are entered in the unit client's record.
- (b) There shall be comprehensive treatment services for all clients which include:
 - (1) Provision for dental treatment.
 - (2) A system that will assure annual reexamination in accordance with the client's needs.
- (c) Instruction to clients and staff in proper methods of oral hygiene.
- (d) Instructions shall be made available to parents or authorized representatives in the maintenance of proper oral hygiene for clients when appropriate.
- (e) A permanent dental record shall be maintained for each client. A summary dental progress report shall be entered in the unit client record annually, and prior to transfer to another facility.
- (f) There shall be written arrangements for providing dental services to clients of the facility, including care in dental emergencies on a 24-hour, 7 days-a-week basis.

§ 76881. Food and Nutrition Services.

Food and nutrition services shall be organized, staffed and equipped to assure that food served to clients is safe, appetizing and meets their nutritional needs.

§ 76882. Food and Nutrition Services -Food Services.

- (a) The food and nutritional needs of clients shall be met and adjusted for age, sex, activity, and disability through a nourishing, balanced diet.
- (b) Food services shall include:
 - (1) Not less than 3 meals served daily, with not less than 10 hours between the first meal and the last meal of the day, and not more than 14 hours between the third meal and the first meal of the following day.
 - (2) Mealtimes comparable to existing norms in the community.
 - (3) Nourishment or between meal snacks shall be provided as required. Bedtime nourishments shall be offered to all clients unless contraindicated by the interdisciplinary professional staff/team, attending physician or the dietitian.
 - (4) Food items that are repeatedly refused by individual clients shall be replaced with food items from the same food group for those individuals. Clients who routinely refuse to eat most foods from a food group shall be evaluated by a physician or a dietitian for nutritional status and the need for substitutions and/or diet counseling determined.
 - (5) Condiments such as salt, pepper and sugar shall be provided at each meal unless contraindicated.
 - (6) All clients shall eat in dining rooms, except where contraindicated for health reasons upon the written order of the attending physician. Table service shall be provided for all clients who can eat at a table, including clients in wheelchairs. Dining areas shall be equipped with tables, chairs, eating utensils and dishes designed to meet the developmental needs of each client.
 - (7) Food shall be served attractively at appropriate temperatures and in a form to meet individual client needs.
 - (8) Withholding food shall not be used as a punishment, nor shall the timely service of regularly scheduled meals or snacks be made contingent upon a client's behavior.
 - (9) Clients shall be encouraged and assisted in feeding themselves whenever possible. Clients shall be permitted to eat in a manner consistent with their developmental needs. Whenever self-feeding is not possible, clients shall be provided assistance in eating.

§ 76883. Food and Nutrition Services -Policies and Procedures.

Written policies and procedures governing food and nutritional services shall be developed and available to all staff. These policies and procedures shall be developed with the assistance of a dietitian.

§ 76884. Food and Nutrition Services -Therapeutic Diet Manual.

A current therapeutic diet manual approved by the dietitian shall be readily available in the facility whenever any client requires a therapeutic diet.

§ 76884.1. Food and Nutrition Services -Modified Diets.

Modified diets shall be ordered by the interdisciplinary professional staff team to meet the needs of the clients.

§ 76885. Food and Nutrition Services -Therapeutic Diets.

Therapeutic diets shall be provided as prescribed by the attending physician and shall be planned, prepared and served with supervision or consultation from the dietitian.

§ 76886. Food and Nutrition Services -Menus.

(a) Menus for regular, therapeutic and modified diets shall be written at least one week in advance, dated and posted in the facility at least three days in advance.

(b) If any meal served varies from the planned menu, the change shall be noted in writing on the posted menu.

(c) Menus shall provide a variety of foods and indicate standard portions for each meal. Menus shall be different for the same day of consecutive weeks. If a cycle menu is used, the cycle shall be of no less than three weeks duration and shall be revised quarterly.

(d) Menus shall be adjusted to include seasonal commodities.

(e) A copy of the menu as planned and as served shall be kept on file for at least 30 days.

(f) Records of food purchases shall be kept for one year and available for review by the Department.

§ 76888. Food and Nutrition Services -Food Storage.

(a) Food storage areas shall be clean at all times.

(b) All foods or food items not requiring refrigeration shall be stored above the floor, on shelves, racks, or other surfaces which facilitate thorough cleaning, in a ventilated room, not subject to sewage or wastewater backflow or contamination by condensation, leakage, rodents or vermin. All packaged food, canned foods or stored food shall be kept clean and dry at all times.

(c) All readily perishable foods or beverages shall be maintained at temperatures of 7 degrees C (45 degrees F) or below, or at 60 degrees C (140 degrees F) or above, at all times, except during necessary periods of preparation and service. Frozen foods shall be stored at minus 18 degrees C (0 degrees F) or below at all times. There shall be an accurate thermometer in each refrigerator and freezer and in any other storage space used for perishable food.

(d) Pesticides, other toxic substances and drugs shall not be stored in the kitchen area or in storage space for food preparation equipment and utensils.

(e) Soaps, detergents, cleaning compounds or similar substances shall not be kept in food storage cabinets or bins.

§ 76889. Food and Nutrition Services -Sanitation.

(a) All kitchens and kitchen areas shall be kept clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects.

(b) All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corruptions, open seams, cracks and chipped areas.

(c) Plasticware, china and glassware that are unsanitary or hazardous because of chips, cracks or loss of glaze shall be discarded.

- (d) Ice which is used with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner.
- (e) If ice scoops are utilized they shall be handled and stored in a sanitary manner.
- (f) Kitchen wastes that are not disposed of by mechanical means shall be kept in clean, leakproof, nonabsorbent, tightly closed containers and shall be disposed of as frequently as necessary to prevent a nuisance or health hazard.

§ 76890. Food and Nutrition Services -Cleaning and Disinfection of Utensils.

- (a) All utensils used for eating, drinking and in the preparation and serving of food and drink shall be cleaned and disinfected or discarded after each use.
- (b) All utensils shall be thoroughly washed in hot water (minimum temperature of 43 degrees C (110 degrees F), using soap or detergent and rinsed in hot water to remove soap or detergent.
- (c) Drying cloths shall not be used.
- (d) Dishwashing machines shall be operational and in good repair.

§ 76891. Food and Nutrition Services -Staff.

The facility shall designate one person who has primary responsibility for food planning, preparation and service. If the designated staff member does not meet the requirements of a dietary services supervisor, provision shall be made for a quarterly consultation of no less than four hours from a dietitian.

§ 76892. Food and Nutrition Services -Equipment and Supplies.

- (a) Equipment of the type and in the amount necessary for preparation, serving and storing of food and dishwashing shall be provided and maintained in good working order.
 - (1) The service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors and fumes and prevent excessive condensation.
 - (2) Fixed and mobile equipment shall be located so as to assure sanitation and safety and shall be of sufficient size to handle the needs of the facility.
- (b) Food supplies shall meet the following standards:
 - (1) At least one week's supply of staple foods and at least two day's supply of perishable foods shall be maintained on the premises. Food supplies shall meet the requirements of the menu and therapeutic diets ordered.
 - (2) All food shall be of good quality and obtained from sources approved or considered satisfactory by federal, state or local authorities. Food in unlabeled, rusty, leaking, broken containers or cans with side seam dents, rim dents or swells shall not be accepted or retained.
 - (3) Milk, when served as a beverage, shall be pasteurized Grade A or certified unless otherwise prescribed by the physician's diet order. Reconstituted powdered milk shall not be used as a beverage for client use.
 - (4) Milk shall be served in individual containers, from a dispensing device for such use or from the original container. Milk shall be dispensed directly into the glass or other container from which the client drinks.

