DEPARTMENT OP PUBLIC WELFARE
MENTAL RETARDATION PROGRAM OFFICE
4th FLOOR, CENTENNIAL OFFICE BUILDING
SAINT PAUL, MINNESOTA 55155

DPW Rule 34

STANDARDS FOR THE OPERATION OF RESIDENTIAL ~~FACILITIES AND SERVICES~~ PROGRAMS FOR PERSONS WHO ARE MENTALLY RETARDED

November 17, 1972

Revised February, 1974

S. F. No. 396

CHAPTER No. 229

AN ACT

relating to mentally retarded; duties of commissioner; licensing of facilities; amending Minnesota Statutes 1969, Chapter 252, by adding a section.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 1969, Chapter 252, is amended by adding a section to read:

(252.28) (COMMISSIONER OF PUBLIC WELFARE; DUTIES.)

Subdivision 1. The commissioner of public welfare may determine the need, location, and program of public and private residential and day care facilities and services for mentally retarded children and adults.

Subd. 2. The commissioner of public welfare shall:

(1) Establish uniform rules, regulations and program standards for each type of residential and day facility or service for more than four retarded persons, including state institutions under control of the commissioner and serving mentally retarded persons.

(2) Grant licenses to individuals, organizations or associations, or nonprofit groups meeting the provisions of this act and providing facilities or services for mentally retarded persons of all ages. All special residential schools, day schools and training centers for retarded persons shall come under the provisions of this act if not regulated by the commissioner of education or a church affiliated school system.

(3) Licenses shall be renewed annually, and a provisional license may be granted for up to one year. Licenses may be revoked pursuant to section 257.111. All

1 licensed agencies are subject to review and supervision by
2 the commissioner and shall receive consultation from the
3 commissioner to further the purposes of this section.
4 (4) Create and establish a state advisory board to
5 assist him in carrying out the previsions of this act.
6 including, but not limited to, considerations of the social.
7 medical, educational vocational management, parental and
8 community interests of mentally retarded persons. The
9 commissioner of education or his designee shall be a member
10 of the advisory board for the purpose of developing rules,
11 regulations and program standards compatible with those of
12 the state board of education.

S. F. No. 396
Rudy G. Perpich
President of the Senate.

Aubrey W. Dirlam
Speaker of the House of Representatives.

Passed the Senate this 29th day of April
in the year of Our Lord on thousand nine hundred and seventy-one.

George G. Goodwin
Secretary of the Senate.

Passed the House of Representatives this 28th day of April
in the year of Cur Lard one thousand nine hundred and seventy-one.

Edward A. Burdick
Chief Clerk, House of Representatives.

Approved May 10, 1971

Wendell R. Andersen
Governor of the State of Minnesota.

Filed May 10, 1971

Arlen I. Erdahl
Secretary of State

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Part I. General Provisions A. Scope

1. These regulations govern the operation of any facility or service engaged in, or seeking to engage in, the provision of residential or domiciliary service for mentally retarded individuals, and they set forth the requirements necessary for such a residence to be licensed.

2. Cost of boarding care outside of home or state institution is reimbursable by the state for care of children under 18 years of age in facilities licensed by the Department of Public Welfare. All participating facilities serving more than four mentally retarded children must be licensed under these regulations prior to participation.

3. Federal programs under the Social Security Act, as amended, require certification of participating facilities. All participating facilities serving more than four mentally retarded persons must be licensed under these regulations prior to certification.

B. Purpose

The purpose of the licensing law and these regulations is to establish and protect the human right of mentally retarded persons to a normal living situation, through the development and enforcement of minimum requirements for the operation of residential ~~facilities and services~~programs. Moreover, these regulations serve an educational purpose in providing guidelines for quality service.

C. Statutory basis

1. Section 256.01, Minnesota Statutes, charges the Commissioner of Public Welfare with general responsibility for service to mentally retarded persons.

2. Section 245.072, Minnesota Statutes, creates a mental retardation division in the Department of Public Welfare to "coordinate those laws administered and enforced by the commissioner of public welfare relating to mental retardation and mental deficiency which the commissioner may assign to the division".

3. Section 252.28, Minnesota Statutes, charges the Commissioner of Public Welfare with the responsibility for licensing of residential facilities and services for mentally retarded persons.

D. Procedure for licensing

1. Application shall be made to the Commissioner of Public Welfare, who may determine the need, location, and program of facilities and services seeking to be licensed or relicensed under these regulations. In making this determination, the Commissioner shall be guided by the rules in this and subsequent sections and by the state advisory board created and established to assist him in

carrying out the provisions of this act.

2. Applicants shall submit such materials and information as may be required to make a proper determination of the nature and adequacy of the facility or service program to be provided.

3. Applicants must have, or have applied for a Supervised Living Facility, Boarding Care or Nursing Home license from the State Department of Health.

3. A ~~facility or service~~ residential program desiring to renew its license shall submit an application at least 45 days prior to expiration of the license. All licenses shall expire one year after date of issuance unless sooner revoked.

4.

5. If, in the licensing procedure or enforcement of these rules, the Commissioner finds that to require a ~~facility or service~~ residential program to comply strictly with one or more provisions of these rules will result in undue hardship, and if the ~~facility or service~~ residential program is in substantial compliance with the intent and purpose of these rules a provisional license may be granted to allow reasonable time to conform to these rules.

6. A residential program may request in writing a waiver of specific regulation. The request for a waiver must cite the regulation in question, reasons for requesting the waiver, the period of time the licensee wishes to have the regulation waived, and the equivalent measures planned for assuring that programmatic needs of residents are met" Waivers granted by the Commissioner shall specify in writing the time limitation and required equivalent measures to be taken to assure that programmatic needs are met.

