



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

**Office of Administration
Bureau of Human Services Licensing**

Policies and Procedures

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Introduction

On July 1, 2012, the Pennsylvania Department of Public Welfare initiated the consolidation of adult care licensing, child residential licensing, and intellectual disabilities licensing functions into a single administrative bureau within the Office of Administration to:

- Increase efficiency by eliminating duplicative administrative structures
- Provide the highest level of professional development and support for regulators
- Provide better, more consistent across-the-board decision-making for regulatory application, interpretation and enforcement, particularly for those human services providers who serve multiple populations, and
- Improve regulatory protections for the Commonwealth's most vulnerable citizens

On August 17, 2012, the Department of Public Welfare received Executive Board approval to formally establish the Bureau of Human Services Licensing (BHSL), the bureau in which human services licensing functions have been consolidated. BHSL is responsible for the application and enforcement of the following regulatory chapters in Title 55 of the *Pennsylvania Code*:

- 20 (relating to licensure or approval of facilities)
- 2380 (relating to adult training facilities)
- 2390 (relating to vocational facilities)
- 2600 (relating to personal care homes)
- 2800 (relating to assisted living residences)
- 3800 (relating to child residential and day treatment facilities)
- 6400 (relating to community homes for individuals with mental retardation)
- 6500 (relating to family living homes)
- 6600 (relating to intermediate care facilities for the mentally retarded)

This manual sets forth BHSL's policies and procedures for matters relating to personnel and operations.

Deviating from Policy

It is impossible to foresee and plan for every scenario that may arise in human services licensing. As such, it is occasionally necessary to deviate from policy. In cases where policy is not followed, the deviator should:

- Obtain approval from a supervisor to deviate from policy, unless conditions make obtaining approval impossible.
- Be prepared to explain why the deviation from policy was necessary given the circumstances.
- Examine the circumstances that required the deviation to determine if similar circumstances can be differently-handled in the future.

Paperless Licensing Systems

BHSL uses two paperless licensing systems to complete inspections: SansWrite in adult and child residential licensing, and the Certification and Licensing System (CLS) in intellectual disabilities licensing. This document is not a guide for using either SansWrite or CLS, and does not presume that either system will function in the order of the process steps set forth in each individual policy. This document provides the general procedural standards that will be applied with or without electronic systems.

The Five Key Concepts of Human Services Licensing

Human services licensing and regulation is a critical and frequently-misunderstood responsibility of government. The following five concepts explain why human services licensing is essential to public safety and how licensing regulations are administered and applied. The whole of BHSL's ideology is rooted in these concepts.

1. Licensing protects the health and safety of persons in care by enforcing the law. A license gives someone the privilege to do something that is otherwise illegal, provided the licensee follows the rules established by law. A simple example is the requirement to have a driver's license. You can't legally operate a car without a license, and you must demonstrate the ability to drive safely and in accordance with traffic rules in order to get one. The same is true for providing care to people. Human services regulators must verify that care agencies or facilities meet or exceed minimum health and safety requirements established by law and regulation before a license is issued permitting the care agency to operate.

2. Human services regulators are subject matter experts, and the subject is licensing. Just as police officers are experts in the administration of criminal law, human services regulators are experts in the administration of licensing law. The regulator's skill set includes knowing how to apply appropriate chapters of licensing regulations, how and when to exercise authority, how to think analytically and creatively, and how to interact and communicate with people of all kinds.

3. Licensing is environment-focused, rather than individual-focused. Human services licensing is not person-specific. Pure-licensing agencies do not track individual consumers, nor do they manage the services that consumers receive. Regulators protect people in care by measuring compliance with environmental standards such as the care setting's physical plant, the qualifications of care staff, and procedures for planning and providing care. The regulator is concerned with individuals in care as they relate to a care provider's regulatory compliance.

4. Human services licensing does not measure "quality" or consider service rates. Human services *programs* provide treatment or care in response to a diagnosis or condition. The degree of effectiveness of such treatment or care is commonly called "quality." Program service providers and purchasers (either public or private) may establish and measure quality standards for the services they provide or are willing to purchase. Human services regulators, however, administer regulatory requirements that measure the basic health and safety components of the services provided. They are not concerned with program quality or the standards for purchasing services. Evaluation of condition-based responsive treatment and care is a task for program specialists, not regulators.

5. The human services regulator is emphatically neutral. The regulator's judgment of "right" and "wrong" is rooted entirely in the measurement of rules that govern a care provider's legal right to provide services. A regulator's personal values and social position must be set aside when enforcing the rules. When administering licensing regulations, the regulator is an extension of the rules (s)he is applying.

The BHSL Lexicon

Nearly every regulatory term used by BHSL is defined in statute or regulation. However, it is occasionally necessary to create and employ terms of art when discussing the global practice of licensing. This section lists terms and acronyms used by BHSL in policy and day-to-day operations.

Term	Meaning
Agency Model	A type of human services licensing where a single legal entity provides services at more than one physical location under a single license number.
Human Services Setting	<ol style="list-style-type: none"> 1. The collective whole of a specific type of care, e.g., "the setting failed to provide adequate supervision of the Recipient of Services" 2. The premises where care is provided
Parent Site	The headquarters or primary location of an agency in the agency model
Person-in-Charge (PIC)	<p>A person serving in an administrative capacity in a licensed setting. The term includes the following positions:</p> <ul style="list-style-type: none"> • 55 Pa.Code § 2380.32 (relating to chief executive officer) • 55 Pa.Code § 2390.32 (relating to chief executive officer) • 55 Pa.Code § 2600.53 (relating to qualifications and responsibilities of administrators) • 55 Pa.Code § 2800.53 (relating to qualifications and responsibilities of administrators) • 55 Pa.Code § 3800.53 (relating to director) • 55 Pa.Code § 6400.43 (relating to chief executive officer), and • 55 Pa.Code § 6500.42 (relating to chief executive officer)
Recipient of Services (RS)	A person who receives care or services in a licensed setting
Regulator or Inspector	An agent of BHSL who conducts or participates in licensing inspections
Satellite Site	A location where services are provided under the agency headquartered at a parent setting in the agency model.

Legal Name	May Also Be Called		
Personal Care Home	2600 Setting	Personal Care Home	Home
Assisted Living Residence	2800 Setting	Assisted Living Residence	Residence
Child Day Treatment Center	3800 Day Treatment	Day Treatment Program	Day Treatment
Child Residential Facility	3800 Setting	Child Residential Facility	Child Residential
Mobile Program	3800 Setting		
Outdoor Program	3800 Setting		
Secure Care	3800 Setting	Secure Care Facility	Secure Care
Secure Detention	3800 Setting	Secure Detention Facility	Secure Detention
Transitional Living Residence	3800 Setting	Transitional Living	
Adult Training Facility	2380 Setting	Adult Day Program	Adult Day
Vocational Facility	2390 Setting	Vocational Program	Vocational Program
Community Home for Individuals with Mental Retardation	6400 Setting	Community Home	Home
Family Living Home	6500 Setting	Family Home	

Instead of Using ...	Use
"Harrisburg"	BHSL Headquarters Office
Beds	Capacity
Suspect Home	Illegal Operation
Survey	Inspection
Surveyor or Investigator	Inspector or Regulator
Violation Report	Licensing Inspection Summary
Census	Number of Persons Served
Field Office	Regional Office
Full License	Regular License
Continued Violation	Repeat Violation
Cease and Desist	Revocation
Deficiency; Noncompliance Area	Violation

Personnel 1 - Conflict of Interest and Breach of Ethics

I. Purpose

Retention of the public's trust, confidence, and credibility requires that regulators exercise authority justly and with integrity. The purpose of the Conflict of Interest and Breach of Ethics Policy is to ensure that regulators do not abuse their governmental authority or contribute to creating a real or perceived conflict of interest.

II. Policy

No member of the Bureau of Human Services Licensing will:

- 1) Use their positions for personal gain from those they regulate
- 2) Accept gifts, services, benefits, advantage, or favors from those they regulate, including but not limited to:
 - a) Cash or gift cards
 - b) Food items, beverages, or meals of any kind, except as paid for by the regulator
 - c) Gifts for self or others
 - d) Tickets or invitations to social or entertainment events
 - e) Recreational opportunities
- 3) Apply regulations inconsistently because of arbitrariness, caprice, favoritism, nepotism, or personal bias
- 4) Regulate a setting operated by a person or entity:
 - a) With whom the regulator has or has had a significant financial or personal relationship
 - b) That employs a party with whom the regulator has or has had a significant financial or personal relationship
 - c) That provides services to a party with whom the regulator has or has had a significant financial or personal relationship
- 5) Exceed the authority delegated to them by laws and regulations, or
- 6) Depart from processes established by the regulatory agency to assure fair and objective decision-making.

III. Procedures

- 1) All Bureau of Human Services Licensing staff will:
 - a) Complete the Breach of Ethics and Conflict of Interest Disclosure Form attached as Appendix A and submit it electronically to pw-arlheadquarters@pa.gov:
 - i) Within one week of initial receipt of this policy
 - ii) Annually based on date of hire
 - iii) Upon learning of a possible conflict of interest
- 2) The Bureau of Human Services Licensing Director of Operations will review the submitted Breach of Ethics and Conflict of Interest Disclosure Forms and promptly notify the submitting employee and his/her immediate supervisor of any conflicts of interest identified.
- 3) Any Bureau of Human Services Licensing staff person who observes, suspects, or learns of an actual or potential violation of this or any other Commonwealth policy will immediately notify the Director of Regulatory Implementation, the Director of Operations, or the Bureau Director.

APPENDIX A

Breach of Ethics and Conflict of Interest Disclosure Form

The following statement is being given by me freely and without coercion for official Commonwealth business and will be considered for all purposes, including actions under the Statutes of this Commonwealth, just as though it had been sworn or affirmed before a court of law or formal arbitration panel:

I have received the Bureau of Human Services Licensing's July 1, 2012 Conflict of Interest and Breach of Ethics policy and understand my responsibilities with regard to its contents. Furthermore, I am reporting the following potential conflicts of interest (note: if no potential conflicts of interest exist, leave blank):

Name and Address of Licensed Setting	Nature of Relationship

Personnel 2 – Meal Period Flexibility

I. Purpose

The following policies and procedures are to ensure that approvals provided for the flexibility of meal periods at the request of licensing representatives are done in accordance with the Pennsylvania Social Services Union (PSSU) collective bargaining agreement and in a manner that is consistent with licensing operational needs.

II. Basis in Collective Bargaining Agreement

Article 78, Section 3 of the July 1, 2011 to June 30, 2015 agreement between the Commonwealth and PSSU provides that *“With the prior written approval of the first level of management at the work site, employees may be allowed to utilize one-half of the time provided for the meal period to effect either a later reporting time at the beginning of the shift or an earlier dismissal time at the end of the shift. Such requests shall be considered on an individual by individual basis. However, it is understood and agreed that the approval of such request is at the sole discretion of the Employer.”*

III. Policy

- 1) The use of up to one-half of the employee’s regular meal period for employees with a one-hour meal period to effect a shorter shift will be considered if it does not conflict with operational needs, such as the need to complete an inspection or other assignments.
- 2) Meal periods may only be used to shorten a shift within the shift in which the meal period occurs.
- 3) The use of meal times to shorten a shift will be approved only when requested by the employee prior to the regular start time of the shift if a later reporting time is desired or prior to the regularly scheduled meal period if an early dismissal time is desired. It is recommended that requests be made at least a day in advance to ensure the availability of an approving officer, but requests made on the day of use may be approved when an approving officer is available.
- 4) Requests may be made orally or in writing.
- 5) All approvals must be in writing.
- 6) Approvals may be granted only by the appropriate Regional Director, Director of Operations, or Director of Human Services Licensing (approving officers).

IV. Procedure

- 1) Licensing representatives may submit requests to utilize up to one-half of a meal period to shorten a shift either orally or in writing to their immediate supervisor, the appropriate Regional Director, or the Director of Operations.
- 2) Supervisors will transmit all requests to the appropriate Regional Director, or in the absence of the Regional Director to the Director of Operations or Director of Human Services Licensing for approval.
- 3) Approvals will be recorded in writing using the standard approval form attached as Appendix A with the original provided to the employee and a copy kept by the regional supervisor for 12 months.

Examples:

Employee A, who has a meal period of one hour, wants to report to work a half-hour later than his scheduled start time on February 4, 2013. Employee A will submit his request (a phone call is acceptable) to his supervisor or an approving officer before his usual start time on February 4, 2013. If the request is made to the immediate supervisor, the immediate supervisor will seek approval from an approving officer. The approving officer will consider the request and if granted will complete the approval form, with the original provided to the employee and a copy to the supervisor. The supervisor may communicate the approval to the employee either by telephone or by providing the employee with the written approval.

Employee B, who has a half-hour meal period from 12-12:30 PM wants to leave an inspection thirty minutes earlier than scheduled on June 4, 2013. Employee B will submit her request to her supervisor or to an approving officer prior to 12 PM on June 4, 2013. The request will be transmitted and considered as in example 1, and if approved, Employee B may leave thirty minutes early.

The terms of this policy shall not conflict with the Collective Bargaining Agreement, Commonwealth or Department policy.

APPENDIX A

Meal Period Flexibility Form

_____ is approved to use _____

minutes of the regularly scheduled meal period to effect a (late arrival/early

dismissal) on _____, 20__.

Approving Officer Signature:

Date:

Personnel 3 – Reasonable Dress Standard

I. Purpose

To establish a reasonable dress standard (RDS) for licensing staff that reflects the professional nature of licensing duties, presents a professional tone to the individuals they encounter in the performance of their duties, and promotes the safe execution of those duties.

II. Authority

On December 6, 2000, the Commonwealth Court of Pennsylvania affirmed a Pennsylvania Labor Relations Board decision, concluding that the Department has “substantial interest in providing professional services to the public” and that “a dress code, which outlines specific minimum standards of proper attire, is appropriately within the employer’s managerial prerogative.”