- (5) Foods and beverages catered from a source outside the licensed facility shall be prepared, packed, properly identified, stored and transported in compliance with these regulations and other applicable federal, state or local codes.
- (6) Foods held in refrigerated or other storage areas shall be covered. Food which was prepared and not served shall be stored appropriately, clearly labeled and dated.
- (7) Spoiled or contaminated food shall not be stored or served.

§ 76893. Pharmaceutical Services -General.

- (a) Arrangements shall be made to assure that pharmaceutical services are available to provide clients with prescribed drugs.
- (b) There shall be conformance with state and federal laws regarding dispensing, labeling, storage and administration of drugs.

§ 76894. Pharmaceutical Services - Requirements.

- (a) Pharmaceutical services shall include, but are not limited to the following:
 - (1) Obtaining necessary drugs including the availability of 24-hour prescription service on a prompt and timely basis as follows:
 - (A) Drugs ordered for immediate use that are not available in the facility emergency drug supply shall be available and administered within one hour of the time ordered during normal pharmacy hours. For those hours during which the pharmacy is closed, such drugs shall be available and administered within two hours of the time ordered. Drugs ordered for immediate use which are available in the emergency drug supply shall be administered immediately.
 - (B) Anti-infectives and drugs used to treat severe pain, nausea, agitation, diarrhea or other severe discomfort shall be available and administered within four hours of the time ordered.
 - (C) Except as indicated above, all new drug orders shall be available on the same day ordered unless the drug would not normally be started until the next day.
 - (D) Refill prescriptions shall be available when needed.
 - (2) A drug distribution system which includes ordering and administration or disposal of medications.
 - (3) Provision of consultative and other services furnished by pharmacists which assist in the development, coordination, supervision and review of the pharmaceutical services within the facility.
 - (4) Upon admission of the client, a medication history of prescription and nonprescription drugs used shall be obtained by a licensed vocational nurse, registered nurse, psychiatric technician or pharmacist. If not taken by a pharmacist, the pharmacist shall review the history and document such review in the unit client record within 30 days of admission.

§ 76895. Pharmaceutical Services -Policies and Procedures.

- (a) There shall be written policies and procedures for safe and effective distribution, control and use of drugs developed or approved by the registered nurse and pharmacist.
- (b) There shall be a written policy governing the self-administration of drugs, whether prescribed or not.

§ 76896. Pharmaceutical Services - Orders for Drugs.

- (a) No drugs shall be administered except upon the order of a person lawfully authorized to prescribe.
- (b) All orders for drugs shall include the drug name, dosage, frequency of administration, the specific duration of therapy, and, the route of administration if other than oral. Orders for drugs to be administered PRN (as needed) shall also include the indication for use of the drug.
- (c) Written orders for drugs shall be dated and signed by the prescriber. Signature stamps shall not be used.
- (d) Verbal orders for drugs:
 - (1) Shall be received only by registered nurses, licensed vocational nurses, psychiatric technicians, pharmacists, physician's assistants (from their supervising physicians only) and other direct care staff as permitted by these regulations to administer medications. Verbal orders shall be signed by the prescribing practitioner within five (5) days.
 - (2) Verbal orders received by non-licensed staff shall be confirmed by the registered nurse with the prescriber within 48 hours of receipt of the order.
 - (3) Verbal orders shall be recorded immediately in the unit client record by the person receiving the order.
- (e) Medications when first received shall have the contents and directions for use compared with the drug order before the medication is administered. This verification shall be done by the person(s) authorized to administer medications.

§ 76897. Pharmaceutical Services -Stop Orders.

Written policies shall be established limiting the duration or therapy for a new drug in the absence of a prescriber's discontinuance date. Stop orders shall be established for all therapeutic drug categories. The prescriber shall be contacted for new orders prior to the termination time established by the policy.

§ 76898. Pharmaceutical Services -Drug Order Processing.

Signed orders for drugs shall be transmitted to the issuing pharmacy within 48 hours, either by written prescription of the prescriber, by an order form which produces a direct copy of the order or by an electronically reproduced facsimile.

§ 76899. Pharmaceutical Services -Drug Order Records.

Facilities shall maintain a record which includes, for each drug ordered by prescription, the drug name, strength, the name of the client, the date ordered, the quantity received, the date received and the name of the issuing pharmacy. The records shall be kept at least one year.

§ 76900. Pharmaceutical Services -Personal Medications.

- (a) Medications brought by or with the client on admission to the facility shall not be used, unless the contents of the containers have been examined and positively identified after admission by the client's physician or a pharmacist.
- (b) This regulation shall not apply to drugs transferred from other licensed health facilities or those drugs dispensed or obtained after admission from any licensed or

governmental pharmacy and shall not preclude the delivery of those drugs by any agent of the client.

§ 76901. Pharmaceutical Services -Labeling and Storage of Drugs.

(a) Drug containers which are cracked, soiled or without secure closures shall not be used. Drug labels shall be legible.

(b) All drugs obtained by prescription shall be labeled in compliance with state and federal laws governing prescription dispensing. No person other than the dispenser of the drug shall change any prescription label.

(c) Nonlegend drugs shall be labeled in conformance with state and federal food and drug laws.

(d) Test reagents, germicides, disinfectants and other household substances shall be stored separately from drugs and shall not be accessible to clients unless so specified in the client's individual service plan.

(e) External use drugs in liquid, tablet, capsule or powder form shall be stored separately from drugs for internal use.

(f) Drugs required to be stored at room temperature shall be stored at temperatures between 15 degrees C (59 degrees F) and 30 degrees C (86 degrees F). Drugs requiring refrigeration shall be stored in a refrigerator between 2 degrees C (36 degrees F) and 8 degrees C (46 degrees F). When drugs are stored in the same refrigerator with food, the drugs shall be kept in a closed container clearly labeled "drugs" or "medications."

(g) Drugs shall be stored in an orderly manner in cabinets, drawers or carts of a size to prevent crowding.

(h) Dose preparation and administration areas shall be lighted in accordance with Table 2-53Q, Part 2, Title 24, California Administrative Code. If medication carts are utilized a flashlight shall be available on the cart.

(i) Drugs, hypodermic syringes and needles shall be accessible only to the administrator, pharmacist, physician, registered nurses, licensed vocational nurses and psychiatric technicians and direct care staff who administer medications except as provided in Section 76876(f)(1). Such access shall be designated in writing by the facility.

(j) Drugs shall not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs shall be available for use.

(k) The drugs of each client shall be kept and stored in the original container. No drug shall be transferred between containers.

(l) Containers of discontinued drugs shall be marked to indicate that the drug has been discontinued and shall be disposed of in accordance with Section 76903 within 90 days unless reordered within that time.

(m) Nonlegend medications may be stored at a client's bedside under the following conditions:

(1) Such storage is not contraindicated by the attending physician who shall be informed of all such storage. Facilities may adopt more restrictive policies regarding bedside storage of medications.

(2) The names of drugs located at the bedside shall be recorded in the client's individual service plan.

- (3) The facility shall record bedside medication used daily based on observation or information supplied by the client.
- (4) The facility shall maintain a record of drugs obtained for bedside use, including date of receipt, client name and quantity.
- (5) Marked change in the use of self-administered drugs that indicate a significant change in the condition of the client shall be reported to the physician.
- (6) Such medications shall be secured against access by the other clients.