E. Refusal or revocation of license

1. Failure to comply with these regulations shall be cause for refusal or revocation of license.

2. The right of fair hearing and appeal shall be honored in accordance with Minnesota law.

Definitions

1.	Ambulatory	~~Able~~ The ability to walk independently and at least negotiate any barriers, such as ramps, stairs, corridors, doors, etc., without assistance as may be necessary to get in and out of the facility.
2.	Executive Officer	The individual appointed by the governing body (see below) of a facility residential program to act in its behalf in the overall management of the facility. Job titles may include, but are not limited to, superintendent, director and administrator.

~~3. Facility~~
(See #21 Residential Program)

3. Governing Body	The policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a ~~facility~~ residential program and establishes policies about its operation and the welfare of the individuals it serves.
4. Interdisciplinary Team	A general term used in this Rule to refer to persons representing professions disciplines, or service areas as are relevant in each particular case, and including parents and the referring agency (see below). The interdisciplinary team shall evaluate the resident's needs, plan an individualized program to meet identified needs, and periodically review the resident's response to his program.
5. Legal Incompetence	The legal determination that a resident is unable to exercise his full civil and legal rights and that a guardian (see parent below) is required.
6. Living Unit	A resident-living unit that houses the primary living group (see below) and provides access to bedroom, living room, recreation/activity room, dining room, kitchen, and bathroom.
7. Living Unit Staff	Individuals who conduct the resident-living program; resident-living staff.
8. May	Indicates that the provisions or practices stated in this Rule are permitted.
9. Mental Retardation	Refers to significantly sub-average general intellectual functioning ~~that originates during the developmental period and is associated~~ existing concurrently with ~~impairment~~ deficits in adaptive behavior, and manifest during the developmental period.
10. Mobile	~~Able~~ Ability to move independently from place to place with the use of devices such as walkers, crutches, wheelchairs, wheeled platforms, etc.

11. Multiple-handicapped	In addition to mental retardation an orthopedic, incoordinative, or sensory disability that culminates in signicant reduction of mobility, flexibility, coordination, or perception and that interferes with an individual's ability to function independently.
12. Nonambulatory	~~Unable~~ Inability to walk independently. or without assistance.
14. 15. Nonmobile	~~Unable~~ Inability to move independently from place to place.
15. 14. Normalization Principle	The principle of letting the mentally retarded obtain an existence as close to the normal as possible, making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.
15. Parent	The general term used in this Rule to refer to the natural parent, or other person who fills the legal or social role of the natural parent (i.e., represents the rights and interests of the mentally retarded persons as if they were his own). May include an advocate as one who acts on behalf of a resident to obtain needed services and the exercise of his full human and legal rights; legal guardian as one appointed by a court; guardian of the person as one appointed to see that the resident has proper care and protective supervision in keeping with his needs; guardian of the property as one appointed to see that the financial affairs of the resident are handled in his best interests; guardian ad litem as one appointed to represent a resident in a particular legal proceeding; public guardian as a public official empowered to accept court appointment as a legal guardian (i.e., the Commissioner of Public Welfare or his agent); or testamentary guardian as one designated by the last will and testament of a natural guardian.
~~17.~~ 16. **Primary-Living Group**	That group characterized by face-to-face relations that are personal, spontaneous, and typically (although not necessarily) long lasting. Members of a primary group are held together by the intrinsic value of the relations themselves rather than by a commitment to an explicit goal. The family is an example of a primary group.

~~24.~~
17. ~~Service~~ Program

The general term used in this Rule to refer to all people, events, and environments that lead to a purposeful outcome (goal or objective) for the individual resident. These services include but are not limited to, training and [illegible] of the individual; the design, furnishing, use of space; staff and staffing patterns; professional and volunteer services.

~~19.~~
18. Resident

The general term used in this Rule to refer to an individual who receives service ~~from~~ in a residential ~~facility~~ program (see below), whether or not such individual is actually in residence in the facility. The term thus includes individuals who are being considered for residence in a facility and individuals who were formerly in residence in a facility. (A residential ~~facility~~ program, on the other hand, may use the term "resident" to refer only to those individuals actually in residence.

~~18.~~
19. Referring Agency

The general term used in this Rule to refer to the agency responsible for establishment and implementation of case-work plans for individuals and particular families with mental retardation problems and for the provision of specific financial or case-work service to these individuals and families. In Minnesota, the county welfare board is created by law and charged with administrative responsibility for these duties. Responsibility for certain of these duties is delegated to the county welfare director (see ~~Public Welfare Manual III-4100, VII-7151.02 and VII-7155)~~ Administrative Manual I-7100 and Social Service Manual II-8251-02 and 8255.

20. Resident-Living

Pertaining to residential or domiciliary services.

~~-3.~~ ~~Facility~~
21. Residential Program

A general term used in this Rule to refer to a residential or domiciliary service that has ~~a physical plant and~~ an administrative organization and/or structure for the purpose of providing ~~room, board~~, training, and supervision for more than four mentally retarded individuals on a 24-hour basis. ~~These facilities include, but are not limited to~~ Residential programs are provided in but are not limited to Supervised Living Facilities, group homes, child-caring

institutions~~, board and lodging homes~~, boarding care homes, Nursing Homes, state hospitals, institutions, and regional centers. ~~Facility consists of one or more living units (see above)~~.

21.

22. Restraint — Any physical device that limits the free and normal movement of body or limbs. Mechanical supports used in normative situations to achieve proper body position and balance shall not be considered restraints.

23.

23. Rhythm of Life — Relating to the normalization principle (see above), under which making available to the mentally retarded patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society means providing a normal rhythm of the day (in relation to arising, getting dressed, participating in play and work activities, eating meals, retiring, etc. and normal rhythm of the year (observing holidays, days with personal significance vacations, etc.).