III. Policy

- 1) In general, employees are expected to be appropriately groomed and attired during the performance of their official duties, both in the office and on field assignments.
- 2) Specific clothing is considered unacceptable while performing work duties:
 - a) Recreational attire including, but not limited to: sweat pants, sweat shirts, jogging suits, sweat suit type apparel, t-shirts, hiking boots, sneakers, flip-flops, swim or beach shoes, ball caps, and basketball shoes. (Note: brown or black ergonomic-type casual shoes are acceptable).
 - b) Revealing clothing including, but not limited to: shorts, and halter and cropped tops.
 - c) Clothing with offensive, threatening or political logos, pictures or slogans.
 - d) Damaged clothing including, but not limited to: clothing that is faded, torn, or tattered.
 - e) Manual labor attire including, but not limited to: bib overalls, “Carhartt” or “Dickies” type work trousers, carpenter pants, work boots, and flannel shirts.
 - f) For staff that have field responsibilities: Clothing that may result in or expose the employee to injury including, but not limited to: open-toed shoes, very high heels, sandals, extremely loose clothing, and excessive jewelry.
- 3) Dress-down and casual attire, such as jeans, is permitted in the office on Fridays, when the employee’s schedule is such that no public contact is expected. Jeans may not be worn during field inspections or during meetings with the public.

IV. Procedure

- 1) Directors, managers, and supervisors will monitor and exercise reasonable discretion when determining employee compliance with the standards described above.

- 2) Health exceptions will be provided with a physician's certification that an employee has a medical need for attire specifically described as unacceptable.
- 3) Directors, managers, and supervisors may exercise reasonable discretion and grant exceptions based on specific work environments, dress associated with recognized religious beliefs, inclement weather, unusual building conditions, or special work-related events.
- 4) When circumstances allow, employees who are not in compliance with the dress standard will be warned and counseled regarding the specific violation.
- 5) A first repeated violation of the dress standard will result in the employee being sent home to change, and the time away from the work site charged to appropriate personal or annual leave.
- 6) Subsequent violations of the dress standard will result in the employee being sent home to change, and the time away from the workplace will be subject to being charged as absence without approval, and appropriate discipline will be administered.

Questions about the applicability of this policy and procedure may be directed to the Director of Operations.

Personnel 4 – Travel

I. Applicability

These policies and procedures apply to all work-related travel by human services licensing employees employed by the Commonwealth.

II. Purpose

Management Directive 230.10 and the Commonwealth Travel Procedures Manual 230.1 (“the Manual”), both effective January 1, 2012, establishes policy, responsibilities, and procedures for the Commonwealth’s travel program that enable Commonwealth travelers to successfully execute their essential travel requirements at the lowest reasonable cost. This Management Directive applies to all Commonwealth agencies.

The Bureau of Human Services Licensing wholly endorses and supports cost efficiency and careful stewardship of Commonwealth resources, and intends to apply MD 230.10 to the fullest extent possible without compromising the bureau’s responsibility to ensure essential life-safety protections for vulnerable persons in licensed care settings.

Nothing in these policies and procedures is meant to supplant requirements set forth in MD 230.10 and/or the Manual.

III. Automotive Travel

Pursuant to Section 2.3 of the Manual, “a Commonwealth employee is only authorized to use his or her personally-owned vehicle, when it is the least expensive option and no temporary fleet vehicles are available, or when the supervisor determines in writing that use of the least expensive option is clearly not efficient. Employees are to secure supervisory authorization for use of a personally-owned vehicle in advance of such use.”

In accordance with the above, authorization to use personal vehicles is automatically granted to employees who:

- 1) Work in the Northeast, Southeast, or Western Regions and are scheduled to travel a reimbursable, round-trip distance of 80 miles or less.
- 2) Work in BHSL Headquarters or the Central Region and are scheduled to travel a reimbursable, round-trip distance of 80 miles or less, and use of a fleet vehicle is not possible or not efficient.
- 3) Are assigned to complete any of the following duties:
 - a) Investigate a level one complaint or incident as defined in the *Incident and Complaint Intake, Investigation, and Tracking Policy*.
 - b) Conduct an inspection or investigation between the hours of 4:00 PM and 8:30 AM.
 - c) Conduct an investigation or inspection on weekends or holidays.
 - d) Participate in an emergency relocation of residents from a licensed setting.
 - e) Carpool to any location for any reason from a start location that is 30 miles or less from the Regional Office.

- f) Desire to use their personal vehicle and are willing to accept reimbursement of reimbursed at a rate equal to the lowest U.S. Government's General Services Administration Privately Owned Vehicle Mileage Reimbursement Rate as found in the Federal Travel Regulation Bulletin.

Fleet Vehicles

Pursuant to Section 2.1 of the Manual, an employee who needs to travel for Commonwealth business originating in Harrisburg must use a temporary fleet vehicle. Additional clarification of this requirement reads that "employees who need to travel for commonwealth business, and who will depart from a Harrisburg worksite must use an agency pool or a temporary fleet vehicle when available and when it is the least expensive option. When the point of departure is not a Harrisburg worksite, but it is reasonable and efficient to use a pool or temporary fleet vehicle by either picking up the vehicle the day before or along the established route, use of these state-owned options should be considered. All of these logistical considerations should be contemplated with your travel itinerary and coordinated with your supervisor as ground travel options are reviewed."

Given these directives, the requirement to use a fleet vehicle applies to:

- 1) Employees in Bureau of Human Services Licensing Headquarters who depart from Bureau of Human Services Licensing Headquarters
- 2) Employees in the Central Region who depart from the Central Regional office.

The Northeast, Southeast, and Western Regions are not impacted by this requirement.

For all travel conducted to attend statewide or regional staff trainings or provider trainings, Headquarters and Central Region staff will obtain a fleet vehicle if available and as described in the Manual. In this case, a fleet vehicle must be obtained even if the departure is from the employee's home. Exceptions to this practice must be approved in advance and in writing by the Director of Operations.

For all travel conducted for the purposes of completing a licensing inspection or on-site technical assistance, Central Region staff will obtain a fleet vehicle if available and as described in the Manual, if all of the following conditions exist:

- 1) The inspection is unannounced, and scheduled to begin no earlier than 10:00 AM.
- 2) Operational needs at the time of the request are unlikely to require reassignment between the time the inspection is scheduled and the time the inspection is scheduled to commence. To determine the likelihood of reassignment, staff will verify that other staff persons are scheduled to be present in the Regional Office on the day of the inspection sufficient to respond to two unanticipated events that require immediate response.
- 3) If use of a fleet vehicle is not efficient, staff will use the "Exceptional Circumstance Request" process described in "Rental Vehicles" below.

Rental Vehicles

Pursuant to Section 2.2 of the Manual, Commonwealth employees must choose the least expensive option between a rental vehicle or mileage reimbursement for use of their personal vehicle when a fleet vehicle is not available. Additional clarification of this requirement reads that the least expensive option should be determined via a "ground travel worksheet." The clarification goes on to read that completion of a ground travel worksheet for each day of travel to a field work site "is not required, but whether its use is advisable depends on the variables of the particular trip. The supervisor and the employee should evaluate the circumstances and decide the least expensive mode of transportation in advance of the particular trip, whether it is a one-day trip or a multiple day trip. The DGS Ground Travel Worksheet is the recommended tool that can be used in making that determination and is recommended to be submitted with the expense report to show the auditor the methodology used in making the determination ONLY IF the traveler is requesting the higher GSA rate for reimbursement of personal mileage."

Given these directives, the requirement to consider rental vehicles when a fleet vehicle is not available applies to employees in all Regions.

Except for the conditions described above, the following guidelines apply to all Bureau of Human Services Licensing employees:

- 1) For all travel conducted for purposes other than inspections, including but not limited to travel to scheduled staff trainings, provider trainings, or meetings, staff will use the least expensive travel option as described in the Manual. Exceptions to this practice must be approved in advance and in writing by the Director of Operations.
- 2) For all travel conducted for the purposes of completing a licensing inspection or on-site technical assistance, staff will:
 - a) Determine the least expensive travel option for the scheduled inspection/technical assistance using the DGS Ground Travel Worksheet.
 - b) Use the least expensive travel option. If the least expensive option is a rental car, the rental car must be used unless one or more of the following conditions exist:
 - i) A rental car is the least expensive travel option, but a rental car is not available on the scheduled inspection date.
 - ii) A rental car is available, but it is logistically impossible or inefficient to use the rental car because the rental agency will not permit a personal vehicle to remain at the rental agency while the rental car is in use.
 - iii) A supervisor determines in writing that use of the least expensive option is clearly not efficient based on extenuating circumstances.
- 3) In the event that one of the conditions specified at (2)(b) occur, the employee will submit an Exceptional Circumstances Request (See Appendix A) as an attachment to or in the body of an e-mail to:
 - a) All of the regional licensing administrators in the employee's region of employment;
 - b) The regional director; and
 - c) The Director of Operations.

The employee's first-line supervisor will respond to the request within 6 hours of receipt. If the employee's first-line supervisor is not able to respond due to absence, illness, and the like, the regional director or Director of Operations will respond to the request within 12 hours of receipt. If the employee does not receive a response within 12 hours of submission of the request, the request is automatically approved.

Document Retention

In addition to any of the documentation required by the Manual, is the responsibility of the employee to retain and submit all Ground Travel Worksheets and Exceptional Circumstances Requests.

Situations Not Addressed in These Guidelines

Any situations that cannot be resolved through the application of these guidelines should be brought to the attention of the regional licensing director.

IV. Reimbursement Calculation

- 1) On scheduled workdays, reimbursable mileage accrued in a personal vehicle will be calculated from the employee's home or official worksite to the temporary worksite, whichever is closest, consistent with Management Directive 230.10.
- 2) On non-scheduled workdays, reimbursable mileage accrued in a personal vehicle will be calculated from the employee's home to a point of public transportation or temporary worksite, but not to their official worksite.
- 3) The most direct and expeditious route of travel must be used considering both travel time and distance.

Overnight Lodging

- 1) Overnight lodging for travel will be authorized if its use results in the least-expensive trip option as determined through use of the DGS Ground Travel Worksheet.
 - a) Specific exceptions may be granted for extenuating circumstances. Such exceptions will be authorized in writing by the regional director in advance of the trip.
- 2) In the event that overnight travel is the least expensive trip option but the employee chooses not to engage in overnight travel:
 - a) The employee must remain at the temporary worksite until the end of their regularly scheduled workday on the first day of their assignment.
 - b) The employee must arrive at the worksite at their regular shift start time and remain at the site for 7.5 hours per day during each subsequent day the employee is assigned to that worksite until the assignment is completed.
 - c) Overtime pay for travel will not be provided to accommodate this choice by the employee.

d) Mileage will be reimbursed for travel to the worksite on the first day of the trip and travel from the worksite to the employee's home (as specified above) on the last day of the trip at a rate equal to the lowest U.S. Government's General Services Administration Privately Owned Vehicle Mileage Reimbursement Rate as found in the Federal Travel Regulation Bulletin.

Travel Time

The Commonwealth will reimburse employees for travel time to and from temporary work sites, beyond normal commuting time, either through straight time travel (during the employee's normal working hours), or through overtime pay*. Travel time must be calculated individually based on each employee's normal commute time to their official worksite (calculated as an average over one week). Supervisors will keep a record of the normal official worksite commuting time for each employee for purposes of calculating paid travel time. See the following examples:

Employee A lives in Lancaster and has a 1.0 hour commute to her official worksite in Harrisburg. She is assigned to a temporary work site in Gettysburg, a 1.5 hour trip. In order to arrive at the temporary worksite by her regular start time of 8:30 a.m., she must leave 0.5 hours earlier in the morning. By staying at the temporary worksite until her regular end time of 5:00 p.m., she will arrive home 0.5 hours later in the evening. Therefore, she is entitled to $0.5 + 0.5 = 1.0$ hours of overtime pay or compensatory time*. *Alternatively*, Employee A leaves for Gettysburg at her normal commuting time and arrives at 9:00 a.m., and leaves for home 0.5 hours early at 4:30 p.m. Therefore, she is entitled to no overtime. Note: The method used is based on the operational necessity of the assignment.

Employee B lives in Middletown and has a 0.5 hour commute to his official worksite in Harrisburg. He is assigned to a temporary worksite in Gettysburg, a 1.5 hour trip. In order to arrive at his regular start time of 8:30 a.m., he must leave 1.0 hour earlier in the morning. By staying at the temporary worksite until his regular end time of 5 p.m., he will arrive home 1.0 hour later in the evening. Therefore, he is entitled to $1.0 + 1.0 = 2.0$ hours of overtime pay or compensatory time*. *Alternatively*, Employee B leaves for Gettysburg at his normal commuting time and arrives at 9:30 a.m., and leaves for home 1.0 hour early at 4:00 p.m. He is entitled to no overtime. Note: Again, the method employed is dependent on operational needs.

* All overtime pay must be approved in advance by the employee's supervisor.

APPENDIX A

Exceptional Circumstances Request

Employee Name and ID Number:

Scheduled Inspection Date:

License Number of Home Scheduled for Inspection:

Basis for Request:

- A rental car is the least expensive travel option, but a rental car is not available on the scheduled inspection date.

- A rental car is available, but it is logistically impossible or inefficient to use the rental car because the rental agency will not permit a personal vehicle to remain at the rental agency while the rental car is in use.

- Exceptional circumstances (describe):

Personnel 5 – Compensatory Time and Overtime for Non-Covered Employees

I. Purpose

The following policy is to ensure that compensatory time and overtime compensation for BHSL employees who are not covered by a collective bargaining agreement is consistent with the Department of Public Welfare's Overtime and Scheduling Policy Manual.

II. Policy

- 1) Only employees at pay scale MA-08 and below are eligible for compensatory time or overtime pay.
- 2) Employees at pay scale MA-08 and below will be compensated in hour-for-hour compensatory time ("straight time"), unless one or more of the following circumstances exist:
 - a. The employee's schedule is not self-controlled
 - b. No opportunity exists to use compensatory time in lieu of cash payment
 - c. An inequity would arise with a covered class earning overtime for similar work
- 3) If the conditions described at Section 2(a) exist, the BHSL Director of Operations or a person designated by the BHSL Director of Operations will complete an "Overtime Compensation Request" (see Appendix A) and submit it to the Department of Public Welfare's Overtime Administrator via electronic mail.
 - a. Monetary compensation will be paid in straight time
 - b. Every effort will be made to secure approval for monetary compensation prior to the employee's overtime start date.