§ 76902. Pharmaceutical Services -Controlled Drugs.

- (a) Separate records of use shall be maintained on all drugs listed in Schedule II of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970. Such records shall be maintained accurately and shall include the name of the client, the prescription number, the drug name, strength and dose administered, the date and time of administration and the signature of the person administering the drug. Such records shall be reconciled at least daily and shall be retained at least one year.
- (b) Drug records shall be maintained for drugs listed in Schedules III and IV of the above Act in such a way that the receipt and disposition of each dose of any such drug may be readily traced. Such records need not be separate from other medication records.

§ 76903. Pharmaceutical Services -Disposal of Drugs.

- (a) Drugs shall be sent with the client upon discharge if labeled in accordance with law and so ordered by the discharging physician. A notation of the drugs sent with the client shall be in the unit client record.
- (b) Drugs remaining in the facility after discharge shall be destroyed in the facility within 30 days of the date of discharge.
- (c) Drugs shall be destroyed in the facility in the following manner:
 - (1) Drugs listed in Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed in the facility in the presence of a pharmacist and the registered nurse employed by the facility. The name of the client, the name and strength of the drug, the prescription number, the amount destroyed, the date of destruction and the signatures of the witnesses required above shall be recorded in the unit client record or in a separate log. The record of disposal shall be retained for at least three years.
 - (2) Drugs not listed under Schedules II, III or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be destroyed in the facility in the presence of a pharmacist or registered nurse who with one other witness shall sign a record which lists the name of the client, the name and strength of the drug, the prescription number if applicable, the amount destroyed and the date of destruction. The notation may be in the unit client record or in a separate log. The record of disposal shall be retained for at least three years.
- (d) Unless otherwise prohibited under applicable federal or state laws, individual client drugs supplied in sealed containers may be returned, if unopened, to the issuing pharmacy for disposition provided that:
 - (1) No controlled drugs are returned.
 - (2) All such drugs are identified as to lot or control number.

(3) The signatures of the receiving pharmacist and registered nurse employed by the facility are recorded in a separate log which lists the name of the client, the name, strength, prescription number (if applicable) and amount of the drug returned and the date of return. The log shall be retained for at least three years.

§ 76905. Pharmaceutical Services -Staff.

(a) Facilities shall retain a pharmacist who devotes the number of hours necessary during a regularly scheduled visit for the purpose of coordinating, supervising and reviewing the pharmaceutical services within the facility. The pharmacist shall submit a written report on the status of the pharmaceutical service and staff performance to the administrator and registered nurse at least semiannually. The report shall include a log or record of time spent in the facility. There shall be a written agreement between the pharmacist and the facility which includes duties, responsibilities and qualifications of the pharmacist and the responsibilities of the facility.

(b) A pharmacist or registered nurse shall review the drug regimen of each client at least monthly and shall document the review in writing. If the drug regimen review is performed by the registered nurse, a pharmacist shall review the drug regimen at least quarterly. The review of the drug regimen of each client shall include all drugs currently ordered, information concerning the client's condition relating to drug therapy, medication administration records, and, where appropriate, physician's progress notes, nurse's notes and laboratory test results. Irregularities in drug dispensing, drug administration, potential adverse drug reactions, allergies, interactions or contraindications, as well as laboratory test results shall be reported to the prescriber.

§ 76906. Pharmaceutical Services -Equipment and Supplies.

(a) Equipment and supplies, as necessary for the provision of pharmaceutical services shall be available within the facility. These shall include but not be limited to:

- (1) Refrigerator with an accurate thermometer.
- (2) Lockable drug cabinets, drawers, closets or rooms.
- (3) Drug service trays or carts.
- (4) Drug preparation counter area and convenient water source.
- (5) Reference materials for all drugs in use in the facility which include information on generic and brand names, available strengths and dosage forms and pharmacological data including indications and side effects.

(b) A supply of legend drugs for emergency use may be stored by the facility under the following conditions:

- (1) The contents are determined in consultation with the pharmacist, registered nurse, and a physician who provides care to facility clients.
- (2) No more than three single doses in ampules or vials or one container of the smallest available multi-dose vial shall be included and shall be in sealed, unused containers.
- (3) Sublingual or inhalation emergency drugs shall be limited to single, sealed containers of the smallest available size.
- (4) Not more than six drugs in solid, oral dosage form or suppository dosage form for anti-infective, anti-diarrheal, anti-nausea, or analgesic drugs may be stored if in sealed containers. Not more than four doses of any one drug may be so stored.

(5) The supply shall be stored in a portable container which is sealed in such a manner that the tamper proof seal must be broken to gain access. Drugs used from the kit shall be replaced within 72 hours and the supply resealed by the pharmacist. The pharmacist shall inspect the supply at least quarterly.

(6) The contents of the supply shall be listed on the outside of the container.

(7) Separate records of use shall be maintained which include the name and dose of each drug administered, the name of the client, the date and time of administration, and the signature of the person administering the dose.

§ 76907. Licensee -General Duties.

(a) The licensee shall comply with licensing, statutory and regulatory requirements and be responsible for the organization, management, operation and control of the licensed facility. The delegation of any authority by a licensee shall not relieve the licensee of his/her responsibility.

(b) A licensee may act as the administrator if he/she meets the qualifications of an administrator as specified in Section 1276.5, Health and Safety Code or shall appoint a qualified administrator, to carry out the policies of the licensee. If the administrator is to be absent for more than 10 consecutive days, the licensee shall appoint another qualified administrator to carry out the day-to-day functions of the facility.

(c) The licensee shall delegate to the designated administrator the authority in writing to organize and carry out the day-to-day functions of the facility.

(d) No licensee, administrator, employee or representative thereof shall act as guardian or conservator of any client's estate.

(e) The Department may require a facility to provide additional professional administrative and supportive personnel whenever the Department determines through a written evaluation that additional staff are needed to provide for the health and safety of clients.

(f) If a language or communication barrier exists between facility staff and a client, arrangements shall be made for an interpreter or for the use of other mechanisms to ensure communication between the client and personnel.

§ 76908. Consumer Information to Be Posted.

(a) The following consumer information shall be conspicuously posted in the facility in a prominent location accessible to public view:

(1) A listing of all services and special programs provided in the facility and those provided through written agreement.

(2) A notice that the facility's written admission and discharge policies are available upon request.

(3) The most recent licensing visit report supported by the related follow-up visit reports so posted that each page is readable.

(4) A statement that an action to revoke the facility's license is pending, if such an action has been initiated by the filing of an accusation, pursuant to Section 11503 of the Government Code, and the accusation has been served on the licensee.

(5) Client's rights as required by Section 4503, Welfare and Institutions Code and Section 50520, Title 17, California Administrative Code.

§ 76909. Client Transfer Procedures.

(a) The facility shall maintain written transfer agreements with one or more general acute care hospitals to make the services of those facilities accessible to clients as needed and to facilitate the expeditious transfer of clients and essential client information.

(b) Prior to the transfer of a client to a general acute care hospital, the following shall be entered into unit client record by the qualified mental retardation professional or registered nurse:

(1) The date, time, condition of the client and a written statement of the reason for the transfer.

(2) Prior written consent of the client, parent of a minor or authorized representative except in an emergency.

(c) Complete and accurate client information, in sufficient detail to provide for continuity of care, shall be transferred with the client at the time of transfer.