24. Seclusion — Involuntary removal from social contact with others, in a separate room.

25. Shall — Indicates that the requirement, provision, or practice stated in this Rule is mandatory.

26. Time-Out — Time out from positive reinforcement. A behavior modification procedure in which, contingent upon the emission of undesired behavior, the resident is removed from the situation in which positive reinforcement is available.

Part II. The Resident-Living Unit

A. Grouping and organization of living units

1. The resident-living unit (subsequently called living unit) shall be small enough to ensure the development of meaningful interpersonal relationships among residents and between residents and staff.

   a. The living unit is that unit which houses the primary living group. It may be a group home, foster home, ward, wing, floor, etc.

   b. The living unit shall contain bedroom, living room, bathroom, recreation room, and connecting areas. It may contain dining room and kitchen. Facilities with more than four mentally retarded persons in residence on ~~the effective date of this Rule~~ November 17, 1972 shall be deemed to be in substantial compliance with this provision, except that the living unit shall contain bedroom and living room areas.

   c. The living unit shall be physically, socially and functionally differentiated from areas for developmental and remedial services (see Part III) and shall simulate the arrangements of a home in order to encourage a personalized atmosphere for residents.

   d. The size of the living unit shall be based upon the needs of the residents, but the living unit shall provide for not more than 16 residents.

2. The living unit or complex of such units shall house both male and female residents to the extent that this conforms to the prevailing cultural norms and unless contraindicated by program plan. Such living arrangements shall include provision for privacy and for appropriate separation of male and female residents.

3. The living unit shall not be a self-contained program unit unless contraindicated by program plans of the particular residents being served, and living unit activities shall be coordinated with developmental and remedial services in which residents engage outside the living unit.

4. Residents shall be allowed free use of all space within the living unit, with due regard for privacy and personal possessions.

5. Each resident shall have access to a quiet, private area where he can withdraw from the group.

6. Outdoor active play or recreation areas shall be readily accessible to all living units.

7. Interior and exterior doors shall not be locked except to protect the resident from clear and present danger, or in conjunction with a behavior modification program (see Part II-C). In no case shall locked doors be a substitute for program or staff interaction with residents.

B. Physical plant

1. Design

a. The living unit shall be physically self-contained. Walls defining the living unit shall extend from floor to ceiling.

b. The interior design of the living unit shall simulate the functional arrangements of a home to encourage a personalized atmosphere for a small group of residents unless it has been demonstrated that another arrangement is more effective in maximizing the development of specific residents being served.

(1) Space shall be arranged to permit residents to participate in different kinds of activities, both in groups and singly

(2) Space shall be arranged to minimize noise and permit communication at normal conversation levels.

(3) Walls defining each room in the living unit shall extend from floor to ceiling.

c. Bedrooms shall:

~~(1) Be on a above-grade level.~~

~~(2) Be outside rooms.~~

~~(3)~~ ~~Accommodate~~ accommodate from one to four residents.

~~(4) Provide at least 60 square feet per resident, exclusive of closet space.~~

d. Doors to bedrooms:

(1) Shall not have vision panels.

(2) Shall not be capable of being locked, except where residents may lock their own bedroom doors, as consistent with their program.

e. There shall be provision for residents to mount pictures on bedroom walls.

f. Space outside the bedroom shall be provided for equipment for daily out-of-bed activity for all residents not yet mobile, except those who have a short-term illness or those for whom out-of-bed activity is a threat to life. Space for equipment shall be provided.

g. Toilet areas shall be located in such places as to facilitate training toward maximum self-help by residents.

(1) Water closets, showers, bathtubs, and lavatories shall approximate normal patterns found in homes, unless specifically contraindicated by program needs.

(2) Toilets, bathtubs, and showers shall provide for individual privacy unless specifically contraindicated by program needs.

~~(3) There shall be at least one water closet of appropriate size for each six residents.~~

~~(4) There shall be at least one lavatory of appropriate size for each six residents.~~

~~(5) There shall be at least one tub or shower of appropriate size for each eight residents.~~

2. Furnishings and equipment

a. Furnishings shall be appropriate to the physiological, emotional, and developmental needs of each resident.

b. Each resident shall be provided with:

~~(1) A separate bed of proper size and height.~~

~~(2) A clean, comfortable mattress.~~

~~(3) Bedding appropriate to the climate.~~

~~(4)~~ (1) A place of his own for personal belongings.

~~(5)~~ (2) Individual furniture, such as a chest of drawers, table or desk, and ~~an~~ individual closet space with clothes racks and shelves.

~~(6)~~ (3) A mirror; tilted mirrors shall be available to mobile non-ambulatory residents.

~~(7)~~ (4) Private storage space for clothing in the bedroom area, and accessible to all, including mobile non-ambulatory residents.

5. Individual racks or other drying space for washcloths and towels.

c. Dining areas shall:

1. Be furnished to stimulate maximum self-development, social interaction, comfort, and pleasure.
2. Promote a pleasant and homelike environment and be attractively furnished and decorated and of good acoustical quality.
3. Be equipped with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each resident.

d. Each resident shall have access to drinking water in the living unit.

e. Equipment shall be provided for toilet training, as appropriate, including equipment for use by the multiple-handicapped.

3. Safety and sanitation

a. There shall be written plan and procedures, which are clearly communicated to, and periodically reviewed with, staff and residents, for meeting emergencies such as fire, serious-illness, severe weather, and missing persons.

1. The plan and procedures shall include, but not be limited to:

(a) Flans for assignment of staff and residents to specific tasks and responsibilities.

(b) Instructions relating to the use of alarm systems and signals.

(c) Information on methods of fire containment.