APPENDIX A

Overtime Compensation Request

Employee Name and ID Number:	
Start Date:	
End Date:	
Total Hours of Overtime Assigned:	
Description of Duties to be Performed:	
Reason(s) Duties Cannot be Performed During Normal Work Hours:	
By submitting this request, I certify the following:	
<ul style="list-style-type: none">• The duties described above cannot be completed by changing the employee's schedule or reassigning the emergency duties• Compensation will be at the straight time rate• The employee's schedule is not self-controlled, or that no opportunity exists to use compensatory time in lieu of cash payment, or that an inequity would arise with a covered class earning overtime for similar work	

Operations 1 - Entrance and Exit Conferences

I. Purpose

This policy specifies the requirements for conducting entrance and exit conferences in licensed human services settings. This policy replaces Office of Developmental Programs Protocol LC-04-06.

II. General Policy

- 1) Bureau of Human Services Licensing staff must wear Commonwealth ID badges in a conspicuous place at all times while on-site
- 2) Bureau of Human Services Licensing staff MAY NOT at any time:
 - a) Provide written complements or evaluations of quality (informal mentions are acceptable)
 - b) State licensing recommendations, speculate regarding possible licensing outcomes, or discuss enforcement actions
- 3) If the inspection is unannounced, contact local social service agencies (such as the area agency on aging or mental health/mental retardation program) prior to entering the setting based on the setting's demographics. Inform the agencies of the inspection and estimated date and time for the exit conference.

III. Procedure – Entrance Conferences

- 1) The entrance conference should last no longer than 30 minutes for a full inspection, and no longer than 10 minutes for a partial inspection.
- 2) During the entrance conference, staff will:
 - a) Introduce each licensing staff person and accompanying representatives by name, department and title.
 - b) Briefly state the purpose of the inspection.
 - c) Ask for the name and title of the person-in-charge (PIC) at the time of the entrance conference.
 - i) Record and verify the identity of the PIC and the time of entry.
 - ii) If the PIC is a designee or line staff person, request that the PIC notify the owner or operator of the department's presence.
 - d) Outline the inspection plan in as great a detail as possible without jeopardizing the purpose of the inspection.
 - i) If completing a renewal, discuss the process and timing for record review, physical site inspection, recipients of service interviews, staff interviews, and other elements of the inspection.
 - ii) If investigating a complaint, do not disclose the identity of complainant or the subject/topic of complaint.

- e) Request documents, information and other assistance needed to begin the inspection, in the order in which they will be needed. This may include the availability of staff and recipients of services for interview, lists of hire or admission dates, etc.
 - f) Provide an estimated timeframe for completion and an anticipated date and time that the exit conference will be held, depending on findings.
 - g) Provide an opportunity for the PIC to ask basic, initial process questions, but do not engage in a lengthy discussion. Explain that technical assistance will be available throughout the inspection and during the exit conference.
- 3) Following the entrance conference at an unannounced inspection, conduct a brief (15-minute) walkthrough of the setting for orientation. All staff who will conduct physical site, fire safety, resident interview or other direct observation portions of the inspection should participate.
- a) Any physical site inspection must begin within 1 hour of entry into the setting.

IV. Procedure – Exit Conferences

- 1) The exit conference may last between 30 minutes and 2 hours depending on the nature of the inspection.
 - a) For inspections that last more than 1 day, conduct a partial exit conference with the PIC at the end of each day on-site. Explain the progress of the inspection, including what has been and what remains to be done and when staff will return to complete the inspection.
 - b) A setting may include anyone at an exit conference, including attorneys.
- 2) During the exit conference, staff will:
 - a) Indicate that the purpose of the exit conference is to:
 - i) Provide preliminary findings relating to possible noncompliance.
 - ii) Offer the operator the opportunity to respond to the preliminary findings, including presenting missing documents or materials to show evidence of compliance or preliminary compliance.
 - iii) Provide technical assistance as appropriate, but not in place of citing violations.
 - b) Explain that all violations must be reviewed by at least 1 supervisor before being recorded on a written Licensing Inspection Summary.
 - c) Explain how to use the Licensing Inspection Summary, including what portions the Department completes and what portions the facility completes.
 - d) Provide an opportunity to ask questions about the process or the regulations.
 - e) Refer to appropriate local or state training sources.
 - f) Provide forms, technical assistance materials, and other documents to assist with compliance.
 - g) Explain the process for developing an acceptable, step-by-step plan of correction using the Department's most recent *Plan of Correction: Developing, Implementing, and Verifying Compliance* narrative.

- i) Staff may not write a plan of correction for the setting.
- ii) Staff may not accept or reject a POC prepared by the setting.
- h) Explain the next steps in license process, including:
 - i) Preparation, review, and transmission of the Licensing Inspection Summary
 - ii) The plan of correction process
 - iii) Verification of the plan of correction
 - iv) License recommendation and issuance
- i) Explain that the Director of Human Services Licensing makes all final decisions regarding license issuance or enforcement action following multiple levels of administrative review.
- j) During renewal inspections and as appropriate, notify the setting and local social service agencies of the time and place of the exit conference at least one hour prior to the full exit conference.

Operations 2 - Scheduling Renewal Inspections

I. Applicability

These policies and procedures apply to the assignment of all licensing renewal inspections, including those for regular and provisional licenses, in adult residential and intellectual disabilities licensing. This policy replaces ODP Protocol LC-28-06.

II. Purpose

The Department has developed the following renewal inspection assignment policies and procedures to:

- 1) Ensure that all inspections are scheduled and assigned in a timely manner.
- 2) Ensure that assignments are made in a fair, equitable, and uniform manner.
- 3) Permit the participation of licensing representatives in the assignment process.
- 4) Maximize the productivity of staff.
- 5) Minimize travel and other expenses.
- 6) Ensure that the operator is notified in advance of scheduled inspections in a consistent manner.

III. Policy

- 1) The following procedures will be used except when operationally necessary.
 - a) No inspector may participate in two consecutive renewal inspections at any specific setting.
 - b) No inspector may participate in a renewal inspection at a home in which the inspector participated in a renewal inspection within the preceding 18 months, unless required by operational needs.
 - c) All renewal inspections will begin between 8:00 AM and 10:00 AM, as assigned by the supervisor of the lead inspector, in consultation with the lead inspector, with consideration to travel time for all inspectors assigned to the inspection. Management may assign start times outside of these timeframes when operationally necessary.
 - d) No licensing representative may participate in any type of inspection at a home for which he/she has a conflict of interest as defined by the BHSL Conflict of Interest/Breach of Ethics Policy.

IV. Procedure – Workload Assignments

- 1) Schedules will be prepared in three-month blocks.
- 2) Regions will hold scheduling meetings on the first Tuesday in the month preceding the start of the 3-month scheduling block.

- 3) Prior to the meeting the regional workload manager will prepare a list of homes to be inspected for each of the next three months, based on expiration date. The list will include:
 - a) Setting name
 - b) Setting address
 - c) Capacity
 - d) Most recent census
 - e) License expiration date
 - f) Names of inspectors participating in renewal inspections during the last 18 months
 - g) The number of inspectors required for the inspection
 - h) The number of days required for the inspection.
- 4) The regional director will group multiple inspections where overnight stays will be authorized for travel efficiency. Grouped inspections must be conducted on consecutive days within the same week.
- 5) During the scheduling meeting, the licensing representatives will select renewal inspection lead assignments in turn, by descending order of seniority, until all inspections are assigned.
- 6) The first three selections by each representative must be within a 50 mile radius of the representative's home, or the next closest available home, with consideration to the criterion under "Policy".
- 7) By close of business on the day of the scheduling meeting, lead inspectors will provide the workload manager with the scheduled dates of their inspections. This schedule is preliminary and subject to change due to workload demands.
- 8) For each inspection requiring multiple inspectors, management will assign the needed number of inspectors within one week of the scheduling meeting. Schedules for each of the three months in the scheduling block will be posted within ten days of the scheduling meeting.

V. Procedure – Notification of Scheduled Inspections

- 1) The following procedures apply to all inspections where notification to the setting is required in advance of the renewal inspection:
 - a) The regional workload manager will notify the setting via telephone of the proposed inspection date no less than one month prior to the proposed inspection date.
 - i) If the setting responds that the inspection cannot be conducted on the proposed date due to extenuating circumstances, the Department will make every effort to select a mutually agreed upon date. However, if this is prohibited by operational need, the Department may elect to inspect on the original date regardless of the operator's wishes.
 - ii) Agencies that operate multiple sites under a single license will not be informed which sites will be sampled prior to the inspection.

Operations 3 - The Licensing Inspection Cycle

Purpose

The licensing inspection cycle is the series of steps that lead to license renewal decisions. Each step (or "phase") of the inspection cycle includes actions and events that most occur before transition to the next phase can occur. This document sets forth the Bureau of Human Services Licensing's (BHSL) procedures for completing the licensing inspection cycle.

The Phases of the Licensing Inspection Cycle

Each facility or agency licensed by the Department of Public Welfare (hereafter "setting") must be inspected at least once every 12 months¹. This inspection is referred to as the "annual inspection" or "renewal inspection," and is typically seen as the sole basis for a license renewal decision. However, the annual inspection is only one event in one phase of the inspection cycle. Many other phases must occur before and after the annual inspection in order to make a license renewal decision. The phases of the licensing inspection cycle are:

1. *Scheduling*, in which BHSL decides when the on-site inspection will be conducted.
2. *Pre-inspection*, in which BHSL collects information from the setting and measures compliance with as many regulations as possible based on the information.
3. *On-site inspection*, in which BHSL measures compliance with regulations at the setting.
4. *Licensing Inspection Summary*, a report in which BHSL develops and sends to the setting as a result of violations found during the inspection.
5. *Plan of Correction*, in which the setting produces a plan to permanently correct any regulatory violations found during the pre-inspection or on-site inspection phases, and BHSL approves the plan.
6. *Verification*, in which BHSL determines the degree to which a setting has completed its plan of correction.
7. *Recommendation*, in which BHSL considers the findings of phases 2 – 6, makes a recommendation for license renewal, and completes administrative review of the recommendation.
8. *Action*, in which BHSL enforces the recommendation and provides official notification to the setting of the action.

A setting's licensing inspection cycle begins with scheduling and ends with a licensing action. Once the action is taken, the cycle begins anew.

The Scheduling Phase

The process of scheduling annual inspections must be consistent both internally and externally. Internal consistency is necessary to ensure equitable distribution of work and travel to BHSL employees. External consistency is necessary to ensure that each setting is treated fairly and equitably in a manner that protects BHSL's ability to support

¹ 55 Pa.Code § 20.2 (relating to applicability); § 20.31 (relating to annual inspection)

license enforcement actions. For information on BHSL's scheduling methodology, please see the bureau's *Scheduling Renewal Inspections* policy.

The Pre-Inspection Phase

With the exception of personal care homes and assisted living residences, each setting must be informed in advance of the date of the annual on-site inspection². As a result, the scope of events in the pre-inspection phase is different for settings that are unaware of the date of the annual inspection and settings that are aware of the date of the annual inspection.

Prior to either an unannounced or announced inspection, BHSL will:

1. Review any documentation maintained in the setting's file that relates to known compliance³.
2. Review the findings from all inspections completed between the previous renewal inspection and the date of the review (such as complaint and incident investigations, monitoring inspections, etc.).
3. Review all reportable incidents submitted by the setting since the last renewal inspection.
4. Determine whether the setting has any waivers of regulations.

When inspections are announced, it is possible to reduce the number of regulations that are measured on-site, allowing for a more detailed review of requirements that can only be measured through direct observation and (in smaller settings) a reduction in on-site inspection hours. Information obtained prior to the inspection can either establish compliance or noncompliance with a regulation or be used as a basis for an on-site inspection element (for example, a staff training plan provided prior to the inspection could be used as a basis for on-site interviews wherein actual attendance at the training is verified). Additionally, announced inspections offer BHSL the opportunity to provide technical assistance with regulatory compliance to the setting that may reduce regulatory violations identified prior to or during the on-site phase. Therefore, prior to announced inspections, BHSL may:

1. Request that the setting provide, via electronic or fax transmission:
 - a. Records maintained for regulatory compliance, such as fire drill logs or policies established by the setting.
 - b. The names, dates of birth, and service start date of the persons served by the setting.
 - c. The names and dates of hire of staff employed by the setting, and
 - d. Contact information for third-party sources⁴ that provide services to the setting.

² § 20.32 (relating to announced inspections). The exceptions for personal care and assisted living are set forth at 55 Pa.Code § 2600.11(a) (relating to procedural requirements for licensure or approval of personal care homes) and 55 Pa.Code § 2800.11(a) (relating to procedural requirements for licensure or approval of assisted living residences)

³ "Known compliance" means static information about or produced by the setting that has been verified and approved by BHSL Headquarters.

⁴ Third-party information is any information relating to actions or events performed for the purpose of maintaining regulatory compliance by an entity that is neither a licensed setting nor an agent of the licensing oversight agency. Examples include, but are not limited to: confirmation from primary care physicians that the licensed setting regularly schedules medical examinations for individuals or staff who require annual health assessments; records maintained by fire-safety experts verifying that supervised fire drills or required fire-safety inspections were completed at the setting; records from alarm companies showing that alarm systems

2. Review submitted material for compliance, if appropriate.
3. Generate a sample of persons served and staff persons employed by the setting to be used as the focus of the inspection (see "Sampling Methodology" below for information on generating resident and staff samples).
 - a. 75% of the sample lists may be shared with the setting prior to the on-site phase so that the setting may prepare records that cannot be transmitted electronically for review during the on-site inspection. The remaining 25% of the sample lists should not be revealed to the setting prior to the on-site inspection.
 - b. Records that may reveal which sites will be sampled should not be requested prior to the inspection.
4. Review records maintained in the Department's Home and Community Services Information System (HCSIS) or Enterprise Data Warehouse (EDW) relating to the individuals served at the setting.
5. Generate an inspection plan that will enable BHSL to verify information submitted in advance of the on-site phase during the on-site phase.
6. Contact the setting and inform the operator of any potential regulatory violations identified through the pre-inspection process, and request that potential regulatory violations be corrected prior to the on-site phase.
7. Begin a Licensing Inspection Summary (LIS).