§ 76910. Use of Outside Resources.

(a) If required services are rendered by a non-employee, such required services must be rendered pursuant to a written contract between the facility and appropriate qualified personnel. Documentation of the qualifications of the professional shall be on file in the facility and subject to Department inspection.

(b) Copies of written contracts for advice, consultation, services, training or transportation, with other facilities, organizations, individuals, or public or private agencies shall be on file in the facility's administrative office and shall be reviewed and revised as needed.

(c) Written contracts with non-employees shall be subject to inspection and review by the Department.

(d) The written contract shall:

(1) Specify the responsibilities, functions, objectives, and other terms agreed to by the facility and the qualified professional; and

(2) Be signed by the administrator and the qualified professional.

(e) The licensee shall require the non-employee professional, through the written contract, to apprise the administrator of recommendations, plans for implementation and continuing assessment through dated and signed reports which shall be retained by the administrator for follow-up action.

§ 76912. Smoking.

Clients shall not be permitted to smoke in bed except when a facility staff member or responsible adult is present in the room.

§ 76913. Administrator.

(a) An administrator who does not have Qualified Mental Retardation Professional responsibilities shall not be responsible for more than four intermediate care facilities/developmentally disabled -habilitative with an aggregate total of 60 beds and these facilities shall be within 30 minutes surface travel time of each other.

(b) An administrator who has Qualified Mental Retardation Professional responsibilities shall not be an administrator of more than three intermediate care

facilities/developmentally disabled -habilitative with an aggregate total of eighteen beds, and these facilities shall be within 30 minutes surface travel time of each other.

(c) The administrator shall be on the premises of the facility the number of hours necessary to permit attention to the management and administration of the facility. The Department may require that the administrator spend additional hours in the facility whenever the Department determines through a written evaluation that such additional hours are needed to provide administrative management.

(d) A copy of the current intermediate care facility/developmentally disabled -habilitative licensing regulations shall be maintained by the administrator and shall be made available to all facility personnel.

(e) The administrator shall inform the Department, within 24 hours either by telephone (confirmed in writing) or by telegraph, of an occurrence that causes damage to the facility or threatens the safety or welfare of clients.

(f) The administrator shall review client and employee incident and accident reports and shall take appropriate corrective action within a reasonable period of time, but no more than 30 days from the date of the incident or accident.

(g) The administrator shall screen clients for admission to the facility to ensure that the facility admits only those clients for whom appropriate care can be provided. The administrator shall conduct pre-admission interviews as appropriate with the client's physician, client, client's next of kin and/or sponsor.

§ 76914. Advertising.

No facility shall make or disseminate false or misleading statements, or advertise false claims regarding facilities and services provided or use the words "Approved by the California Department of Health Services" or use any words conveying the impression of approval by the Department in any advertising material.

§ 76915. Admission of Clients.

(a) The licensee shall:

(1) Accept and retain only those developmentally disabled clients whose active treatment and health care needs can be met by the facility under the provisions of these regulations.

(2) Admit only clients who have had a comprehensive medical, social and psychological evaluation as required by Title 22, California Code of Regulations, section 51343.1(g).

§ 76916. Policies and Procedures.

(a) Each facility shall establish and implement the following policies and procedures:

(1) The overall philosophy, objectives and goals the facility is striving to achieve shall include, but not be limited to:

(A) The facility's role in the State comprehensive program for the developmentally disabled.

(B) The facility's goals for its clients.

(C) The facility's concept of its relationship to the parents or legal representatives of the clients.

(2) Personnel policies which include:

(A) Job descriptions detailing qualifications, duties and limitations of each classification of employee.

(B) Procedures for employee orientation to the facility, their duties, the client population served and the facility's policies and procedures.

(C) Procedures, consistent with due process, for suspension and/or dismissal of an employee for cause.

(D) A plan for at least an annual evaluation of employee performance.

(3) Policies and procedures on client admission, leave of absence, transfer and discharge which shall include rate of charge for services included in basic rate, charges for extra services, limitation of services, cause for termination of services and refund policies applying to termination of services.

(4) Policies and procedures to assure that all clients are screened for tuberculosis upon admission as required by Section 76874(b)(4).

(5) Policies and procedures assuring that admission, treatment, or discharge of a client shall not be based on sex, race, color, religion, ancestry, national origin, sexual orientation, disability, medical conditions, marital status, or registered domestic partner status.

(6) Written policies and procedures governing the client record service, record maintenance, access to, duplication of, and release of information from unit client records. These policies and procedures shall be developed and implemented with the assistance of a registered health information administrator or a registered health information technician.

(7) A policy and procedure establishing an ongoing program of open and honest communication with the clients and families and/or authorized representatives as follows:

(A) The facility shall have a written plan for informing families or authorized representatives of significant changes in the client's condition and of activities related to the clients that may be of interest to them and to assure that communications to the facility from clients' families or representatives be promptly and appropriately handled and answered.

(B) Policies and procedures to assure that parents and authorized representatives shall be permitted to visit all parts of the facility that provide services to clients.

(C) Frequent and informal visits home shall be encouraged, and the regulations of the facility shall facilitate rather than inhibit such visits.

(8) A procedure by which allegations of client abuse are immediately reported to the administrator. Such procedures shall assure that:

(A) All alleged violations are thoroughly investigated.

(B) The results of the investigation are reported to the administrator within 24 hours of the report of the incident.

(C) Substantiated instances of client abuse are reported to the Department by telephone within 24 hours of the report of the incident, and confirmed in writing.

(D) Appropriate action is taken by the administrator when the allegation is substantiated.

(9) A written policy to assure that clients are protected from exploitation when they are engaged in work that benefits the facility. The policy shall assure that all work programs shall be included in the client's individual service plan and have specific goals and objectives.

(10) Policies and procedures for reporting unusual occurrences, as required by Section 76923.

(11) Policies and procedures for smoking by clients.

(12) Policies and procedures developed in concurrence with the local health officer to properly manage outbreaks or prevalence of infectious or parasitic disease or infestation, and to correct such conditions.

(13) Policies and procedures that assure that client's equipment and valuables shall be inventoried as required by Section 76927(e)(20) and that client's personal possessions shall be identified by label.

(b) The facility shall have a written plan for a continuing management audit to insure compliance with state laws and regulations and the effective implementation of its stated policies and procedures.

(c) The facility shall have a written organizational chart showing the major operating programs of the facility, with staff divisions, the administrative personnel in charge of the programs and divisions and their lines of authority, responsibility and communication.

(d) All policies and procedures required by Section 76916 shall be in writing, made available upon request to clients or their agents, employees and the public, and shall be carried out as written. Policies and procedures shall be reviewed at least annually, and revised as needed.

§ 76917. Human Rights Committee.

(a) The facility shall have a Human Rights Committee which shall be responsible for assuring that client rights as specified in the Welfare and Institutions Code, Sections 4502 through 4505 and Sections 50500 through 50550, Title 17, California Administrative Code are safeguarded.

(b) Minutes of every committee meeting shall be maintained in the facility and shall indicate the names of members present, date, subject matter discussed and actions taken.

(c) Committee organization and structure shall be as follows:

(1) Composition of the committee shall consist of at least the administrator, a qualified mental retardation professional, a registered nurse, representative of the Regional Center, and with the consent of the client or when otherwise permitted by law, a client representative and/or developmentally disabled person, a parent or a community representative and may include a member from the Local Area Board on Developmental Disabilities.

(2) The committee shall meet at least quarterly.