(d) Systems for notification of appropriate persons.

(e) Information on the location of fire-fighting equipment.

(f) Specification of evacuation routes and procedures.

2. Residents shall receive appropriate instruction in safety precautions and procedures.

(3) First aid equipment, approved by a physician, shall be maintained on the premises in a readily available location, and staff shall be instructed in its use.

~~(4) Applicable requirements of the State Fire Marshall or his agent shall be met.~~

~~(5) Applicable requirements of the State Department of Health of its agent shall be met.~~

~~(6) Applicable requirements of state or local building code shall be met.~~

C. Staff-resident relationships and activities

1. The objective in staffing each living unit shall be to maintain reasonable stability in the assignment of staff, thereby permitting the development of a consistent inter-personal relationship between each resident and one or two staff members. Provisions shall be made to ensure that the efforts of the staff are not diverted from these responsibilities by excessive housekeeping and clerical duties, or other non-resident-involved activities.

2. The primary responsibility of the living-unit staff shall be to devote their attention to the care and development of the residents.

   a. Living-unit staff shall be responsible for the development and maintenance of a warm, family, or homelike environment that is conducive to the achievement of optimal development by the resident.
   b. Living-unit staff shall train residents in activities of daily living and in the development of self-help and social skills.

3. Living-unit staff shall participate in assessment, program planning, and evaluation activities relative to the development of the resident (see Part III). A program plan for each resident shall be available to staff in each living unit.

4. The rhythm of life in the living unit shall resemble the cultural norm for the residents' non-retarded age peers unless a departure from this rhythm is justified on the basis of maximizing the residents' human qualities.

   a. Residents shall be assigned responsibilities in the living units commensurate with their interests, abilities, and program plans, in order to enhance feelings of self-respect and to develop skills of independent living.

   b. Multiple-handicapped and non-ambulatory residents shall:

      (l) Spend a major portion of their waking day cut of bed.

(2) Spend a major portion of their waking day out of their bedroom areas.

(3) Have planned daily activity and exercise periods.

(4) Be rendered mobile by various methods and devices.

c. All residents shall have planned periods out-of-doors on a year-round basis.

d. Except as limited by program plan, residents shall be instructed in how to use, and shall be given opportunity for, freedom of movement.

e. Birthdays and special events should be individually observed.

5. Residents' views and opinions on natters concerning them shall be elicited and given consideration in defining the processes and structures that affect them.

6. Residents shall be instructed in the free and unsupervised use of communication processes. Except as denied individual residents by program plan, this may include:

a. Having access to telephones for incoming and local outgoing calls.

b. Having access to pay telephones, or the equivalent, for outgoing long distance calls.

c. Opening their own mail and packages and generally doing so without direct surveillance.

d. Not having their mail read by staff, unless requested by the resident.

7. Residents shall be permitted personal possessions, such as toys, books, pictures, games, radios, arts and crafts material, religious articles, toiletries, jewelry, and letters.

8. Regulations shall permit normal possession and use of money by residents.

a. Residents shall be trained in the use of money.

b. Allowances or opportunities to earn money shall be available to residents.

9. There shall be provisions for prompt recognition of behavior problems, as well as appropriate management of behavior in the living unit. These provisions shall to subject to review by a research, review, and/or human rights committee (SEE Part V. 3).

a. There shall be a written statement of policies and procedures for the control and discipline of residents that:

(1) Is directed to the goal of maximizing the growth and development of the residents.

(2) Is available in each living unit.

(3) Is available to parents.

(4) Provides for resident participation, as appropriate, in the formulation of such policies and procedures.

b. Corporal punishment shall not be permitted.

c. Residents shall not discipline other residents, except as part of an organized self-government program that is conducted in accordance with written policy.

d. Except in conjunction with a behavior modification program, restraint and seclusion shall be employed only when absolutely necessary to protect the resident from injury to himself or to others and shall not be employed as punishment, for the convenience of staff, or as a substitute for program.

(1) The facility shall have a written policy that defines the uses of restraint, the staff members who may authorize its use, and a mechanism for monitoring and controlling its use.

(2) This policy shall be available in each living unit.

(3) Totally enclosed cribs and barred enclosures shall be considered restraints.

e. Each use of restraint and seclusion shall be recorded in the resident's record. This record shall include:

(1) A description of the precipitating behavior.

(2) Expected behavioral outcome.

(3) Actual behavioral outcome.

f. Rooms used for seclusion:

(1) Shall be furnished with a bed and bedding, a chair, a commode, and a lavatory.

(2) Shall afford proper access to drinking water.

g. Chemical restraint shall not be used excessively, as punishment, for the convenience of staff, as a substitute for program, or in quantities that interfere with a resident's program, Each use of a behavior-controlling drug skill be recorded in the resident's record. This record shall include:

(1) A description of the behavior to be modified.

(2) Expected behavioral outcome.

(3) Possible side or secondary effects.

(4) Date for review or termination.

(5) Actual behavioral outcome.

h. Behavior modification programs involving the use of time-out devices or the use of noxious or aversive stimuli shall be conducted only with the consent of the affected resident's parent and shall be described in written plans that are kept on file in the facility.

D. Health, hygiene, and grooming

1. General

a. Procedures shall be established for:

(1) Monthly weighing of residents, with greater frequency for those with special needs.

(2) Quarterly measurement of height, until the age of maximum growth.

(3) Maintenance of weight and height records. Every effort shall be made to ensure that residents maintain normal weights.

~~b. Policies and procedures for the care of residents with infections and contagious diseases shall conform to state and local health department regulations.~~

~~c. Orders prescribing bed rest shall be self-terminating in three days unless renewed by a physician's order.~~

b. ~~d.~~ Provisions shall be made to furnish and maintain in good repair, and to train residents in the use of, dentures, eyeglasses, hearing aids, braces, etc., prescribed by appropriate specialists.