In the event that BHSL uses any of the above methods prior to announced inspections, comprehensive documentation of communications between BHSL and the setting or with third-party verification will be maintained. Documentation will include, at a minimum:

1. The date and time of contact
2. The name of the contact person
3. A brief summary of the purpose and content of the contact.

For example, contact with a fire-safety expert may be documented as follows:

7/13/12, 10 AM. TC to Fred Johnson, fire-safety expert with ABC alarms. Johnson confirmed that alarm system put on "test mode" during dates listed on fire-drill log.

Sampling Methodology

It is operationally unfeasible to measure compliance with regulatory requirements for every single person served or staff person employed by a setting. As a result, BHSL selects a sample of persons served and staff employed by the setting, and considers the sample representative of the entire population.

are disabled to conduct fire drills; copies of invoices from furnace repair companies documenting regular maintenance, and so on. Reliance on third-party information offers administrative relief to the licensed setting with regard to storing and presenting documentation strictly for the purposes of demonstrating regulatory compliance, rebalances and reduces on-site inspection time by eliminating extensive document review by the line inspector, and provides greater assurance to the licensing oversight agency that documented actions were actually performed than is obtained through setting-generated documentation.

BHSL measures compliance in three types of licensed settings: *Free-standing settings*, where administrative operations and service provision occurs on the same premises; *Parent settings*, which are exclusively or primarily dedicated to administrative operations; and *satellite settings*, which are the locations where services are provided under the organization headquartered at a parent setting.

Samples of persons served and staff employed by the setting are established using the same methodology regardless of whether the samples are drawn during the pre-inspection or on-site phases. To select a sample, BHSL will employ the following sampling methodology:

1. A 10% stratified sample persons served by the setting, regardless of the size of the home. A "stratified sample" means that the sample will include:
 - a. At least two records of persons who started receiving services within the past year.
 - b. At least two records of persons who started receiving services beyond one year prior to the date of inspection.
 - c. At least one record that is representative of a special population served by the setting⁵.
2. The record of the person responsible for the operation of the licensed setting⁶.
3. A 5% stratified sample of persons employed in a managerial capacity specified by regulation⁷, if applicable. A "stratified sample" means that the sample will include at least one record for each managerial position specified by regulation.
4. A 5% stratified sample of all first-line⁸ staff records. A "stratified sample" means that the sample will include:
 - a. At least two records of staff persons who were hired within the past year.
 - b. At least two records of staff persons who were hired beyond one year from the date of inspection.

Sample percentages may need to be increased to ensure that stratification is achieved. Also, it is possible that a person served may fall into multiple categories, e.g., a resident with mental illness may also be a person over 60 admitted to a personal care home within the past year. As such, a single record may suffice to meet multiple stratification requirements.

Parent and Satellite Sampling

It is frequently impractical to inspect all of the satellite locations operated by a given parent site. As such, it is necessary to select a sample of satellite sites to receive an on-site component of an annual inspection. Satellite site sampling will be performed as follows:

⁵ e.g., a sample of residents in a personal care home that operates a secured dementia care unit should include at least one resident with dementia; a sample of residents in a child residential facility that specializes in treating persons with sexually problematic behavior should include at least one resident with such behaviors, etc.

⁶ i.e., the administrator, the director, or the chief executive officer.

⁷ e.g., child care supervisors, program specialists, production managers, etc.

⁸ i.e., direct care staff persons, child care workers, or direct service workers.

1. If the parent site operates 5 or fewer satellite locations, BHSL will conduct on-site inspections at all satellite locations.
2. If the parent site operates 6 -16 satellite locations, BHSL will conduct on-site inspections at 5 satellite locations.
3. If the parent site operates more than 16 satellite locations, BHSL will conduct on-site inspections at 33% of the satellite locations (Total number of satellite locations x 0.33 = 33%).
4. Five-home or 33% samples will not be announced to the setting in advance of the inspection. The sample will include all satellite locations that have not been inspected during the 2 previous renewal inspections.
5. In addition to the samples required by 2-4 above, BHSL will also inspect:
 - a. One satellite location that was inspected during the previous renewal inspection.
 - b. Any satellite location that opened within the previous 12 months.

The On-Site Inspection Phase

The manner in which the on-site inspection phase is completed is determined by a number of factors, including but not limited to:

1. Whether the setting was provided with advance notice of the inspection date.
2. The number of materials obtained and reviewed during the pre-inspection phase.
3. The type of licensed setting being inspected.

Additionally, the majority of BHSL's policies and procedures address components of the on-site inspection process. In general, BHSL staff will do the following during the on-site inspection phase:

1. Adhere to the standards of conduct set for the BHSL *Conflict of Interest and Breach of Ethics* policy.
2. Follow the procedures set forth in the BHSL *Entrance and Exit Conference* policy.
3. Address any findings identified in the pre-inspection phase as appropriate.
4. Divide workload such that each inspector is assigned with specific tasks and responsibilities.
5. Confer about potential regulatory violations, and ensure that at least two inspectors observe any serious regulatory violations.
6. Contact the regional office for guidance as needed.

Interaction with Recipients of Services

Compliance with regulations that relate to individual rights, assistance with care, and participation in care planning should be measured in conjunction with the individuals themselves. Therefore, inspectors will meet with individuals in private or with a person with whom the individual is comfortable. During the initial interaction, inspectors will:

1. Explain the purpose of the inspector's presence in the home.
2. Reassure the individual that (s)he is not "in trouble," that (s)he was selected at random, and that the focus of the inspector's work is the home, not the individual.

3. Explain that the individual does not need to speak with the inspector if (s)he does not wish to do so.

Observation of Individuals in Care

When interacting with an individual, inspectors should observe whether the setting's record of the individual's care needs accurately corresponds with the individual's presentation. For example:

1. If a personal care home's record indicates that a resident does not have mobility needs, but the resident is unable to rise from his/her bed without assistance, then the accuracy of the home's records should be subjected to further evaluation.
2. If a community home's ISP reflects that an individual does not have any social or behavioral needs, but the individual demonstrates unusual or problematic behaviors during the interaction, then the inspector should consider whether the home has accurately assessed the individual's needs.
3. If a child residential setting documented that a parent participated in the development of an ISP, but the resident states that his/her parents did not participate, then the inspector should determine the nature of the discrepancy.

Administrator and Staff Interviews

Inspectors will conduct interviews with the management, direct care, and ancillary staff who are responsible for the development and implementation of the sampled residents' care plans.

Preparation of the Licensing Inspection Summary

Preparing and transmitting the LIS to the setting is included in the On-site Inspection Phase. Preparation and transmission of the LIS includes:

1. Producing a first draft of the LIS.
2. Transmitting the first draft of the LIS to the first-line supervisor or regional director.
3. Review of the first draft of the LIS by the first-line supervisor or regional director.
4. Revisions to the first draft of the LIS following supervisory review, as appropriate.
5. Approval of the final LIS by supervisory reviewer.
6. Transmission of LIS to setting.

The Plan of Correction Phase

In order for the Department to issue any license, settings must submit or agree to an acceptable plan of correction (POC). Each inspection, LIS, and POC is unique. The specific details of a violation of any individual regulation differ from setting to setting and from inspection to inspection. As a result, there is no single POC that can be universally applied to all situations. Nevertheless, developing an acceptable POC always includes the following steps:

1. Review the benefit(s) of the regulation - Compliance with a regulation is difficult if not impossible unless the home understands why the regulation was written in the first place. In some cases, the reason for the regulation is obvious – everyone knows why flammable materials shouldn't be stored next to heat sources –while in other cases the reason for the regulation may not be as clear (for example, personal care home residents must have a lamp at their bedsides to prevent falls when rising from bed in the middle of the night). If the reason or benefits of a regulation are unclear, settings should contact the Department's regional office or Operator Support Hotline for assistance.
2. Review the violation of the regulation - If the setting is writing a plan of correction, then that means the setting received an LIS. Before writing a plan of correction, settings should carefully review the Department's findings for Frequency, Seriousness, Potential of Recurrence, and Repeat Status.
 - a. Frequency means the number of actual events that led to the issuance of a violation. Were 50 individual's physical examinations past-due, or only one? Was the diagnosis or purpose of a medication missing from every Medication Administration Record, or only a small percentage? More events are typically indicative of the need for a detailed, targeted POC and a period of time to pass with no additional events of violation to ensure that the planned correction was successful.
 - b. Seriousness means the seriousness of the violation. For example, a setting may be in violation of § 3800.89 because the indoor temperature was 63°F (two degrees below the required minimum) on a hot July day (less serious), or because the indoor temperature was 30°F during a winter snowstorm (more serious). The greater the severity of the violation, the more steps the setting must take to demonstrate full compliance.
 - c. Potential for recurrence means the likelihood that the circumstances resulting in a violation will occur. For example, if a setting is missing a grab bar in a single toilet area and subsequently installs the bar (and checks every other toilet area to ensure that bars are present), then the potential for recurrence of that violation is low. Conversely, a setting with a medication violation that administers multiple medications to numerous residents several times per day presents a high potential for recurrence. POC detail and length of time required to demonstrate compliance increase as the potential for recurrence increases.
 - d. Repeat status means whether a violation of the same regulation was previously found. Repeated violations will require more detailed POCs and may require more time to elapse before full compliance can be determined.
3. Fix the immediate problem - The LIS will always cite a specific problem, such as a broken chair or water that is too hot. The first step towards compliance is fixing exactly what the Department found. Unfortunately, many settings stop there, which prevents the Department from accepting the plan.
4. Determine the root cause of the violation - If the Department found that the water in a bathroom area was too hot, the setting will of course adjust the settings on the hot water heater - *but settings must determine why the settings were too high in the first place to prevent the problem from happening again.* This process is

called a “root cause analysis.” Was the water too hot because the maintenance person does not know the maximum allowable temperature, or because a repair person accidentally changed the setting while performing routine maintenance? The importance of this step cannot be understated.

5. Prevent future occurrences - Once settings understand what caused the problem, they can develop a long-term plan that includes changing practice, teaching, and ongoing monitoring.
 - a. Changing practice means developing a new way to do business without violating a regulation. If the water was too hot because the water heater was malfunctioning and the heater was replaced to fix the immediate problem, the new hot water heater needs to be regularly checked to ensure that it is functioning properly in order for the home to avoid future violations.
 - b. Teaching means making sure that everyone involved with regulatory compliance is aware of their roles and responsibilities, especially if the setting’s business practice has changed. Teaching will primarily involve staff, but persons in care may need to be instructed about changes as well. For example, if individuals were observed smoking near a common entrance to a setting, individuals who smoke will need to be reminded or otherwise encouraged to smoke in the designated smoking area.
 - c. Ongoing monitoring means verifying that the setting is in compliance with both the regulation and the new business practice created to maintain compliance. Ongoing monitoring may need to be completed for a limited period of time or for the duration of the setting’s operation depending on the specific violation.

6. Designate responsibility and specific target dates for correction – It is critical that a specific person or persons be accountable for compliance. A general promise that water temperature will be monitored will not be effective – someone must be responsible for doing the monitoring, and must be rewarded or reprimanded based on the quality of his/her job performance. Moreover, specific dates by which correction tasks will be completed are required in order to effectively monitor plan completion and, ultimately, determine full compliance.

Can settings dispute a finding on the LIS?

Settings may document disagreement with a finding, and/or may document that providing a plan does not constitute admission that the listed violation is accurate. However, settings must provide a plan to correct each violation in addition to any statement(s) disputing the report’s findings. Remember, the Department may not issue any kind of license without a plan of correction. Some settings have expressed concern that the Department will use the plan provided as evidence that the violation existed – in other words, that providing a plan is an “admission of guilt.” The Department cannot do this, since the law requires settings to produce a plan.

The Verification Phase

During the verification phase, the Department reviews the degree of POC compliance the setting has achieved for each violation. This review determines in large part what kind of license the Department will issue – a regular license, a provisional license, or no license at all. When a setting submits a POC, the setting should assume that the POC is acceptable and begin implementing the plan. Meanwhile, each POC is reviewed by the Department to determine if it is acceptable. If the plan is significantly unacceptable for one or more regulations, the Department will contact the setting by phone or letter to inform the setting of the unacceptable plan. “Significantly unacceptable” means that the plan is fundamentally flawed; in some cases, the Department will partially amend a POC without contacting the setting. In these cases, compliance, or noncompliance with the amendments are not used in the final licensing decision. There are four possible degrees of POC compliance status identified during the Department’s review:

1. Fully Implemented - The setting has completed the POC steps in their entirety. This does not necessarily mean that all “ongoing monitoring” has been completed – indeed, permanent monitoring by definition cannot be “complete.” Instead, this means that a monitoring plan has been established and tested such that full compliance is probable.
2. Partially Implemented, Adequate Progress - The setting has not completed all of the POC steps, but has done enough to demonstrate that eventual achievement of full compliance is probable.
3. Partially Implemented, Inadequate Progress - The setting has completed some of the POC steps, but has not done enough to demonstrate that eventual achievement of full compliance is probable.
4. Not Implemented - The setting has not completed any of the POC steps.

When an LIS is transmitted to the setting, the setting is informed by the letter accompanying the report to submit evidence of compliance with the plan along with the POC. The more evidence a setting submits, the easier it will be to determine compliance and issue a license. Examples of evidence include:

1. Documentation produced by the setting. This evidence type includes new written policies, sign-in sheets showing attendance at staff trainings, residents’ assessments and support plans, maintenance logs, and any other internal documents.
2. Documentation produced by an external source. This evidence type is extremely reliable, as it is generated by impartial third parties. Examples include bills and invoices for equipment, materials, or labor; written statements or letters from professionals who participated in the plan’s implementation (such as fire-safety experts or outside training sources); and documents confirming future appointments (such as medical appointments or on-site repair work).

3. Photographic and video evidence. Pictures and videos are good sources of evidence that the setting has made repairs or improvements to the physical site and grounds.