(3) The function of the human rights committee shall include:

(A) Development of policies and procedures to assure and safeguard the client's rights listed in the Welfare and Institutions Code, Sections 4502 through 4504 and Section 50500 through 50550, Title 17, California Administrative Code.

(B) Monitor staff performance to ensure that policies and procedures are implemented.

(C) Document and participate in developing and implementing relevant in-service training programs.

(D) Review treatment modalities used by the facility where client human rights or dignity is affected.

(E) Review and approve at least annually, all behavior management programs. For those programs utilizing restrictive procedures, as specified in 76869(c)(5)(C), the minutes of the Human Rights Committee shall reflect an examination of all previous treatment modalities used by the facility and shall document that the current program represents the least restrictive treatment alternative.

§ 76918. Client's Rights.

(a) Each client shall have those rights as specified in Sections 4502 through 4505 of the Welfare and Institutions Code and Sections 50500 through 50550 of Title 17 of the California Code of Regulations.

(b) Each client shall have the right to be free from discrimination based on sex, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition marital status, or registered domestic partner status.

§ 76919. Employees' Health Examination and Health Records.

(a) The licensee and all employees working in the facility shall have a health examination within 6 months prior to employment or within 15 days after employment and at least annually thereafter by a person lawfully authorized to perform such examinations. Each such examination shall include a medical history, physical evaluation and laboratory work as indicated. The health examination report, signed by the examiner, shall indicate that the individual is sufficiently free of disease to perform assigned duties and does not have any health condition that would create a hazard for the employee, fellow employees, visitors or clients.

(b) At the time of employment, testing for tuberculosis shall consist of a test for tuberculosis infection that is recommended by the federal Centers for Disease Control and Prevention (CDC) and licensed by the federal Food and Drug Administration (FDA). If a positive result is obtained from the tuberculosis test, the employee shall be referred to a physician to determine if a chest X-ray is necessary. Annual examinations shall be performed only when medically indicated.

(c) The facility shall maintain a health record of the administrator and each employee which includes reports of all employment-related health examinations.

(d) Employees known to have or exhibiting signs or symptoms of a communicable disease shall not be permitted to work until they submit a physician's certification that they are sufficiently free of the communicable disease to return to their assigned duties.

§ 76920. Employee Personnel Records.

(a) All facilities shall maintain confidential employee records on all personnel. The record shall include the employee's full name, Social Security number, professional license or registration number, if any, employment classification, information as to past employment and qualifications, date of beginning employment and date of termination of employment and performance evaluations. Such records shall be available to authorized agents or representatives of the Department upon request.

(b) Records of hours and dates worked by all employees during at least the most recent twelve month period shall be kept on file at the place of employment or at a central location within the State of California. Such records shall be made available to the Department within one working day.

§ 76921. Communicable Disease.

A person with a clinically active communicable disease that is required to be reported by Title 17, California Administrative Code, Section 2500, shall not be admitted as a client.

§ 76922. Reporting of Communicable Disease.

All reportable cases of communicable diseases shall be reported to the local health officer in accordance with Section 3125 of the Health and Safety Code.

§ 76923. Unusual Occurrences.

(a) Occurrences such as but not limited to, epidemic outbreaks of any disease, prevalence of communicable disease, whether or not such communicable disease is required to be reported by Title 17, California Administrative Code, Section 2500 or infestation by parasites or vectors, poisonings, fires, major accidents, deaths from unnatural causes or other catastrophes which threaten the safety or health of clients, personnel or visitors are deemed to be unusual occurrences and shall be reported by the facility within 24 hours either by telephone, with written confirmation, or by telegraph to the local health officer and the Department.

(b) In the event of any unusual occurrence, the client's parent, guardian, legal representative and regional center shall be notified immediately.

(c) An unusual occurrence report shall be retained on file by the facility. The facility shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require. Every fire or explosion which occurs in or on the premises shall be reported within 24 hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshal.

§ 76924. Admission Contract.

(a) Each facility shall have a written contract with each client or client's authorized representative. Such a contract shall be completed prior to or at the time of admission. It shall be dated and signed by the licensee or licensee's authorized representative, the client, if possible, and the client's authorized representative and the placement agency, if a party to the contract. A new contract shall be signed if there is any change in the terms of the original admission contract. A signed copy of the admission contract shall be provided to the client or the client's authorized representative and the placement agency, if any. A signed copy of the admission contract shall be retained in the unit client record.

(b) The contract shall specify:

(1) Services to be provided by the facility.

(2) Rate of charge for service.

(3) When and by whom payment shall be made.

(4) Conditions for modification of the agreement, including provisions for at least 30 days' prior written notice of any rate change. For the client whose care is funded at rates prescribed by government funded programs, the agreement may specify that the facility's rate may be changed effective on the operative date of any rate change made in that program.

- (5) Conditions under which refunds shall be made, and the time period within which they shall be made.
- (6) Conditions under which the agreement may be terminated.
- (7) That no client shall be summarily discharged by the licensee unless the client is clearly engaged in behavior which is a threat to property or to the safety of others in the facility.
- (c) Prior to any discharge, the client's authorized representative or placement agency, if any, shall be notified to coordinate transition to a new residential setting.
- (d) A written report of any client being summarily discharged shall be sent to the local licensing district office within five days.

§ 76925. Client Record Service.

- (a) The client record service shall provide for the collection, organization and confidentiality of client information.
- (b) Unit client records shall be kept current and complete in detail consistent with good medical and professional practice based on the service provided to each client.
- (c) All required records, either originals or accurate reproductions, shall be maintained in a legible form and promptly available upon the request of all authorized users and any authorized employee or agent of the Department.
- (d) All current clinical information related to the client's individual service plan shall be centralized in the individual's unit client record. It shall be immediately available to the direct care staff. Inactive records or thinned portions of the active unit client record shall be securely stored in the facility or an off-site area approved by the Department.
- (e) Client record storage areas shall be clean and protect the information from loss, destruction or defacement by fire, flood, humidity, insects or unauthorized access.
- (f) Information contained in the unit client records, including information contained in an automated data bank, shall be considered confidential and shall be protected from unauthorized access or use and released only to authorized persons in accordance with federal, state and local laws.
- (g) Unit client records shall be retained for seven years from the last date of service, except for records of minors, which shall be kept at least three years after the client has reached the age of eighteen and, in any case, not less than seven years.
- (h) The unit client record is the property of the facility and shall be maintained for the benefit of the client, the interdisciplinary professional staff/team and the facility.
- (i) The Department shall be informed within three business days prior to any cessation of a facility's operation of the arrangements made for the safe preservation of the unit client records.
- (j) The Department shall be informed within three business days in writing, whenever unit client records are defaced or destroyed before the termination of the required retention period.
- (k) If the ownership of the facility changes, both the licensee and the applicant for the new license shall, prior to the change of ownership, provide the Department with written documentation stating:
 - (1) That the new licensee will have custody of the unit client records and these records will be available to the former licensee, the new licensee and other legally authorized persons; or

(2) That other arrangements have been made by the current licensee for the safe preservation and the location of the unit client records, and that they are available to both the new and former licensees and other legally authorized persons; or

(3) The reasons for the unavailability of the records.

(1) The facility shall maintain a perpetual alphabetical index of all clients which includes at least:

(1) Identifying data;

(2) Dates of admission and discharge;

(3) Current location of all records.

§ 76926. Admission Records.

(a) A facility shall complete an admission record for each client which shall include the following:

(1) Client's name.