2. Residents shall be trained to exercise maximum independence in health, hygiene, and grooming practices, including bathing, brushing teeth, shampooing, combing and brushing hair, shaving, and caring for toenails and fingernails.

a. Each resident shall be assisted in learning normal grooming practices with individual toilet articles that are appropriately available to that resident.

b. Living unit staff shall be instructed in each resident's daily oral care program and shall be responsible to see that it is carried out.

(1) Whenever possible, the resident shall be instructed in, and learn to carry out, his own program of daily oral care.

(2) Dental care practices should encourage the use of newer equipment, such as electric toothbrushes and water picks, as described.

(3) Individual brushes shall be properly marked, used, and stored.

(4) Teeth shall be brushed daily with dentifrice.

c. Hair cutting and styling, in an individualized manner consistent with current style, shall be accessible to all residents.

d. For residents who require such assistance, cutting of toenails and fingernails by trained personnel shall be scheduled at regular intervals.

e. Each resident shall have a shower or tub bath as needed.

(1) Residents' bathing shall be conducted at the most independent level possible.

(2) Residents' bathing shall be conducted with due regard for privacy.

(3) Individual washcloths and towels shall be used.

f. Female residents shall be helped to attain maximum independence in caring for menstrual needs. Menstrual supplies shall be of the same quality and diversity available to all women.

3. Residents shall be instructed in the use of drinking units.

a. Those residents who cannot use the unit shall be given the proper daily amount of fluid at appropriate intervals adequate to prevent dehydration.

A drinking unit shall be available to, and usable by, mobile non-ambulatory residents, as needed.

c. Special cups and noncollapsible straws shall be available when needed by the multiple-handicapped.

b. d. If the drinking unit employs cups, only single-use, disposable types shall be used.

4. Every resident who does not eliminate appropriately and independently shall be engaged in a toilet training program. Residents who are incontinent shall be immediately bathed or cleansed, upon voiding or soiling, unless specifically contra-indicated by a plan for toilet training; and all soiled clothing shall be changed.

~~b. Persons shall wash their hands after handling an incontinent~~

E. Clothing

1. Each resident shall have an adequate allowance of neat, clean, fashionable, and seasonable clothing.

   a. Each resident shall have his own clothing, that is, when necessary, inconspicuously marked with his name, and be shall use this clothing.

   b. Such clothing shall make it possible for residents to 50 out of doors in inclement weather and to make a normal appearance in the community.

   c. Non-ambulatory residents shall be dressed daily in their own clothing, including shoes, unless contraindicated by program plan.

   d. Washable clothing shall be designed for multiple-handicapped residents being trained in self-help skills.

   e. Clothing for incontinent residents shall be designed to foster comfortable sitting, crawling and/or walking, and toilet training.

2. Residents shall be trained and encouraged to:

   a. Select and purchase their own clothing as independently as possible, preferably utilizing community stores.

   b. Select their daily clothing.

   c. Dress themselves.

   d. Chance their clothes to suit the activities in which they engage.

   e. Maintain (launder, clean, and mend) their clothing as independently as possible.

F. Food service

1. Food services shall recognize and provide for the physicological, emotional, <u>cultural</u> and developmental needs of each resident.

a. There shall be a written statement of goals, policies, and procedures that ~~is prepared and reviewed periodically in consultation with a nutritionist or dietitian.~~ governs food service.

~~b. A nutritionally adequate diet that meets the current Recommended Daily Dietary Allowances, Food and Nutrition Board, National Academy of Science, shall be provided.~~

b ~~c.~~ The diet provided shall include foods that stimulate chewing, unless contraindicated by program plan.

~~d. When food services are not directed by a nutritionist or dietitian, regular, planned, and frequent consultation with a qualified nutritionist or dietitian should be utilized.~~

~~(1) Records of consultations and recommendations shall be maintained by the facility.~~

~~(2) An evaluation procedure shall be established to determine the extent of implementation of the consultant's recommendation.~~

~~e. Menus shall be posted and shall be kept for six months.~~

2. Residents shall have opportunity to be trained and participate in food preparation and service.

3. All residents, including the mobile non-ambulatory, shall eat or be fed in dining rooms, except when contraindicated by program plan.

   a. All residents, including the mobile non-ambulatory, shall eat at a table.

   b. Dining arrangements shall be based upon a plan to meet the needs of the residents and the requirements of their programs.

      (1) Dining and serving arrangements shall provide for a variety of eating experiences (e.g., cafeteria and family style), and, when appropriate, for the opportunity to make food selections with guidance.

      (2) Unless justified on the basis of meeting the program needs of the particular residents being served, dining tables shall seat small groups of residents (typically four to six at a table) and include both sexes.

   c. Dining rooms shall be supervised and staffed for the direction of self-help eating procedures and to ensure that each resident receives an adequate amount and variety of food.

   d. Staff members shall be encouraged to eat with those residents who have semi-independent or independent eating skills.

e. For residents not able to get to dining areas, food service practices shall permit and encourage maximum self-help and shall promote social interaction and a pleasant meal time experience.

4. Residents shall be provided with systematic training to develop eating skills, utilizing adaptive equipment when it servos the developmental process.

   a. A plan for the remediation of eating problems shall be implemented for all residents with special disabilities. This plan shall be consistent with the individual's developmental needs.

   b. Living-unit staff shall be trained in and shall utilize proper feeding techniques when a resident must be fed.

      (1) Residents shall be fed in an upright position.

      (2) Residents shall be fed in a manner consistent with their developmental needs (for example, infants shall be fed in arms).