Some kinds of evidence are not useful to demonstrate compliance. Evidence that is not useful includes:

1. Statements of support from residents, family members, or public officials. While feedback from the community may be valuable to the setting, it does not serve as evidence of regulatory compliance.
2. Promises to comply. Written statements from the setting where a promise is made to comply with the regulation is not factual evidence.
3. The plan of correction alone. Some settings believe that submitting a plan to correct violations is sufficient to demonstrate compliance. This is not the case. Following the plan leads to compliance, so evidence of following the plan is required.

The Recommendation Phase

When there has been *substantial but not complete* compliance with the regulations and when a setting has taken steps to correct violations, the Department is required to issue a provisional license⁹. Furthermore, the courts have continuously upheld that one regulatory violation is sufficient to take licensing enforcement action¹⁰. To establish full, substantial, or no compliance for the purposes of recommending and issuing a license, BHSL will during the recommendation phase:

1. Review the compliance status of each regulation cited on the LIS.
2. Compare the plans of corrections where inadequate or no compliance has been achieved to the frequency, seriousness, potential for recurrence, and repeat status of the cited regulatory violation.
3. Consider extenuating or unusual circumstances unique to the licensed setting and/or the inspection cycle.
4. Make a preliminary recommendation for a regular license, provisional license, license revocation, or license nonrenewal.
5. Complete the following administrative review process:
 - a. Initial recommendation by first-line supervisor.
 - b. First-level review of recommendation by the regional licensing director.
 - c. Second-level review by BHSL Headquarters

⁹ 62 PS § 1008.

¹⁰ Colonial Gardens Nursing Home v. Dep't of Health, 34 Pa. Cmwlth. 131, 382 A.2d 1273 (1978), Pine Haven v. Dep't of Pub. Welfare, 99 Pa. Cmwlth. 1, 5, 512 A.2d 59, 61 (1986); Arcurio v. Dep't of Pub. Welfare, 125 Pa. Cmwlth. 557, 565, 557 A.2d 1171, 1174 (1988); Colonial Manor v. Dep't of Pub. Welfare, 121 Pa. Cmwlth. 506, 519, 551 A.2d 347, 353 (1988), 1st Steps, 880 A.2d at 39, Alttagarcia DePena Family Day Care Home v. Dep't of Pub. Welfare, 943 A.2d 353 (Pa. Commw. 2007).

- i. Recommendations for regular licenses will be reviewed by the BHSL Director of Regulatory Implementation and/or the BHSL Director of Operations.
 - ii. Recommendations for licensing enforcement actions will be reviewed by the BHSL Enforcement Manager and the BHSL Director.
6. If at any point during the administrative review process a reviewer questions the basis for recommendation, (s)he will communicate with previous reviewers until consensus is achieved.

The Action Phase

Upon completion of phases 1 – 6 of the licensing inspection cycle, BHSL will:

1. Update licensing tracking systems.
2. Issue the license or notice of enforcement action under the BHSL Director's signature via certified mail.
3. In the event of licensing enforcement action, notify stakeholders as appropriate. Stakeholders may include, but are not limited to:
 - a. Other program offices within the Department
 - b. Other state agencies
 - c. County social services agencies
 - d. Advocacy groups
 - e. Law enforcement

Timeline for Phase Completion

To ensure efficiency and consistency of operations, BHSL will adhere to the following timeline for completion of the licensing inspection cycle when operationally feasible:

START OF CYCLE

The Scheduling Phase

Notification and confirmation of scheduled inspection:

No less than 30 days before on-site phase

The Pre-inspection Phase

Period between Scheduling an On-Site Inspection Phases:

30 days

On-site Inspection Phase

1. First day of inspection to last day of inspection:
1 to 14 days
2. Producing a first draft of the LIS and transmitting LIS to first-line supervisor or regional director:
Within 8 business days following last day of inspection
3. Review of the first draft of the LIS by the first-line supervisor or regional director:

Within 5 business days of receipt of the draft LIS

4. Approval of the final LIS by supervisory reviewer:
Within 10 business days of the receipt of the draft LIS.
5. Transmission of LIS to setting:
Within 2 business days of approval of final LIS.

Plan of Correction Phase

1. Receipt of Plan of Correction from licensed setting:
Within 10 calendar days of transmission of LIS.
2. Approval of the plan of correction
 - a. If first submission is acceptable:
Within 5 business days of receipt of plan of correction.
 - b. If first submission is acceptable with minor edits:
Within 5 business days of receipt of plan of correction.
 - c. If first submission is unacceptable without significant edits:
Within 10 business days of receipt of plan of correction.

Verification Phase

Completion of verification process:
Within 20 business days of approval of plan of correction.

Recommendation Phase

1. Initial recommendation by the first-line supervisor and transmission to regional licensing director:
Within 5 business days of completion of verification process
2. First-level review of recommendation by the regional licensing director:
Within 2 business days of receipt of initial recommendation
3. Transmission of licensing recommendation packet to BHSL Headquarters:
Within 1 business day of consensus regarding recommendation
4. Second-level review by BHSL Headquarters:
Within 3 business days of receipt of licensing recommendation packet

Action Phase

All elements: *Within 1 business day of consensus regarding recommendation*

END OF CYCLE

APPENDIX

Policies, Procedures, and Protocols Replaced by This Document

ARL

Plan of Correction Policy, May 1, 2007

Verification of Correction of Violations Policy, October 27, 2009

IDL

LC-13-06, Weighted Scoring System

LC-14-06, Recommending a Certificate of Compliance

LC-15-06, Validation of Non-Compliance Areas

LC-29-06, The Licensing Inspection Process

LC-30-06, Licensing Inspection Process for the Annual Inspection of Community Home Agencies

LC-33-06, Recommending a Certificate of Compliance for Agencies Operating Community Homes Serving Eight or Fewer Individuals

LC-35-06, Processing a No Certificate of Compliance Recommendation

Operations 4 - Complaint Intake, Assignment, Investigation and Tracking

I. Applicability

These policies and procedures apply to all complaints relating to any licensed setting under the Bureau of Human Services Licensing's (BHSL) jurisdiction regardless of the manner, day/time or location in which the complaint is communicated to any BHSL staff person. A complaint may be written or oral and related to a general or specific concern. A complaint may be presented by a resident; by a current or former employee; by any person on behalf of a resident or residents; by an advocate or advocacy association; by another Federal, state or local agency or by the general public. Complaints may be anonymous.

II. Legal Authority

Statute – 62 P.S. § 1016. Right to enter and inspect.

For the purposes of determining the suitability of the applicants and of the premises or whether or not a premises in fact qualifies as a facility as defined in section 1001 of this act or the continuing conformity of the licensees to this act and to the applicable regulations of the department, any authorized agency of the department shall have the right to enter, visit and inspect any facility licensed or requiring a license under this act and shall have free and full access to the records of the facility and to the individuals therein and full opportunity to interview, inspect or examine such individuals.

III. Policy

Each complaint that is communicated to BHSL will be investigated, OR if the nature of the complaint is outside the regulatory authority of BHSL it will be referred to an appropriate investigative agency, unless the nature of the complaint is outside the scope of responsibility of all other known agencies.

IV. Purpose of Complaint Policy and Procedures

The purpose of this policy and procedure is to protect the health, safety and well-being of each individual in care by:

1. Timely intake, investigation/referral and follow-up on each complaint.
2. Obtaining and documenting the facts and evidence related to the complaint.
3. Determining if one or more regulatory violations exist.
4. Documenting any regulatory violations.
5. Ensuring that regulatory violations are corrected.
6. Taking appropriate enforcement action.
7. Providing follow-up to the complainant.
8. Recording and tracking of each complaint.

V. Intake

1. A complaint may be received by any BHSL staff person. In no case will an oral complaint be referred to another office or to a staff person who is not readily available to take the call.
2. A BHSL staff person who receives a complaint will:
 - a. Gather the information and immediately record it on the *BHSL Intake and Assignment Form*, on paper or electronically.
 - b. Transmit the *BHSL Intake and Assignment Form* to the Regional Workload Manager (RWM).

VI. Assignment

1. Upon receipt of the *BHSL Intake and Assignment Form*, the RWM will:
 - a. Create a new record in the BHSL Complaint Tracking System.
 - b. Assign a Risk Level and Stage to the complaint.
 - i. Risk Levels and Stages are assigned based on the relationship of the degree of risk to residents and the immediacy of BHSL's response. Risk Levels and Stages are assigned by considering the probable increase in the scope and intensity of harm to persons in care in relation to the speed of BHSL's response. The perceived credibility of the complaint source, licensing history of the setting, and regional licensing workload are NOT considered when assigning Risk Levels and Stages.
 - ii. An on-site investigation of a Risk Level 1 complaint, regardless of Stage, will be investigated by 2 inspectors. An exception to this policy may be approved by BHSL Headquarters.
 - c. Assign the complaint for investigation by returning the completed *BHSL Intake and Assignment Form*.
 - i. If the complaint is non-regulatory in nature but may have programmatic significance, BHSL will contact the applicable program office in the manner established by policy.

VII. Investigation

1. Prior to the on-site inspection, the inspector assigned to lead the investigation will:
 - a. Determine possible regulatory violations that may be identified if the complaint allegations are true.
 - b. Establish how the regulations that may be in violation will be measured.
 - c. Create an inspection plan that includes, but is not limited to:
 - i. Who is responsible for specific tasks
 - ii. What if any collateral contacts may be required
 - d. Contact and coordinate the investigation with other investigative agencies, including but not limited to:

- i. Adult protective services
 - ii. Child protective services
 - iii. Law enforcement
 - iv. Code or fire officials
 - v. Program staff
2. BHSL will conduct an unannounced on-site inspection within the timeframe established by the *BHSL Intake and Assignment Form*. The inspection will include:
 - a. An abbreviated entrance conference with the management staff responsible for operation of the setting.
 - i. The entrance conference will include providing general information regarding the complaint, but maintaining confidentiality of individuals involved and without revealing information that could compromise the investigation.
 - b. Completion of the *BHSL Complaint Investigation Form*.
 - c. Interviewing persons affiliated with the complaint such as residents, families, staff or other witnesses.
 - d. Preservation of evidence by:
 - i. Obtaining signed witness statements
 - ii. Making copies of documents
 - iii. Obtaining third-party documentation
 - e. Reviewing relevant documents such as individual records, staff records, fire drill records and medication administration records.
 - f. Observations of physical site conditions related to the complaint.
3. Before leaving the licensed setting, BHSL will:
 - a. Ensure that immediate threats are resolved before leaving the home.
 - b. Record all relevant information, including potential violations, on the *BHSL Complaint Investigation Form* and attached note pages.
 - c. Conduct an exit conference with the management staff responsible for operation of the setting and provide an opportunity to respond to preliminary findings, unless such disclosure may jeopardize ongoing aspects of the investigation.
4. Upon completion of the inspection plan and on-site inspection, the inspector will discuss preliminary findings with his/her first-line supervisor and determine if the complaint can be closed or if additional investigation is required.
 - a. A complaint is considered closed when BHSL determines whether or not violations occurred.

VIII. Closing the Complaint

1. When it has been determined that a complaint is closed, the inspector will:

- a. Complete the *BHSL Complaint Findings Report*
 - b. Transmit the *BHSL Intake and Assignment Form, Complaint Investigation Form, Complaint Findings Report* and any documents related to the investigation to the RWM.
2. Upon receipt of the *BHSL Intake and Assignment Form, Complaint Investigation Form, Complaint Findings Report* and any documents related to the investigation by the RWM, the RWM will:
 - a. Finalize the record in the BHSL Complaint Tracking System.
 - b. Scan and retain all documents into the DocuShare system in accordance with the *BHSL Electronic Records Policy*.

IX. Post-Closing Activities

1. If violations were identified as a result of the complaint investigation process, the BHSL regional office will follow the LIS production process, Plan of Correction Phase, and Verification Phase set forth in the *BHSL Licensing Inspection Cycle* document.
2. Within 15 days of the complaint's closing, the BHSL regional office will provide written notice of findings to the complainant using the letters set forth in the *BHSL Standard Transmittal Letters* document.
3. Make referrals, as appropriate, to other investigative agencies, including but not limited to:
 - a. Adult protective services
 - b. Child protective services
 - c. Law enforcement
 - d. Code or fire officials
 - e. Program staff

X. List of Appendices

- A. Risk Levels and Stage Determination
- B. Best Practices in Complaint Intake
- C. Tangential Speculation and the Regulatory Investigation
- D. Policies, Procedures, and Protocols Replaced by this Document

XI. List of Attachments

- A. BHSL Intake and Assignment Form
- B. BHSL Complaint Investigation Form
- C. BHSL Complaint Findings Report

APPENDIX A

Risk Levels and Stage Determination

Level Stage Immediacy of Risk	Description	Examples <i>(examples only--assessments to be made by RWM based on seriousness of concern)</i>	Timeframe for initiation of on-site investigation <i>(includes nights, holidays and weekends)</i>
Level: 1 Stage: 1 IR: IMMINENT	Immediate life-safety risk in the absence of instantaneous intervention by BHSL	<ul style="list-style-type: none"> -No staff on duty -No food/water -No heat in winter / extreme heat in summer -Physical abuse by management staff or legal entity -Any abuse by a direct-staff person where the setting refuses to suspend the suspected perpetrator -Current and ongoing use of unauthorized restraints 	Immediately upon receipt of complaint (0 hours)
Level: 1 Stage: 2 IR: CRITICAL	Immediate life-safety risk in the absence of rapid intervention by BHSL	<ul style="list-style-type: none"> -Fire-safety violations -Minimal food/water -Extremely unsanitary conditions -Elopement by a person with cognitive impairment who is still missing or has been found deceased - Elopement by a person with cognitive impairment who has been found with injuries -Past use of unauthorized restraints 	Within 48 hours of receipt of complaint
Level: 1 Stage: 3 IR: HIGH	Immediate life-safety risk in the absence of expedited intervention by BHSL	<ul style="list-style-type: none"> -Inadequate staffing -Resident-to-resident abuse resulting in serious injury - Elopement by a person with cognitive impairment where the resident has been unharmed 	Within 72 hours of receipt of complaint
Level: 2 Stage: 1 IR: Medium-High	Probable risk in the absence of expedited intervention by BHSL	<ul style="list-style-type: none"> -Moderately unsanitary conditions --Resident-to-resident abuse resulting in minor injury -Medication violations -Unmet needs not resulting in harm 	Within 21 days of receipt of complaint
Level: 2 Stage: 2 IR: Medium-Low	Possible risk in the absence of any intervention by BHSL	<ul style="list-style-type: none"> -Moderate physical site violations -Inadequate Resident Assessment-Support Plans or ISPs -Financial management 	Within 45 days of receipt of complaint
Level: 3 IR: Low - Minimal-None	Minimal to no risk in the absence of any intervention by BHSL; regulatory violations possible	<ul style="list-style-type: none"> -Policy and procedures -Disputes over moneys owed after discharge -Contractual violations -Minor physical site violations 	During next scheduled licensing renewal inspection
Level: 4	Not under regulatory authority of BHSL	<ul style="list-style-type: none"> -Landlord disputes -Zoning 	None

APPENDIX B

Best Practices in Complaint Intake

The breadth and quality of information collected during the complaint intake process is directly related to the ability to develop an effective and efficient investigation plan. A clear, concise picture of observations made by the complainant contributes to the identification of standards that may be in non-compliance. To ensure that the best possible information is collected during the intake process, regulators should ask five types of questions: what, where, when, who, and how.