(2) Social security number or other identifying number.

(3) Current address.

(4) Age, date and place of birth.

(5) Sex.

(6) Marital status.

(7) Date of admission.

(8) Date of discharge.

(9) Name, address and telephone number of next of kin, guardian, conservator, or authorized representative or agency responsible for client.

(10) Name, address and telephone number of attending physician and his or her alternate physician.

(11) Medicare and Medi-Cal number, if applicable.

(12) Reason for admission or referral problem.

(13) Type and legal status of admission.

(14) Legal competency status.

(15) Language(s) spoken or understood.

(16) Religious affiliation or preference.

(17) Citizenship.

(18) Parents' marital status.

(19) Father's name and birthplace.

(20) Mother's maiden name and birthplace.

(21) Color of eyes, identifying marks and recent photograph.

(22) Sources of support, including social security, veteran's benefits and insurance.

§ 76926. Admission Records.

(a) A facility shall complete an admission record for each client which shall include the following:

(1) Client's name.

(2) Social security number or other identifying number.

(3) Current address.

(4) Age, date and place of birth.

(5) Sex.

(6) Marital status.

- (7) Date of admission.
- (8) Date of discharge.
- (9) Name, address and telephone number of next of kin, guardian, conservator, or authorized representative or agency responsible for client.
- (10) Name, address and telephone number of attending physician and his or her alternate physician.
- (11) Medicare and Medi-Cal number, if applicable.
- (12) Reason for admission or referral problem.
- (13) Type and legal status of admission.
- (14) Legal competency status.
- (15) Language(s) spoken or understood.
- (16) Religious affiliation or preference.
- (17) Citizenship.
- (18) Parents' marital status.
- (19) Father's name and birthplace.
- (20) Mother's maiden name and birthplace.
- (21) Color of eyes, identifying marks and recent photograph.
- (22) Sources of support, including social security, veteran's benefits and insurance.

§ 76927. Content of Unit Client Record.

- (a) Each unit client record shall contain all information necessary to develop and evaluate the individual service plan; to document the client's progress and response to the plan; and, to protect the legal rights of the client, the staff and the facility.
- (b) The unit client record contents shall be completed promptly at the conclusion of each required service or professional visit or as specified elsewhere in these regulations.
 - (1) Verbal orders shall be signed by the prescriber as specified in Section 76896(d)(2).
 - (2) Discharged unit client records shall be completed within thirty days.
- (c) All entries in the unit client record shall be authenticated with the author's name, professional or job title, and the date and time of the entry.
- (d) All entries and reports in the unit client record shall be permanent and capable of being photocopied. Entries shall be legibly handwritten, typewritten or electronically recorded.
- (e) The unit client record shall contain:
 - (1) Admission record as required by Section 76926.
 - (2) Evidence of orientation to the facility as required by Section 76865(h).
 - (3) Client assessments as follows:
 - (A) Initial identification of current level of needs and functions as required by Section 76857(a)(11)(A).
 - (B) Medical, social and psychological evaluations as required by Section 76915(a)(2).
 - (C) Review and update of initial assessments as required by Section 76859(a)(1).
 - (D) Interdisciplinary team/staff assessment as required by Section 76859(a)(2).
 - (E) Nursing evaluation/assessment of health status as required by Section 76875(c).
 - (F) Assessment of bowel and bladder functions as required by Section 76865(n)(1).
 - (G) Recreational interests as required by Section 76859(c).
 - (H) Assessment of behavior, if applicable, as required by Section 76869(c)(2).
 - (I) Nutritional status, if food is refused, as required by Section 76882(b)(4).

- (4) Physical examination as required by Section 76878(b)(2)(A) and (B).
- (5) Dental examination as required by Section 76880(a).
- (6) Integrated and coordinated individual service plan developed by the interdisciplinary team/staff with input from direct care staff. It shall contain elements as required by Section 76860(a)(1) through (4).
- (7) Recreational activity plan as required by Section 76863(c).
- (8) Health care plan as required by Section 76875(a)(2).
- (9) Measures to prevent decubitus ulcers, contractures, and deformities as required by Section 76865(1).
- (10) Bowel and bladder training plan, if applicable, as required by Section 76865(n)(2).
- (11) Behavior management plan, if applicable, as required by Section 76869(c)(3)(4).
- (12) Discharge plan, when anticipated, as required by Section 76860(a)(9).
- (13) Review and update of the individual service plan as required by Sections 76857(a)(11)(C), 76875(a)(3), and 76858(b)(3).
- (14) Progress notes as required by Sections 76860(a)(8), 76865(n)(3), 76869(c)(5)(A) through (D), 76867(d), 76874(e), and 76880(e).
- (15) Notification of medication errors and adverse reactions to the practitioner who ordered the drug as required by Section 76876(h).
- (16) Dental records as required by Sections 76880(e), and 76880(b)(2).
- (17) Medication history as required by Section 76894(a)(4).
- (18) All diagnostic and therapeutic prescriptions including diet and medications, as required by Sections 76874(e), 76864(b), and 76867(a).
- (19) Medication and treatment administration records as required by Sections 76876(b), 76874(b)(3) and 76874(b)(4).
- (20) Weight and height records as required by Sections 76865(i) and 76865(j).
- (21) Vital signs and other flow sheet records, if ordered.
- (22) Restraint records as required by Section 76868(a)(2) and (3).
- (23) Developmental, medical and psychiatric diagnoses comprised of all admitting, concurrent and discharge conditions, including allergies.
- (24) Discharge summary of treatment, including goals achieved and not achieved, and health care treatment prepared by the responsible practitioner(s).
- (25) Consent(s) to treatment.
- (26) An inventory of all client's valuables made upon admission and discharge. The inventory list shall be signed by a representative of the facility and the client or the client's authorized representative with one copy retained by each. The inventory list shall include but not be limited to the following:
 - (A) Items of jewelry.
 - (B) Items of furniture.
 - (C) Radios, televisions and other appliances.
 - (D) Prosthetic devices.
 - (E) Other valuable items so identified by the client, client's parents or authorized representative.

§ 76928. External Disaster and Mass Casualty Plan.

- (a) A written external disaster and mass casualty plan shall be adopted. The plan shall be developed with the advice and assistance of county or regional local planning offices

and shall not conflict with county and community disaster plans. A copy of the plan shall be available on the premises for review by the Department.

(b) The plan shall specify the procedures to be followed in event of community and widespread disasters. The written plan shall include at least the following:

(1) Sources of emergency utilities and supplies, including gas, electricity, water, food and essential medical and supportive materials.

(2) Procedures for assigning personnel and recalling off-duty personnel.

(3) A chart of lines of authority in the facility.

(4) Procedures for conversion of all usable space in client activity areas for immediate care of emergency admission.

(5) Procedures for moving clients from damaged areas of the facility to undamaged areas.

(6) Procedures for emergency transfers of clients who can be moved to other health facilities, including arrangements for safe and efficient transportation.

(7) Procedures for emergency discharge of clients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and 24-hour follow-up to ascertain that the clients are receiving their required care.

(8) Procedures for maintaining a record of client relocation.

(9) An evacuation plan, including evacuation routes, emergency phone numbers of physicians, health facilities, the fire department and local emergency medical services agencies.

(10) All pertinent personal and medical information shall accompany each client who is moved, transferred, discharged or evacuated.

(11) Procedures for maintaining security in order to keep relatives, visitors and curious persons out of the facility during a disaster, if necessary.