      (3) Residents shall be fed at normal consumption rates, and the time allowed for eating shall be such as to promote the development of self-feeding abilities, to encourage socialization, and to provide a pleasant mealtime experience.

~~4. Modified diets shall be:~~

~~a. Prescribed by a qualified person, with a record of the prescription kept on file.~~

~~b. Planned, prepared, and served by persons who have received~~

Part III. Developmental and Remedial Services

A. General provisions

1. In addition to resident-living services detailed in Part II, residents shall be provided with developmental and remedial services called for by individual assessment and program plan. These services may be provided in two ways:

   a. Within the facility and by staff employed by the facility, except that developmental services, as here defined, shall not be provided in the living unit unless contraindicated by the assessed needs of the particular residents being served.

   b. Outside of the facility and by agreement between the facility and other agencies or persons.

2. All developmental and remedial services, as here defined, shall be rendered outside of the facility, whenever possible, and when rendered in the facility, such services must be at least comparable to those provided in the community.

B. Assessment

Facility staff shall participate in regular-- at least annual --assessment of each resident. The assessment shall cover behavioral and physical status of the resident and shall be conducted by an interdisciplinary team.

1. Behavioral assessment

   a. Shall utilize objective description to the greatest degree possible.

   b. Shall include the resident, when he is capable of participation, and data supplied by his parents, when appropriate, and by living unit staff.

   c. Shall include, but not be limited to, the following areas:

      (1) Educational assessment

      All school-age children shall be assessed annually in accordance with guidelines of a properly designated school authority, in order to determine eligibility for public school class. School age is defined as five years to 21 years for mentally retarded children and shall not extend beyond secondary school.

      *(2) Self-care skills

      *(3) Economic skills

*(4) Language development

*(5) Number and time concepts

*(6) Domestic occupation

*(7) Vocational skills

*(8) Maladaptive behavior and emotional disturbances

(9) Self-preservation

All residents shall be assessed annually in accordance with guidelines of the Department of Public Welfare in order to determine the residents' mental and physical ability to take appropriate action for self-preservation under emergency conditions.

Physical assessment

a. Physical assessment for children shall be performed as recommended by the Council on Pediatrics, Standards of Child Health Care (Evanston, Illinois": 1967).

b. Physical assessment for adults shall be performed at least annually and shall include, but not necessarily be limited to:

(1) Physical examination.

(2) Blood count.

(3) Urinalysis.

(4) Determination of freedom from tuberculosis.

c. Dental assessment shall be performed at least annually. Dental examinations for children shall begin by three years of age.

d. Drug assessment: A resident who receives daily medications for a chronic condition shall have a planned and recorded schedule for examination and review of his medication regimen. Use of prescribed medications shall not be continued past the scheduled time for examination. Persistent deviancy in use of a drug by a resident, or adverse reaction to a drug, shall be considered in adjustment of the resident's program plan.

e. Physical and motor assessment shall be performed at least annually for persons under 16 years of age.

f. Speech and language assessment shall be performed annually for persons under 16 years of age, and as needed thereafter.

g. Vision assessment shall be performed annually.

...ility residential program shall be in substantial compliance with these ...visions when the American Association of Mental Deficiency Adaptative ...avior Scale is used for behavioral assessment.

h. Hearing assessment shall be performed annually for persons under ten years of age, and thereafter when hearing change is suspected.

i. Dietary assessment shall be performed at least every 90 days for residents receiving a therapeutic diet.

j. Psychological assessment shall be performed at least every three years for persons under 16 years of age, and as needed thereafter.

C. Program and treatment plan

Facility staff shall participate with an interdisciplinary team in the formulation of an individualized program and treatment plan for each resident. Facility staff shall be responsible for implementation of the plan.

1. General provisions: The formulation of individualized program and treatment plans shall:

a. Define specific and time-limited objectives for behavioral and physical development.

b. Consider the proper exercise of the residents' and parents' civil and legal rights, including the right to adequate service.

c. Define needed services without consideration of the actual availability of desirable options.

d. Investigate and weigh ail available and applicable services.

e. Determine the resident's need for remaining in the facility.

f. Consider the need for (continued) guardianship of the resident.

2. Developmental services: All developmental services utilized by residents shall be provided by persons, facilities, or services licensed or certified to provide these services.

a. Developmental services shall be utilised to promote the intellectual, physical, affective, and social development of each individual, and may include:

(1) Daytime Activity Services.

(2) Educational Services.
(a) All school age children shall attend public school class unless specifically excluded by the reasonable school district. A school program operated by the facility shall meet the standards of the State Department of Education and the local school district.

(3) Recreational services.

(4) Religious services.

(5) Sheltered-workshop services.

(6) Social-work services.

(7) Vocational-training and placement services.

3. Health services: ~~All health services utilized by residents shall be provided by persons or facilities licensed or certified to provide such services.~~

(a) Health services shall be utilized:

(1) To maintain an optimal general level of health for each resident.

(2) To maximize function, prevent disability, and promote optimal development of each resident.

~~(b) Health services may include, but not be limited to:~~

~~(1) Audiology and speech services.~~

~~(2) Dental services.~~

~~(3) Dietary services.~~

~~(4) Hospital services.~~

~~(5) Medical services.~~

~~(6) Nursing services.~~

~~(7) Pharmacy services.~~

~~(8) Physical and occupational therapy services.~~

~~(9) Psychological services.~~

b. Residents who are members of an organized religious group opposed to any health practices may be excused from regulations applying to personal health upon written request by the resident or his parents: but they shall be subject to requirements for control of outbreaks of infectious disease.

Evaluation

~~Facility~~ Residential program staff shall participate with an interdisciplinary team in the evaluation of all services utilized by residents as reflected by each resident's level of functioning.