1. *What* Questions describe an event; situation or incident which a complainant has observed or has information about which he/she believes should be investigated. These include, but are not limited to:
 - a. "What" did the complainant see, hear, feel, touch or smell?
 - b. "What" did the complainant do about the occurrence (e.g., discussed with staff; contacted another agency for assistance; talked with resident(s) or family member(s))?
2. *Who* Questions relate to the person(s) involved in the reported situation or occurrence. These include, but are not limited to:
 - a. "Who" is the complainant and his/her relationship to the setting (i.e., a resident, a family member, agency staff, current or ex-employee, someone living next door to the facility, etc.)?
 - b. "Who" committed the suspected non-compliance or poor practice?
 - c. "Who" was the individual involved (the "victim")?
 - d. "Who" else might have observed the reported situation or might reasonably be expected to have some knowledge of it?
3. *When* Questions relate to the date and/or time of day when the event occurred. These include, but are not limited to:
 - a. "When" did the event take place – date and time of day?
 - b. "When" did the setting notify the police?
4. *Where* Questions relate to the locations/places related to the event. These include, but are not limited to:
 - a. "Where" was the resident assaulted?
 - b. "Where" were the staff taking residents during the fire drill?
5. *How* Questions relate to the specific mechanism(s) surrounding the event. These include, but are not limited to:
 - a. "How" did the staff person gain access to the individual's personal funds?
 - b. "How" did the complainant learn of the event?

APPENDIX C

Tangential Speculation and the Regulatory Investigation

Regulatory compliance is measured by completing licensing inspections. Most licensing inspections are initiated by statutory or regulatory requirements. The most common example of this is the need to conduct a renewal inspection to determine whether a licensed setting continues to meet the requirements for licensure. The regulator's method of conducting inspections initiated by statutory or regulatory requirements is one of *neutral evaluation*: the regulator does not hypothesize compliance or noncompliance with the regulations to be measured, but rather uses information gathered and analyzed during the inspection process to conclusively establish compliance or noncompliance. There are also inspections that are initiated in response to a specific event such as a complaint or self-reported incident. These inspections are called *regulatory investigations*.

The primary purpose of a regulatory investigation is not to determine whether or not an event occurred; it is to determine whether the setting was in compliance with regulatory requirements associated with the event, if the event is true.

Regulatory investigations require an alternative method of conduct known as *tangential speculation*. Tangential speculation is the practice of associating events with regulations either directly or indirectly. The sequence of tangential speculation is as follows:

1. Report of one or more event is received (e.g., a complaint).
 - a. Each event consists of sub-events, called elements, which occur in a series.
 - b. Each element is initially presumed to be true for the purposes of completing the sequence.
2. Each element is analyzed to determine:
 - a. What information is needed to corroborate or abrogate the element.
 - i. Corroborated means that the element is accurate or partially accurate as reported in the event.
 - ii. Abrogated means that the element did not occur.
 - b. Whether the element, if corroborated, directly relates to a regulatory requirement.
 - c. Whether the element, if corroborated, indirectly relates to a regulatory requirement, e.g., if the element exists within certain conditions that could be regulatory.
3. An initial investigation plan is developed to include the following:
 - a. The members of the investigation team.

- b. The practical means of gathering the information needed to corroborate or abrogate the element, including but not limited to:
 - i. Direct observation of the setting's physical plant.
 - ii. Interviews
 - iii. Document review
 1. Materials produced by the setting.
 2. Materials produced by a third-party.
 - c. Who is responsible for gathering the information required.
4. Implementation of the initial investigation plan.
 5. Modification of the initial investigation plan based on previously-unknown events identified through the implementation of the initial investigation plan.
 - a. New events will be processed by repeating steps 2 and 3(b)(i)-(iii) of the sequence.
 6. Creating an event timeline/narrative, in which:
 - a. The order of the element series is established.
 - b. The corroborating information used to establish the order of the element series is mapped to each documented element.
 7. The timeline/narrative and information are analyzed to determine:
 - a. If regulatory violations related to the original report exist.
 - b. If regulatory violations unrelated to the original report exist.
 - c. If additional information is required before the above can be conclusively established.
 - i. If additional information is required, step 3(b)(i)-(iii) of the sequence will be repeated until the above can be determined.
 8. A final report of conclusive regulatory findings and the basis for those findings is produced.

Practical use of the tangential speculation sequence is best illustrated through example of an actual reported event. Consider the following:

1. Intake Report

On June 11, 2012, Adult Residential Licensing received the following complaint:

- Food at the home is bad and is normally served cold.
- Resident lives in the basement, which is like a dungeon, dark, cold, and poor lighting especially in the hallways. Resident has breathing issues and does not receive his breathing treatments. The resident also has problems climbing the steps to receive his medications at 5:30 am. The resident suffers from weak legs and is in need of therapy, but is not receiving it. The complainant believes that the resident needs a higher level of care.

2. Element Analysis

Element	Corroboratory Information Required	Direct Regulatory Relationship 55 Pa. Code Ch. 2600*	Indirect Regulatory Relationship 55 Pa. Code Ch. 2600*
1. Food is bad	Manner in which food is stored and provided	161(a) 161(b)	85(a) 103(c) 103(i)
2. Food is cold	Food service practices	None	42(c) 162(a)
3. Resident lives in hazardous environment	Living conditions in basement area	83(a) 87 88(a)	42(b) 42(c)
4. Resident is not receiving breathing treatments	-Resident's care needs -Resident's prescribed treatments	142(a) 225(a) 227(d)	23(a) 42(b)
5. Resident climbs stairs with difficulty	Resident's mobility status	226(a) 226(b)	122 132(d)
6. Resident is not receiving therapy	-Resident's care needs -Resident's prescribed treatments	142(a) 225(a) 227(d)	23(a) 42(b)
7. Resident's needs cannot be met by the home	-Resident's care needs -Home's ability to meet needs	142(a) 223(a) 223(b) 224(a) 225(a) 227(d)	None

★

23(a)

A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

42(b)

A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42(c)

A resident shall be treated with dignity and respect.

83(a)

The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

85(a)

Sanitary conditions shall be maintained.

87

The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

88(a)

Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

122

Unless otherwise regulated by the Department of Labor and Industry, the Department of Health or the appropriate local building authority, all buildings must have at least two independent and accessible exits from every floor, arranged to reduce the possibility that both will be blocked in an emergency situation.

132(d)

Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

142(a)

The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

223(a)

The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

223(b)

The home shall develop written procedures for the delivery and management of services from admission to discharge.

224(a)

A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

225(a)

A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

226(a)

The resident shall be assessed for mobility needs as part of the resident's assessment.

226(b)

If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

227(d)

Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

3. Initial Investigation Plan

Team Members: Inspector Jones, Inspector Pride

Information Collection Methods, By Element:

Element	Possible Methods
1. Food is bad	Direct observation of physical plant; staff interviews; resident interviews; conducting on-site inspection at mealtime.
2. Food is cold	Direct observation of physical plant; staff interviews; resident interviews; conducting on-site inspection at mealtime.
3. Resident lives in hazardous environment	Direct observation of physical plant.
4. Resident is not receiving breathing treatments	Review of resident's record; staff interviews; resident interview; collateral contacts with resident's primary care physician or pulmonologist.
5. Resident climbs stairs with difficulty	Direct observation of resident ambulating; resident interview; staff interviews; review of resident's record.
6. Resident is not receiving therapy	Review of resident's record; resident interview; collateral contacts with resident's primary care physician, physical therapist, and home health agency coordinating therapy.
7. Resident's needs cannot be met by the home	Comparison of home's criteria for admission and discharge with resident's preadmission screening; comparison of home's written description of services with actual provision of care.

Distribution of duties, By Inspector:

Jones

- Conducts resident interviews
- Conducts staff interviews
- Direct observation of mealtime activities, including food served

Pride

- Reviews resident's record
- Reviews home's criteria for admission and discharge
- Reviews home's written description of services
- Makes necessary collateral contacts relating to resident's care needs

Jones and Pride

- Physical site inspection of basement area
- Comparison of findings from above duties

4. Initial Investigation Plan Implementation

Self-explanatory.

5. Modification of Initial Investigation Plan

During Inspector Jones's observation of mealtime activities, he observes that staff are not washing their hands during the distribution process. When speaking to the staff person about this practice, Jones observes an open sore on staff person A's right hand. Jones is concerned that the staff person may have a medical condition that prevents her from safely providing care to residents, and requests to see her record. He does not find evidence of a serious medical condition, but does find that staff person A's criminal background checks was disseminated by a private company instead of the Pennsylvania State Police. He determines through an interview with the administrator and a review of a sample of other staff records that no background checks are disseminated by the Pennsylvania State Police.

6. Creation of the Event Timeline/Narrative

The investigation began on June 14, 2012. Based on the investigation plan's findings, Jones and Pride were able to establish the following timeline:

Resident #1 was admitted on May 1, 2012 (resident-home contract) from an acute care hospital (preadmission screening). Prior to hospitalization, Resident #1 lived in his private home (preadmission screening). The resident was diagnosed with COPD while hospitalized, and breathing treatments were ordered (Documentation of Medical Evaluation, contact with primary care physician). As of June 14, 2012, the home made no efforts to assist Resident #1 in scheduling home health services to provide the prescribed breathing treatments (staff interviews, resident interview, record review, collateral contact with resident's health insurance company). The need for breathing treatments is not addressed on the resident's Assessment-Support Plan.

Upon admission, the resident did live in a room on the ground floor with exits to grade (resident-home contract), but was relocated to a room on the first floor in early June because using the stairs caused pain in his legs (resident interview). The pain in the resident's legs is a chronic condition resulting from an injury sustained during the Vietnam War (resident interview), and is not prescribed to receive any therapy (Documentation of Medical Evaluation) except pain management medication, which are being administered correctly (staff interviews, Medication Administration Record). The rooms on all floors of the home are free of hazards and appropriately heated (direct observation of physical plant).

The home does not have written criteria for admission and discharge.

The food served meets the minimum requirements of Chapter 2600, and is served at the appropriate temperature (direct observation, resident interviews). Staff person A, hired on April 3, 2012, has no chronic medical conditions (record review). On June 12, 2012, she cut her hand on a pork bone; the cut became infected, resulting in the open wound observed by Jones on June 14, 2012 (staff interview). Kitchen staff do not follow a particular procedure relating to hand-washing, and do so as time allows because mealtimes are very busy (staff interviews).

The home uses a private, web-based service for all criminal background checks (record review, staff interview).

7. Analysis of Event Timeline/Narrative

Violations relating to the original complaint:

142(a) – The home did not assist Resident #1 to secure breathing treatments ordered by his physician on April 30, 2012 at any time.

223(a)(2) – The home's written description of services and activities does not include criteria for admission and discharge.

227(d) – Resident #1's Assessment-Support Plan did not address the need for breathing treatments.

Violations unrelated to the original complaint:

51 – The home's criminal history background checks are not obtained in accordance with OAPSA. The home uses a private company to generate background checks.

163(a) – Staff persons do not consistently wash their hands before working with food or after using the bathroom.

163(d) – Staff person A had a weeping sore from an infected cut on her left hand and was distributing food to residents.

8. Final Report

Self-explanatory.

Conclusion

As illustrated by the example above, the use of tangential speculation in the regulatory investigation ensures that the regulator focuses not on proving whether an event occurred, but rather on the regulatory violations associated with the event.

Furthermore, the regulator is able to provide more comprehensive resident protections through tangential speculation by identifying violations unrelated to the original event.

APPENDIX D

Policies, Procedures, and Protocols Replaced by this Document

ARL

Operational Instructions, ARL Complaint Database, February 19, 2007
PCH Policy, Complaint Intake and Investigation, January 6, 2011

IDL

LC-17-06, Procedure for Conducting Unannounced Inspections

Bureau of Human Services Licensing

Complaint Intake and Assignment Form

Date Received:		Reporting Method					
Time Received:		Telephone	Mail	E-Mail	Fax	In-person	Other

Complainant's Name:		E-mail Address:	
Mailing Address:		Telephone:	

Complainant's Relationship to Licensed Setting:

Self Family/Friend AAA MH/MR Advocate Case Manager/ Supports Coordinator Current Employee Former Employee Anonymous Other

Licensed Setting Name and License Number (if Legally Operating):	
Mailing Address:	

Description of Complaint (Attach Additional Pages as Necessary):

Assignment – for RWM Use Only

Complaint Number:	Special Instructions / Comments
Assigned to:	
Date Assigned:	
Risk Level: 1 2 3 4	
Stage: 1 2 3	

Bureau of Human Services Licensing

Complaint Findings Report

Inspection Date(s):		Inspector(s):	
Inspection Method:	On-site Off-site Both	Complaint Number:	

Licensed Setting Name and License Number (if Legally Operating):	
---	--

Violations found relating to the complaint:	Yes	No
Violations found unrelated to the complaint:	Yes	No
Date complaint closed:		

Summary of Investigation Methods and Findings

Operations 5 - Reportable Incident Process for Human Services Providers

I. Purpose

Each chapter of licensing regulations administered by the Bureau of Human Services Licensing (BHSL) includes a requirement to report specific incidents to BHSL¹¹. Some service providers are subject to additional reporting requirements for programmatic or fiscal reasons. The purpose of this document is to establish BHSL's expectations for incident reporting, and to set forth guidelines that limit reporting of incidents that do not have a direct impact on the health and safety of persons receiving care.