(c) The plan shall be brought up to date at least annually and all personnel shall be instructed in its requirements. There shall be evidence in the personnel files indicating that all new employees have been oriented to the plan and procedures at the beginning of their employment.

(d) The facility shall conduct a disaster drill at least once a year. There shall be a written report of the drill.

§ 76929. Fire and Internal Disasters.

(a) A written fire and internal disaster plan incorporating evacuation procedures, shall be developed with the assistance of qualified fire, safety and other appropriate experts. A copy of the plan shall be available on the premises for review by the Department.

(b) The written plan shall include at least the following:

(1) Procedures for the assignment of personnel to specific tasks and responsibilities.

(2) Procedures for the use of alarm systems and signals.

(3) Procedures for fire containment.

(4) Procedures for notification of the fire department, facility administrator, off-duty facility staff and the Department, including a list of such persons' names and telephone numbers.

(5) Location of fire-fighting equipment.

(6) Procedures for evacuation and specification of evacuation routes.

- (7) Procedures for moving clients from damaged areas of the facility to undamaged areas.
- (8) Procedures for emergency transfers of clients who can be moved to other health facilities, including arrangements for safe and efficient transportation.
- (9) Procedures for emergency discharge of clients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and a 24-hour follow-up to ascertain that the clients are receiving their required care.
- (10) A disaster tag containing all pertinent personal and medical information to accompany each client who is moved, transferred, discharged or evacuated.
- (11) Procedures for maintaining a record of client relocation.
- (c) Fire and internal disaster drills shall be held quarterly under varied conditions for each individual shift of facility personnel.
- (d) Actual client evacuations shall be held at least three times a year, once on each shift.
- (e) A dated written report and evaluation of each drill and rehearsal shall be maintained.
- (f) The evacuation plan shall be posted throughout the facility and shall include at least the following:
 - (1) Evacuation routes.
 - (2) Location of fire alarm boxes.
 - (3) Location of fire extinguishers.
 - (4) Telephone number of the local fire department.

§ 76930. Disruption of Services.

Each facility shall develop a written plan to be used when a discontinuance or disruption of service occurs. Such services include, but are not limited to, utilities, food, laundry, and employee services such as walk-outs or strikes.

§ 76931. Safeguards for Client's Monies and Valuables.

- (a) Each facility to which a client's money or valuables have been entrusted shall comply with the following:
 - (1) No licensee shall mingle clients' monies or valuables with that of the licensee or the facility. Clients' monies and valuables shall be maintained separately and intact and free from any liability that the licensee incurs in the use of the licensee's or the facility's funds and valuables. The provisions of this section shall not be interpreted to preclude prosecution for the fraudulent appropriation of clients' monies or valuables as theft, as defined by Section 484 of the Penal Code.
 - (2) Each licensee shall maintain adequate safeguards and accurate records of clients' monies and valuables entrusted to the licensee's care, including the maintenance of a detailed inventory.
 - (A) Records of clients' monies which are maintained as a drawing account shall include a control account for all receipts and expenditures, supporting vouchers and receipts for all expenditures of monies and valuables entrusted to the licensee, and an account for each client and supporting vouchers filed in chronological order. Each account shall be kept current with columns for debits, credits and balance. All of these records shall be

maintained at the facility for a minimum of three years from the date of transaction. At no time may the balance in a client's drawing account be less than zero.

(B) Records of clients' monies and other valuables entrusted to the licensee for safekeeping shall include a copy of the receipt furnished to the client or to the client's authorized representative.

(3) Clients' monies shall be kept within the facility in a fireproof safe or deposited in a noninterest bearing demand trust account in a local bank authorized to do business in California, the deposits of which are insured by the Federal Deposit Insurance Corporation or in a federally insured bank or savings and loan association under a plan approved by the Department. All banking records related to these funds, including but not limited to deposit slips, checks, canceled checks, statements and check registers, shall be maintained in the facility for a minimum of three years from the date of transaction. Identification as a client trust fund account shall be clearly printed on each client's trust account checks and bank statements.

(4) A separate list shall be maintained for all checks from client accounts which were returned uncashed to the account within the preceding three years.

(5) Expenditures from a client's account shall only be for the immediate benefit of that particular client. No more than one month's advance payment for care may be received from a client's account.

(6) A person, firm, partnership, association or corporation which is licensed to operate more than one health facility shall maintain a separate demand trust account as specified in (3) above for each facility. Records relating to these accounts shall be maintained at each facility as specified in (2) above. Client funds shall not be commingled from one facility with another.

(7) Upon discharge of a client, all money and valuables of that client which have been entrusted to the licensee shall be surrendered to the client or authorized representative in exchange for a signed receipt. Money and valuables kept within the facility shall be surrendered upon discharge and those kept in a demand trust account shall be made available within three banking days. Upon discharge, the client or authorized representative shall be given a detailed list of the client's valuables as required by Section 76927(e)(20) and a current copy of the debits and credits of the client's monies.

(8) Within 30 days following the death of a client, except in a coroner or medical examiners case, all money and valuables of that client which have been entrusted to the licensee shall be surrendered to the executor, the administrator or guardian of the client's estate in exchange for a signed receipt, or to any person or that person's authorized representative having the right by law to succeed to the decedent's property, upon presentation of a statement signed under penalty of perjury declaring such person's right to receive the property. Whenever a client without known heirs dies, immediate written notice shall be given by the facility to the public administrator of the county as specified by Section 1145 of the California Probate Code and a copy of the notice shall be filed with the Department.

(9) Upon a change of ownership of a facility, an audit by a public accountant of all client's monies, which are being transferred to the custody of the new owners shall be obtained by the new owner in exchange for a signed receipt.

(10) Upon closure of a facility, an audit by a public accountant of all client's monies shall be submitted to the Department and all client's monies shall be transferred with the client.

(11) The facility shall have written policies and procedures that protect the financial interest of clients and shall provide for counseling in management of their funds.

§ 76933. Space Conversion.

Spaces approved for specific use at the time of licensure shall not be converted to other uses without the approval of the Department.

§ 76935. Notice to Department.

The Department shall be notified, in writing, by the owner or licensee of the facility at least five days before the commencement of any construction, remodeling or alterations to such facility.

§ 76936. Client Capacity.

(a) A facility shall not have more clients or beds set up for use than the number for which it is licensed except in case of emergency when temporary permission may be granted by the Director or designee.

(b) Clients shall not be housed in areas which have not been approved by the Department for client housing and which have not been given a fire clearance by the State Fire Marshal except in an emergency as provided in subsection (a) above.

(c) The number of licensed beds shown on a license shall not exceed the number of beds for which the facility meets applicable construction and operational requirements.

§ 76937. Client Rooms.

(a) Client rooms shall not be locked when occupied unless the client has the means to easily unlock the door.

(b) Only upon the written approval of the Department may an exit door, corridor door, yard enclosure or perimeter fence be locked to egress.

(c) Rooms approved by the State Fire Marshal, or designee for ambulatory clients only shall not accommodate nonambulatory clients; however, this does not prohibit the mixing of ambulatory and nonambulatory clients according to their developmental needs, so long as such room assignment is consistent with the fire clearance.

§ 76939. Client Room Furnishings.

(a) Each client shall be provided in the client's room, at least the following:

(1) A separate bed of size and height to meet the individual needs of each client.

(2) A clean, comfortable mattress.

(3) Bedding appropriate for the weather and climate and in good repair.