1. This evaluation shall include evaluation of resident movement toward objectives stated in the program plan.
2. The evaluation shall include the views of the resident and his parent.
3. The evaluation shall include the views of the facility program advisory committee (see Part V.B.) and other appropriate agencies.

Part IV. Admission and Release Procedures

A. General provision

1. No resident shall be admitted to a ~~facility~~ residential program prior to its being licensed.

2. The number of residents admitted to the ~~facility~~ program shall not exceed its licensed ~~space and~~ program capacity.

3. The ~~facility~~ residential program shall make descriptive information available to the public that includes, but is not limited to:

   a. Preadmission and admission services and procedures.

   b. Limitations of age, length or place of residence, and type or degree of handicap.

   c. Developmental and remedial services provided by ~~facility~~ program staff.

   d. Developmental and remedial services provided by agreement with other agencies or persons.

   e. Means for individual programming for residents in accordance with need.

   f. The plan for grouping residents into living units.

   g. Release and follow-up services and procedures.

4. The ~~facility~~ residential program shall have an admission and release committee (see Part V.B.) that shall:

   a. Include consumers and their representatives, interested citizens, and relevantly qualified professions.

   b. Review all applications and advise the administration of the facility on selection, admission, and release of residents.

5. The laws, regulations and procedures on admission, readmissions and release shall be summarized and available for distribution.

6. Admission and release procedures shall:

   a. Encourage voluntary admission upon application of the resident or his parent.

   b. Give equal priority to persons of comparable need, whether application is voluntary or by a court.

   c. Facilitate emergency, partial, and short-term care when feasible.

   d. Insure the rights and integrity of the resident and his parent.

e. Insure the resident the maximum opportunity to participate in admission and release decisions.

7. Upon determination of the possible inadmissability of a resident the facility residential program shall consult with the referring agency and with his parent.

Selection and eligibility

1. The facility residential program shall provide information on eligibility requirements and application materials upon any and all requests.

2. Residents and their parents shall be free to apply directly to the facility program for service.

3. Facilities Residential programs shall admit residents without regard to race, creed, or national origin, and accord equal treatment to all persons.

4. When admission is not an optimal measure, but must, nevertheless, be implemented, its inappropriateness shall be clearly acknowledged; and plans shall be initiated for the continued and active exploration of alternatives.

5. The determination of legal incompetence shall be separate from the determination of the need for services, and admission to the facility program shall not automatically imply legal incompetence.

Admission

1. For each resident admitted, there shall be a written program plan stating the services he needs or a written statement of the procedure and timetable for development of the program plan.

2. Prior to admission the resident and his parent shall be counseled on the relative advantages and disadvantages of admission to the ~~facility~~ program.

3. Prior to admission, the resident and his parent shall be encourage to visit the facility and the living unit in which the resident is likely to be placed.

4. Prior to admission of a school age child, ~~facility~~ residential program staff shall notify the local school district.

5. Prior to admission there shall be an assessment of each resident's mental and physical ability to take appropriate action for self-preservation under emergency condition.

6. Upon admission, each resident shall be placed in his living unit, and he shall be isolated only upon medical orders issued for specific medical reasons.

6. ~~Upon admission, current medical evaluation by a physician shall be made available.~~

D. Release

1. In planning for release, the facility residential program staff shall involve the referring agency, the resident, and his parent.

2. At the time of release, a summary of findings, progress, and plans shall be recorded and transmitted with the resident.

3. Procedures shall be established so that:

   a. Parent who requests the release of a resident is counseled about the advantages and disadvantages of such release.

   b. The court or other appropriate authorities are notified when a resident's release might endanger either the individual or society.

4. At the time of release, physical examination for signs of injury or

4. ~~5~~. Except in an emergency, release shall be made only with the prior knowledge, and ordinarily the consent, of the referring agency, the resident, and his parent.

Part V. Administrative Policies and Practices

A. The facility residential program shall have a written statement clear defining its philosophy, purpose, and function.

1. This statement shall be consistent with the current status of knowledge and information available on residential services.

2. This statement shall be consistent with the principle of normalization

B. The facility residential program shall have a written statement defining its administrative and organizational structure.

1. The governing body shall exercise general direction and establish policies on the operation of the facility program and the welfare of the residents.

2. The governing body shall appoint an executive officer of the facility program.

   a. The qualification of the executive officer shall be determined by the governing body and be consistent with the training and education needed to meet the stated goals of the facility program.

   b. The governing body shall delegate to the executive officer the authority and responsibility for management of the affairs of the facility program.

3. The facility residential program shall be administered and operated in accordance with sound management principles.

   a. The type of administrative organization of the facility program shall be appropriate to the program needs of the resident.

   b. The facility program shall have a table of organization that shows the governing and administrative responsibilities of the facility program.

4. The facility residential program shall provide for meaningful and extensive consumer representation and public participation in its operation. If consumer representatives, interested citizens, and relevantly qualified professionals are not represented on the governing body, an advisory body composed of such representation shall be appointed by the governing body.

   a. The advisory body shall sit ad hoc to the governing body and to the chief executive officer and provide consultation and assistance as appropriate.

   b. The advisory body may function as the facility program research review and human rights committee. (See Part II.C.)

   c. The advisory body may function as the admission and release committee. (see Part IV.A.).

C. Personnel Policies and practices

1. Personnel policies

a. There shall be written personnel policies, which shall be made available to each staff member.

(1) The hiring, assignment, and promotion of employees shall be based on their qualifications and abilities, without regard to sex, race, creed, age, disability, marital status, and ethnic or national origin.

(2) Personnel policies shall include but not be limited to:

(a) Qualifications, job description, salary schedule, and benefits for all positions.