II. Policy

It is the policy of BHSL to require operators to report only those incidents specifically required by regulation to BHSL in a manner consistent with the guidelines established in this document. Nothing in this document applies to, amends, or truncates programmatic or fiscal reporting requirements.

III. Reporting Requirements

Appendices A-F list the regulatory reporting requirements for each type of licensed setting regulated by BHSL. Incidents that appear in the appendices must be reported to BHSL as described below. Incidents that do not appear in the appendices do not need to be reported to BHSL.

IV. Procedure – Incidents Submitted via the Home and Community Services Information System (HCSIS)

Following an incident, and within the timeframes established by regulation, service providers who report incidents via HCSIS will:

1. Enter the incident in HCSIS, making note of the Incident ID Number generated by the system.
2. Review the appropriate appendix to determine if the incident must be reported to BHSL.
 - a. If the incident must be reported to BHSL, the provider will send an email to ra-pwarlheadquarters@pa.gov. The subject line will be the HCSIS-generated Incident ID Number. No other information is required.
3. In the event that HCSIS is unavailable, service providers will follow the procedures for incidents submitted by mail, facsimile, or e-mail. Intellectual disability services providers may use the "Incident Management Contingency Plan" procedures set forth in Appendix J of the Office of Developmental Programs Incident Management Statement of Policy, provided that the Incident Management Contingency Form is also transmitted to BHSL as described below.

¹¹ 55 Pa.Code § 2380.17(relating to reporting of unusual incidents) and 18(a) (relating to reporting of deaths); 55 Pa.Code § 2390.18(relating to unusual incident report) and 19 (relating to reporting of deaths); 55 Pa.Code § 2600.16 (relating to reportable incidents and conditions); 55 Pa.Code § 3800.16 (relating to reportable incidents); 55 Pa.Code § 6400.18 (relating to reporting of unusual incidents) and 19 (relating to reporting of deaths); 55 Pa.Code § 6500.20 (relating to reporting of unusual incidents) and 21 (relating to reporting of deaths).

V. Procedure – Incidents Submitted by Mail, Facsimile, or Email

Following an incident, and within the timeframes established by regulation, service providers who report incidents via mail, facsimile, or email will:

1. Review the appropriate appendix to determine if the incident must be reported to BHSL.
2. Complete the BHSL Incident Report Form attached as Appendix H.
3. Transmit the completed form to BHSL Headquarters.
 - a. By overnight mail:
BHSL
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
 - b. By facsimile: 717-783-5662
 - c. By email: ra-pwarlheadquarters@pa.gov.

VI. List of Appendices

- A. Reporting Requirements for Adult Training Facilities (Chapter 2380)
- B. Reporting Requirements for Vocational Facilities (Chapter 2390)
- C. Reporting Requirements for Personal Care Homes (Chapter 2600)
- D. Reporting Requirements for Assisted Living Residences (Chapter 2800)
- E. Reporting Requirements for Child Residential and Day Treatment Facilities (Chapter 3800)
- F. Reporting Requirements for Community Homes for Individuals with Mental Retardation (Chapter 6400)
- G. Reporting Requirements for Family Living Homes (Chapter 6500)
- H. BHSL Incident Report Form
- I. List of serious communicable diseases, as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions)
- J. Partial list of applicable safety laws contemplated by 55 Pa.Code § 2600.18 (relating to applicable health and safety laws)

APPENDIX A

Reporting Requirements for Adult Training Facilities (Chapter 2380)

1. Abuse or suspected abuse of an individual.
2. Injury, trauma or illness requiring inpatient hospitalization, that occurs while the individual is at the facility or under the supervision of the facility.
3. A suicide attempt by an individual.
4. A violation or alleged violation of an individual's rights.
5. An individual whose absence is unaccounted for, and is therefore presumed to be at risk.
 - a. Clarification -Whether or not an individual is "presumed to be at risk" depends on the individual's assessed need for supervision¹² and protocol for direct supervision as specified in the ISP¹³.
6. The misuse or alleged misuse of an individual's funds or property.
 - a. Clarification - Misuse of an individual's funds or property constitutes financial exploitation, a form of abuse. As such, incidents of this type should be reported as (1) Abuse.
7. An outbreak of a serious communicable disease, as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions) to the extent that confidentiality laws permit reporting.
8. An incident requiring the services of a fire department or law enforcement agency.
 - a. Clarification- This does not include:
 - i. Calls to an ambulance/EMS.
 - ii. A police response to a 302 involuntary commitment proceeding.
 - iii. Police response to an EMS call.
9. A condition, except for snow or ice conditions, that results in closure of the facility for more than 1 scheduled day of operation.
10. The death of an individual that occurs at the facility or while under the supervision of the facility.

¹² § 2380.181(e)(4)

¹³ § 2380.183(4)

APPENDIX B

Reporting Requirements for Vocational Facilities (Chapter 2390)

1. Death of a client.
2. Injury or illness of a client requiring inpatient hospitalization.
3. Fire requiring the services of a fire department.
Clarification – While BHSL strongly recommends reporting any incident where the fire department responds to the facility, only actual fires are *required* to be reported.

APPENDIX C

Reporting Requirements for Personal Care Homes (Chapter 2600)

1. The death of a resident.
2. A physical act by a resident to commit suicide.
3. A serious bodily injury or trauma requiring treatment at a hospital or medical facility. This does not include minor injuries such as sprains or minor cuts.
Exception: "Serious bodily injury or trauma" is such that the individual experienced one or more of the following as a result of the injury:
 - Substantial risk of death
 - Extreme physical pain
 - Protracted loss or impairment of the function of a limb, organ, or other bodily member
 - Protracted unconsciousness
 - Significant or substantial internal damage (such as broken bones)**Only injuries of this type need to be reported.**
4. A violation of a resident's rights in § 2600.41-44.
5. An unexplained absence of a resident for 24 hours or more, or when the support plan so provides, a period of less than 24 hours, or an absence of a resident from a secured dementia care unit.
Exception: This does not include a resident who wanders outside without leaving the premises (property of the home) and is immediately guided back inside by staff.
6. Misuse of a resident's funds by the home's staff persons or legal entity.
7. An outbreak of a serious communicable disease as defined in 28 Pa.Code § 27.2 (relating to specific identified reportable diseases, infections and conditions). See Appendix C for a list of communicable diseases.
8. Food poisoning of residents.
9. A physical or sexual assault by or against a resident.
10. Fire or structural damage to the home.
11. An incident requiring the services of an emergency management agency, fire department or law enforcement agency, except for false alarms.
Exception: This does not include:
 - Calls to an ambulance/EMS.
 - A police response to a 302 involuntary commitment proceeding.
 - Police response to an EMS call.

- A response to a false alarm, such as a system malfunction or accidental sounding of the alarm. Minor events that trigger a fire department response (such as burned popcorn) **must** be reported.
12. A complaint of resident abuse, suspected resident abuse or referral of a complaint of resident abuse to a local authority.
 13. A prescription medication error as defined in § 2600.188 (relating to medication errors).
 14. An emergency in which the procedures under § 2600.107 (relating to emergency preparedness) are implemented.
 15. An unscheduled closure of the home or relocation of the residents.
 16. Bankruptcy filed by the legal entity.
 17. A criminal conviction against the legal entity, administrator or staff that are subsequent to the reporting on the criminal history checks under § 2600.51 (relating to criminal history checks).
 18. A termination notice from a utility company. This includes a termination notice or an actual service termination.
 19. A violation of applicable health and safety laws listed in § 2600.18 (relating to applicable health and safety laws).

APPENDIX D

Reporting Requirements for Assisted Living Residences (Chapter 2800)

1. The death of a resident.
2. A physical act by a resident to commit suicide.
3. A serious bodily injury or trauma requiring treatment at a hospital or medical facility. This does not include minor injuries such as sprains or minor cuts.
Exception: "Serious bodily injury or trauma" is such that the individual experienced one or more of the following as a result of the injury:
 - Substantial risk of death
 - Extreme physical pain
 - Protracted loss or impairment of the function of a limb, organ, or other bodily member
 - Protracted unconsciousness
 - Significant or substantial internal damage (such as broken bones)**Only injuries of this type need to be reported.**
4. A violation of a resident's rights in § 2600.41-44.
5. An unexplained absence of a resident for 24 hours or more, or when the support plan so provides, a period of less than 24 hours, or an absence of a resident from a special care unit.
Exception: This does not include a resident who wanders outside without leaving the premises (property of the home) and is immediately guided back inside by staff.
6. Misuse of a resident's funds by the home's staff persons or legal entity.
7. An outbreak of a serious communicable disease as defined in 28 Pa.Code § 27.2 (relating to specific identified reportable diseases, infections and conditions). See Appendix C for a list of communicable diseases.
8. Food poisoning of residents.
9. A physical or sexual assault by or against a resident.
10. Fire or structural damage to the home.
11. An incident requiring the services of an emergency management agency, fire department or law enforcement agency, except for false alarms.
Exception: This does not include:
 - Calls to an ambulance/EMS.
 - A police response to a 302 involuntary commitment proceeding.
 - Police response to an EMS call.

- A response to a false alarm, such as a system malfunction or accidental sounding of the alarm. Minor events that trigger a fire department response (such as burned popcorn) **must** be reported.
12. A complaint of resident abuse, suspected resident abuse or referral of a complaint of resident abuse to a local authority.
 13. A prescription medication error as defined in § 2600.188 (relating to medication errors).
 14. An emergency in which the procedures under § 2600.107 (relating to emergency preparedness) are implemented.
 15. An unscheduled closure of the home or relocation of the residents.
 16. Bankruptcy filed by the legal entity.
 17. A criminal conviction against the legal entity, administrator or staff that are subsequent to the reporting on the criminal history checks under § 2600.51 (relating to criminal history checks).
 18. A termination notice from a utility company. This includes a termination notice or an actual service termination.
 19. A violation of applicable health and safety laws listed in § 2600.18 (relating to applicable health and safety laws).
 20. An absence of staff so that residents receive inadequate care as defined by the respective resident's support plan.

APPENDIX E

Reporting Requirements for Child Residential and Day Treatment Facilities (Chapter 3800)

1. A death of a child.
2. A physical act by a child to commit suicide.
3. An injury, trauma or illness of a child requiring inpatient treatment at a hospital.
4. A serious injury or trauma of a child requiring outpatient treatment at a hospital, not to include minor injuries such as sprains or cuts.
 - a. Clarification – “Serious bodily injury or trauma” is such that the individual experienced extreme physical pain; protracted loss or impairment of the function of a limb, organ, or mental faculty; protracted unconsciousness; or significant or substantial internal damage (such as broken bones). Only injuries of this type need to be reported.
5. A violation of a child’s rights.
6. Intimate sexual contact between children, consensual or otherwise.
7. A child absence from the premises for 4 hours or more without the approval of staff persons, or for 30 minutes or more without the approval of staff persons if the child may be in immediate jeopardy.
8. Abuse or misuse of a child’s funds.
 - a. Clarification – Abuse or misuse of a child’s funds or property constitutes financial exploitation, a form of abuse. As such, incidents of this type should be reported as abuse.
9. An outbreak of a serious communicable disease as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions).
10. An incident requiring the services of the fire or police departments.
 - a. Clarification- This does not include:
 - i. Calls to an ambulance/EMS.
 - ii. A police response to a 302 involuntary commitment proceeding.
 - iii. Police response to an EMS call.
11. Any condition which results in closure of the facility.

APPENDIX F

Reporting Requirements for Community Homes for Individuals with Mental Retardation (Chapter 6400)

1. Abuse or suspected abuse of an individual.
2. Injury, trauma or illness requiring inpatient hospitalization.
3. A suicide attempt by an individual.
4. A violation or alleged violation of an individual's rights.
5. An individual who is missing for more than 24 hours or who could be in jeopardy if missing at all.
 - a. Clarification - Whether an individual "could be in jeopardy if missing at all" depends on the individual's assessed need for supervision¹⁴ and protocol for direct supervision as specified in the ISP¹⁵.
6. The misuse or alleged misuse of an individual's funds or property.
 - a. Clarification - Misuse of an individual's funds or property constitutes financial exploitation, a form of abuse. As such, incidents of this type should be reported as (1) Abuse.
7. An outbreak of a serious communicable disease, as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions) to the extent that confidentiality laws permit reporting.
8. An incident requiring the services of a fire department or law enforcement agency.
 - a. Clarification- This does not include:
 - i. Calls to an ambulance/EMS.
 - ii. A police response to a 302 involuntary commitment proceeding.
 - iii. Police response to an EMS call.
9. Any condition that results in closure of the facility for more than 1 scheduled day of operation.
10. The death of an individual.

¹⁴ § 6400.181(e)(4)

¹⁵ § 6400.183(4)

APPENDIX G

Reporting Requirements for Family Living Homes (Chapter 6500)

1. Abuse or suspected abuse of an individual.
2. Injury, trauma or illness requiring inpatient hospitalization.
3. A suicide attempt by an individual.
4. A violation or alleged violation of an individual's rights.
5. An individual who is missing for more than 24 hours or who could be in jeopardy if missing at all.
 - a. Clarification -Whether an individual "could be in jeopardy if missing at all" depends on the individual's assessed need for supervision¹⁶ and protocol for direct supervision as specified in the ISP¹⁷.
6. The misuse or alleged misuse of an individual's funds or property.
 - a. Clarification - Misuse of an individual's funds or property constitutes financial exploitation, a form of abuse. As such, incidents of this type should be reported as (1) Abuse.
7. An outbreak of a serious communicable disease, as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions) to the extent that confidentiality laws permit reporting.
8. An incident requiring the services of a fire department or law enforcement agency.
 - a. Clarification- This does not include:
 - i. Calls to an ambulance/EMS.
 - ii. A police response to a 302 involuntary commitment proceeding.
 - iii. Police response to an EMS call.
9. The death of an individual.