(4) Furniture appropriate to the client's needs, such as but not limited to a chair, chest of drawers and a table or desk.

(b) The facility shall permit each client to bring some personal furniture from home.

§ 76941. Provision for Privacy.

Visual privacy for each client shall be provided in client rooms, tub, shower and toilet rooms.

§ 76942. Telephone.

- (a) A telephone shall be available for client use for private conversation.
- (b) The installation of the telephone shall be in compliance with Section 2-1713, Part 2, Title 24, California Administrative Code.

§ 76944. Housekeeping.

- (a) Each facility shall routinely clean articles and surfaces such as furniture, floors, walls, ceilings, supply and exhaust grills and lighting fixtures.
- (b) There shall be written routines and procedures specifying daily, weekly and monthly cleaning schedules, for all areas of the facility.
- (c) There shall be cleaning supplies and equipment available to meet the needs of the facility.
- (d) Clients shall not have access to cleaning supplies and equipment unless so specified in the client's individual service plan.
- (e) The interior of the facility shall be maintained in a safe, clean, orderly and attractive manner free from offensive odors.
- (f) Closets, sinks and storage areas shall be maintained to meet the needs of the facility.

§ 76945. Linen.

- (a) Linen shall be provided in quantities sufficient that daily clothing and linen needs are met without delay.
- (b) A supply of clean wash cloths and towels shall be available to meet the needs of each client.
- (c) When a facility does its own laundry on the premises, the laundry area shall be:
 - (1) In compliance with Section T17-072, Part 6, Title 24, California Administrative Code.
 - (2) Clean and sanitary.
 - (3) Provided with laundry equipment of suitable capacity and kept in good repair.

§ 76946. Soiled Linen.

- (a) Soiled linen shall be handled, stored and processed in a manner that will prevent the spread of infection.
- (b) Soiled linen shall be sorted by methods affording protection from contamination.
- (c) Soiled linen shall be stored in a closed container which does not permit airborne contamination of corridors and areas occupied by clients and which precludes cross-contamination of clean linen.

§ 76947. Clean Linen.

- (a) Clean linen shall be stored, handled and transported in a way that precludes cross-contamination.
- (b) Clean linen shall be stored in clean rooms, alcoves or closets.
- (c) Linen shall be maintained in good repair.

§ 76949. General Maintenance.

- (a) The facility, including grounds, shall be maintained in a clean and sanitary condition, and in good repair at all times to ensure the safety and well being of clients, staff and visitors.
- (b) Buildings shall be free of pests and pollutants such as noise, vermin, flies and other insects as may adversely affect the health or welfare of clients.

§ 76950. Storage and Disposal of Solid Wastes.

- (a) Solid wastes shall be stored and eliminated in a manner to preclude the transmission of communicable disease. These wastes shall not be a nuisance or a breeding place for insects or rodents nor be a food source of either.
- (b) Solid waste containers shall be stored and located in a manner that will prevent odors from entering client areas.

§ 76951. Solid Waste Containers.

- (a) All containers used for storage of solid wastes, shall have tight-fitting covers in good repair, external handles and shall be leakproof and rodent proof.
- (b) All containers receiving putrescible wastes shall be emptied at least every four days or more often if necessary.
- (c) Solid waste containers shall be thoroughly washed and cleaned each time they are emptied unless soil contact surfaces have been completely protected from contamination by disposable liners, bags or other devices removed with the waste.

§ 76952. Water Supply and Plumbing.

- (a) Where water for human consumption is from an independent source, it shall be subjected to bacteriological analysis by the local health department, the Department or a licensed commercial laboratory at least every three months. A copy of the most recent laboratory report shall be available for inspection by the Department.
- (b) Hot water temperature controls shall be maintained to automatically regulate temperature of hot water delivered to plumbing fixtures used by clients to attain a hot water temperature in compliance with Part 5, Title 24, California Administrative Code.
- (c) Special precautions shall be taken to prevent the scalding of clients.
- (d) Grab bars shall be maintained at toilets, bathtubs and showers as needed by clients.
- (e) Toilet, handwashing and bathing facilities shall be maintained in operating condition.

§ 76953. Lighting.

All rooms, attics, basements, passageways and other spaces shall be provided with artificial illumination as set forth in Division 9, Chapter 2-53, Part 2, of Title 24, California Administrative Code.

§ 76954. Mechanical Systems.

- (a) Heating, air conditioning and ventilating systems shall be maintained in normal operating condition to provide a comfortable temperature.
- (b) Temperature and humidity shall be maintained within a normal comfort range by heating, air conditioning or other means. The heating apparatus employed shall not constitute a burn hazard to the clients.

§ 76955. Screens.

Screens shall be provided as required by Section T17-066, Part 6, Title 24, California Administrative Code.

§ 76956. Storage.

Facilities shall maintain general storage areas in accordance with T17-440(a)(c) of Title 24, California Administrative Code.

§ 76957. Space.

All spaces located in the facility or internally connected to a licensed facility shall be considered a part of the facility and subject to licensing regulations.

§ 76959. Pest Control Program.

The facility shall be maintained free from insects and rodents through operation of a pest control program. The pest control program shall include the main client building, all out buildings on the property and all adjacent grounds.

§ 76960. Definitions.

(a) The following definitions shall apply to this Article:

(1) Substantial probability means that the likelihood of an event is real, actual and not imaginary, insignificant or remote.

(2) Serious physical harm means that type of dangerous bodily injury, illness or condition in which:

(A) A part of the body would be permanently removed, rendered functionally useless or substantially reduced in capacity, either temporarily or permanently and/or

(B) A part of an internal function of the body would be inhibited in its normal performance to such a degree as to temporarily or permanently cause a reduction in physical or mental capacity or shorten life.

(3) Direct relationship means one in which a significant risk or effect is created and does not include a remote or minimal risk or effect.

(4) A class "C" violation is any violation of a statute or regulation relating to the operation or maintenance of any facility which the Department determines has only a minimal relationship to the health, safety or security of the facility clients.

(A) A class "C" violation is not subject to any monetary civil penalty. A notice of all such violations shall be issued and an appropriate plan of correction obtained at the time of completion of inspection.

§ 76961. Filing of Names and Addresses.

(a) The licensee of each facility shall file with the Department the address of the license to whom all citations and notices concerning any class "A" or class "B" violations shall be mailed by the Department.

(b) Each such licensee shall also designate one or more persons who are authorized to accept on the licensee's behalf, any citations to be served by any representative of the Department.

(c) Each such licensee shall file with the Department the names and titles of those persons who are such designees of the licensee.

(d) Each such licensee shall also file with the Department a written notice of any change in address of its designee or of any change of designee. The Department shall mail all citations or notices to the latest address on file with the Department.

§ 76962. Penalties.

(a) In fixing the amount of civil penalty to be imposed for a class “A” violation, the district administrator, or designee, shall consider:

(1) The gravity of the violation, which shall include:

(A) The degree of substantial probability that death or serious physical harm to a client would result and, if applicable, did result from the violation.

(B) The severity of serious physical harm to a client or guest which was likely to result and, if applicable, that did result, from the violation.

(C) The extent to which the provisions of the applicable statutes or regulations were violated.

(2) The “Good Faith” exercised by the licensee. Indications of good faith include awareness of the applicable statutes and regulations, and reasonable diligence in complying with such requirements, prior accomplishments manifesting the licensee's desire to comply with such requirements, and any other mitigating factors in favor of the licensee.

(3) Any previous violations committed by the licensee.