(b) A policy prohibiting mistreatment, neglect, or abuse of residents.

(c) Procedure for suspension and/or dismissal of an employee for cause.

(3) There shall be a staff person responsible for implementation of these policies.

2. Staff assignments

a. There shall be sufficient, appropriately qualified, and adequately trained personnel to provide facility program service in accordance with the facility's program's statement of services provided (see Part IV) and with the standards specified in this document.

(1) There shall be staff on duty or call at night to insure adequate care and supervision.

(2) There shall be staff on duty or call to assist all residents in an emergency.

(3) There shall be staff on duty or call so that provision of facility residential service is not dependent upon the use of unpaid residents or volunteers.

(a) Residents shall not replace staff or be used in lieu of staff in any area of work unless they are reimbursed commensurate with ability and production.

(b) Residents shall not be involved in the care (feeding clothing, and bathing), training, or supervision of other residents unless they are adequately supervised, have the requisite humane judgment, and have been specifically trained in necessary skills.

(4) All staff shall be administratively responsible to a person whose training and experience is appropriate to the program.

(5) The title applied to all staff shall be appropriate to the kind of residents with whom they work and the kind of interaction in which they engage.

b. The use of volunteers shall be encouraged to strengthen services in a manner consistent with the purposes of the program

3. Staff training

a. There shall be a staff-training program that is appropriate to the size and nature of the facility program and that in-includes, but is not limited to:

(1) Orientation for all new employees, to acquaint them with the philosophy, organization, program, practices, and goals of the facility residential program.

(2) Induction training for each new employee, in order that his skills in working with the residents are increased.

(3) Continuing in-service training to update and improve the skills and competencies.

b. There shall be a record of all staff training on file.

~~-4. Employee health~~

~~a. Each employee, at the time of his employment, shall present evidence of a current medical examination that shall include a report of freedom from tuberculosis.~~

~~-b. The facility shall determine and insure that all staff are fr- of communicable disease.~~

~~-c. When an employee has been absent from work for more than three days due to illness, the executive officer may request that a statement of freedom from infectious disease from the employee's physician be provided upon the employee's return to work.~~

~~-d. The executive officer may require that an employee have a medical examination when a reasonable suspicion of contagiou- disease exists.~~

~~-e. When an unusual number of cases of similar illness occur amor- staff, a physician or local public health official shall be called upon for assistance in appropriate prevention and control measures.~~

D. The facility residential program shall have a written statement outlining a plan of financing that gives assurance of sufficient funds to enable it to carry out its defined purposes.

1. Budget management shall be in accordance with sound accounting principles.

2. There shall be an annual audit of the fiscal activity of the facility program.

3. A facility program charging for services shall have a written schedule of rates and charge policies, which shall be available to the resident, his parent, referring agencies, and the public.

E. An individual record shall be maintained in the facility for each resident.

1. All information contained in the resident's records shall be considered privileged and confidential, and written consent of the resident or his parent shall be required for the release of information to persons not otherwise authorized to receive it. The resident shall have access to his record upon request.

2. All entries in the resident's record shall be legible, dated and authenticated by the signature and identification of the individual making the entry.

3. All records shall contain basic demographic information, to be entered at the time of admission, including reason for referral and individual program plan.

4. Recorded information shall be in sufficient detail and adequate

   a. Plan and evaluate the resident's program.

   b. Provide a means of communication among all persons contributing to the resident's program.

   c. Furnish documentary evidence of the resident's progress or regression and of his general response to his program.

   d. Serve as a basis for study, evaluation, and development of services provided by the facility.

   e. Protect the legal rights of the resident, his parent, the facility, and staff.

   f. Serve as a basis for evaluation of all services utilized by residents.

5. When it is necessary for facility residential program staff to supervise the use of personal funds, a record of these funds shall be maintained as a part of the resident's record.

~~6. Medical records:~~

~~a. There shall be a permanent medical and dental record in the facility that shall include, but is not limited to:~~

~~(1) The name of the resident's physician, dentist, or clinic.~~

~~(2) The dates of examinations and treatments.~~

~~(3) Any special instructions for care or treatment that were recommended.~~

b. When a resident receives specialized therapeutic services, a record of therapies provided and the resident's progress in these therapies shall be maintained.

c. When a resident receives a therapeutic diet, a record of the diet shall be maintained, except when responsibility for maintenance of the resident's own therapeutic diet is warranted by program plan.

d. When a resident receives a medication, a record of the prescription and administration of the medication shall be maintained. Adverse reactions to medication, and the report to the physician of the same, shall be recorded.

e. When a resident is hospitalized, a summary of the hospitalization shall be requested. The summary shall include a listing of medications and treatment recommended at discharge, as well as directions for follow-up care and further examination.

F. Emergency and unusual occurrence

1. In the event of an emergency or unusual occurrence, such as hospitalization, serious illness, accident, imminent death or death, the resident's parent or others who. maintain a close relationship with him shall be notified. The wishes of the resident and his parent about religious matters shall be determined and followed as closely as possible.

2. In case of accident:

   a. Appropriate measures for the care and safety of the resident shall be undertaken.

   b. An accident report shall be made for use by the facility program.

   c. In case of injury of unknown or uncertain cause, all legal requirements shall be complied with. This includes the Minnesota law related to reporting of possible child abuse.

3. When a resident dies+-

   ~~a. The date, time, and circumstances of the resident's death shall be recorded in his record.~~

   ~~b. If the resident dies in the facility, the coroner's office shall be notified.~~

   e. ~~Assistance~~ assistance in making funeral and burial arrangements shall be rendered upon request.

   ~~d. Personal belongings shall be handled in a responsible and legal manner.~~

   ~~e. Records of a deceased resident shall be retained for a seven years following death.~~