¹⁶ § 6500.151(e)(4)

¹⁷ § 6500.153(4)

APPENDIX H

Bureau of Human Services Licensing
Incident Reporting Form

Regulatory Chapter (Circle)	2380	2390	2600	2800	3800	6400	6500
Licensed Setting Name:							
Street Address:							
License Number OR Master Provider Index Number:							

Date Of Incident:		Incident Number: <i>(Example list the number of the incident as it appears in the applicable regulatory chapter)</i>
Time of Incident:		

Persons Involved:

Name (Last, First)	Person's Role in Incident <i>(Example: Resident, Staff Person, Responding Officer, etc.)</i>

Description of Incident (Attach Additional Pages as Necessary):

Please provide as much detail as possible about the incident, including what happened, where it happened, when it happened, the licensed setting's response, etc.)

APPENDIX I

List of serious communicable diseases, as defined in 28 Pa. Code § 27.2 (relating to specific identified reportable diseases, infections and conditions)

The following diseases, infections and conditions are reportable within 24 hours after being identified by symptoms, appearance or diagnosis:

Animal bite.	Hemorrhagic fever.
Anthrax.	Lead poisoning.
Arboviruses.	Legionellosis.
Botulism.	Measles (rubella).
Cholera.	Meningococcal invasive disease.
Diphtheria.	Plague.
Enterohemorrhagic E. coli.	Poliomyelitis.
Food poisoning outbreak.	Rabies.
Haemophilus influenzae invasive disease	Smallpox.
Hantavirus pulmonary syndrome	Typhoid fever

The following diseases, infections and conditions are reportable within 5 working days after being identified by symptoms, appearance or diagnosis:

AIDS.
Amebiasis.
Brucellosis.
CD4 T-lymphocyte test result with a count of less than 200 cells/ μ L or a CD4 T-lymphocyte percentage of less than 14% of total lymphocytes (effective October 18, 2002).
Campylobacteriosis.
Cancer.
Chancroid.
Chickenpox (varicella) (effective January 26, 2005).
Chlamydia trachomatis infections.
Creutzfeldt-Jakob Disease.
Cryptosporidiosis.
Encephalitis.
Giardiasis.
Gonococcal infections.
Granuloma inguinale.
Guillain-Barre syndrome.
HIV (Human Immunodeficiency Virus) (effective October 18, 2002).
Hepatitis, viral, acute and chronic cases.
Histoplasmosis.
Influenza.
Leprosy (Hansen's disease).
Leptospirosis.
Listeriosis.
Lyme disease.

Lymphogranuloma venereum.
Malaria.
Meningitis (All types not caused by invasive Haemophilus influenza or Neisseria meningitis).
Mumps.
Pertussis (whooping cough).
Psittacosis (ornithosis).
Rickettsial diseases.
Rubella (German measles) and congenital rubella syndrome.
Salmonellosis.
Shigellosis.
Staphylococcus aureus, Vancomycin-resistant (or intermediate) invasive disease.
Streptococcal invasive disease (group A).
Streptococcus pneumoniae, drug-resistant invasive disease.
Syphilis (all stages).
Tetanus.
Toxic shock syndrome.
Toxoplasmosis.
Trichinosis.
Tuberculosis, suspected or confirmed active disease.
Tularemia.

28 Pa.Code § 27.21 specifies the Pennsylvania Department of Health reporting procedures for communicable and non-communicable disease.

- ▶ Reporting of these diseases and conditions is required only if there is a written diagnosis by a physician and only if the initial diagnosis occurred after the resident moved into the home.
- ▶ Reporting of cancer is required only if the cancer was diagnosed by a physician after the resident was admitted to a residential setting and if there are more than two cases of the same type of cancer diagnosed within the past year. It is important to look for any environmental causes of cancer and contact health authorities and/or DEP.
- ▶ An outbreak of MRSA is not required to be reported as per the Department of Health's list of reportable diseases; therefore, MRSA cases or outbreaks are not required to be reported to the Department.

If it is suspected that there is a risk to the health and safety of other residents due to an outbreak of a reportable disease, the regional licensing inspector should consult with their supervisor. The supervisor should immediately contact the local health department and report the incident. The inspector should remind the provider to follow universal precautions as well as any instructions provided by the local health department. If the local health department cannot be reached, the supervisor should contact the State Department of Health, Division of Infectious Disease Epidemiology at: (717) 787-3350.

HIPAA (Health Insurance Portability and Accountability Act) does not preclude the home from sending these reports related to the health or condition of an individual resident, including a death certificate, to the Department. As a state licensing (oversight) agency, the Department is permitted free and full access to resident information.

APPENDIX J

Examples of Applicable Laws

Note that this list is not exhaustive and other laws, ordinances, and regulations may also apply to the home pursuant to 55 Pa. Code § 2600.18.

1. 35 P.S. § 10225.101, et. seq., known as the Older Adult Protective Services Act. (governed by Department of Aging)
2. Act 28 of 1995, 18 Pa. C.S.A. §2713, known as the Neglect of Care-Dependent Persons Act. (governed by Department of Aging)
3. Act 171 of 2002, 35 P.S. § 10226.101 – 10226.107, known as the Elder Care Payment Restitution Act. (governed by Department of Aging)
4. Pennsylvania Human Relations Act (43 P.S. § 951 – 962.2). (governed by Human Relations Commission)
5. Age Discrimination Act of 1975 (42 U.S.C.A. § 6101 - 6107). (governed by Human Relations Commission)
6. Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. § 2000d - 2000d-4a). (governed by Human Relations Commission)
7. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.A. § 794).
8. American with Disabilities Act of 1990 (42 U.S.C.A. § 12101 - 12514). (governed by Department of Labor and Industry)
9. 6 Pa.Code Chapter 15, known as the Protective Services for Older Adults regulations. (governed by Department of Aging)
10. 25 Pa.Code Chapter 109, known as the Safe Drinking Water Act. (governed by Department of Environmental Protection). Any personal care home that obtains water from a private well (not on public water) and that serves 25 or more individuals daily (including the number of daily staff on all three shifts, all residents, and all other household members) at least 60 days of the year is required to obtain a permit from DEP.
11. 28 Pa.Code Chapter 27, known as the Communicable and Non-communicable Diseases regulations. (governed by Department of Health)
12. 31 Pa.Code Chapter 151, known as the Continuing Care Providers regulations. (governed by Department of Insurance)
13. 34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations. (governed by Department of Labor and Industry). If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation"

issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection they will be issued a new certificate.

14. 34 Pa.Code Chapter 7, known as the Elevators, Lifts, Escalators, Dumbwaiters, Hoists and Tramways regulations. (governed by Department of Labor and Industry)
15. 35 P.S. § 637.1 – 637.11, known as the Clean Indoor Air Act regulations.

Operations 6 - Initial Licensing of Human Services Settings and Expanding Satellite Locations

I. Purpose

This policy specifies the requirements for obtaining initial licensure to operate a human service setting or opening a new satellite location under an existing license. Human service settings include adult training facilities, vocational facilities, personal care homes, assisted living residences, child residential day treatment centers, child residential facilities and day treatment programs, community homes for people with mental retardation, and family living homes¹⁸.

For the purposes of this policy:

1. "Initial licensure" means the first license issued to a legal entity¹⁹ as a result of:
 - a. New construction of a structure to be used for the provision of human services.
 - b. Purchase of an existing structure to be used for the provision of human services.
 - c. The sale of an existing structure to another legal entity to be used for the provision of human services.
 - d. A change in an existing legal entity's structure such that the person, society, corporation, governing authority or partnership responsible for the operation of the setting has changed.
2. "Existing license" means a license issued to an agency to operate one or more satellite locations from a central "parent" setting.
3. "Satellite location" means a location where services are provided under the agency headquartered at a parent setting.

II. General Process

1. The administrative process for initial licensure is as follows:
 - a. The legal entity seeking licensure submits an application for licensure to BHSL.
 - b. Following receipt of a complete human services licensing application, BHSL will conduct a background check on the applicant.
 - c. Policies and procedures specific to the licensing program of the applicant will be requested of the applicant for review by BHSL.

¹⁸ 55 Pa.Code Chs. 2380, 2390, 2600, 2800, 3800, 6400, and 6500, respectively.

¹⁹ Per 55 Pa.Code § 20.4, a legal entity is "a person, society, corporation, governing authority or partnership legally responsible for the administration and operation of a facility or an agency."

- d. Once policies and procedures have been found to be in compliance with applicable regulations, a scheduled onsite inspection of the human service setting will occur.
 - e. If violation(s) are found, a Licensing Inspection Summary will be developed and issued to the applicant.
 - f. A recommendation for licensure will be made upon receipt of an acceptable plan of correction and verification that the human service setting has corrected the violation(s) has been received by BHSL.
 - g. The recommended action will be subjected to administrative review.
 - h. BHSL will issue or deny a license, as appropriate.
2. The administrative process for opening a new satellite location under an existing license is as follows:
- a. The legal entity notifies BHSL in writing of the intent to open a new location
 - i. If the new site is opening under an existing community home for people with mental retardation or family living home, the entity must receive "site clearance" from the Office of Developmental Programs to ensure that the new location meets the programmatic requirement to be noncontiguous in order to be paid. BHSL will remind any legal entity who does not present evidence of site clearance at the time of the expansion request that the entity will not be permitted to receive payment absent verification of noncontiguity.
 - b. A scheduled onsite inspection of the human service setting will occur.
 - c. If violation(s) are found, a Licensing Inspection Summary will be developed and issued to the entity.
 - d. A recommendation for approval will be made upon receipt of an acceptable plan of correction and verification that the human service setting has corrected the violation(s) has been received by BHSL.
 - e. The recommended action will subjected to administrative review.
 - i. If the setting is a community home for persons with mental retardation: If no violations are identified, or upon receipt of an acceptable plan of correction and verification that the human service setting has corrected the violation(s), BHSL Headquarters will issue the PROMISe Billing Letter for New Homes (see Appendix A).
 - ii. An addendum to the existing license will be processed and transmitted to the legal entity.

III. Administrative Procedures for Initial Licensure

1. An application for licensure of a human service setting must include the following documentation in order to be determined complete:
 - a. Human Service Setting Application for licensure (Form PW633 or electronic equivalent) filled out in its entirety.

- b. Fire-safety approval for the correct address, or a statement that such approval is not required, issued by the authorized local or state agency.
 - c. Corporation papers (if applicable).
 - d. Proof of non-profit status (if applicable).
 - e. Fictitious name approval (if applicable).
 - f. Check or money order made out to "Department of Public Welfare" for the appropriate application fee (if applicable).
2. The applicant background check will include the following, at a minimum:
- a. The criminal history portion of the application form. Has the applicant checked "yes" to any of the criminal history questions on the form? Does the regional office have knowledge or reasonable suspicion of an alleged criminal history of the applicant?
 - b. The prior license history portion of the application form. Has the applicant checked "yes" to the prior license history question?
 - c. Prior license action or status. Does BHSL have knowledge of prior license action/status in Pennsylvania or elsewhere (in applicable licensure or other types of health or human service operation) that may negatively affect the applicant ability to operate a facility? Have any negative enforcement actions, including provisional licenses, been issued to the applicant with the past 5 years?
3. Fire-safety approval review will include the following, at a minimum:
- a. Is the Certificate of Occupancy issued to the correct address, by the authorized local or state agency and for the correct occupancy code?
 - b. Are there any restrictions to occupancy?
 - c. If the applicant has requested to operate a personal care home secured dementia care unit or an assisted living residence special care unit, is there an approval by the applicable local or state building authority for the locking mechanisms on the doors?
4. BHSL will evaluate the suitability of physical site location or premises by determining whether BHSL has any knowledge of:
- a. The physical site location and of its suitability.
 - b. The address of the proposed new human service setting and any questions about suitability (e.g. location of human service setting serving an adult with criminal sexual assaults near a school, etc.).
5. BHSL will review the application to determine if reasonable suspicion of falsification or fraud in the submission of the application exists.

6. If the preliminary review results in any concerns or suspicions, the BHSL Regulatory Implementation Manager will immediately consult with the BHSL Director of Regulatory Implementation.
7. If after the initial review no issues are identified, the BHSL Regulatory Implementation Manager will send written correspondence to the applicant formally requesting pre-inspection documents. Pre-inspection documents include:
 - a. The materials categorized as "Operations" in the *BHSL Basic Categorization of Regulations* document for the appropriate licensed setting.
 - b. Written approval from the Bureau of Equal Opportunity.
 - c. A statement from the applicant listing all licensed human service settings with which it is affiliated (including but not limited to parent companies, subsidiaries, partnerships, management agreements; etc.).
 - d. In the event that the applicant is applying to operate a setting that is currently or was formally operating pending appeal of a licensing enforcement action, an affidavit declaring that the applicant has no affiliation with the legal entity subjected to enforcement action.
8. Upon receipt and compliance verification of the above materials, the BHSL Regulatory Implementation Manager will direct the applicable Regional Workload Manager to schedule an on-site inspection of the applicant's physical site. The timing of the inspection will be scheduled in accordance with BHSL workload priorities, but no later than 60 calendar days following submission of all documents required.
9. During the on-site inspection, BHSL will inspect the regulations categorized as "Environmental Maintenance" in the *BHSL Basic Categorization of Regulations* document for the appropriate licensed setting.
10. Following the production of a Licensing Inspection Summary, receipt of an acceptable plan of correction, and verification of compliance with the plan, BHSL will:
 - a. Recommend a regular license if full implementation or substantial implementation/adequate progress with all areas of the plan of correction is determined.
 - b. Recommend a provisional license if substantial implementation/inadequate progress or no implementation with one or more areas of the plan of correction is determined.
 - c. Recommend denial of a license based on circumstances unique to the situation.

IV. Legal Authority

Statute - 62 P.S. § 1002.

Operation and maintenance without a license prohibited.

No person shall maintain, operate or conduct any facility, as defined herein, without first having a license therefore issued by the department.

Statute - 62 P.S. § 1003. Application for a license.

Any person desiring to secure a license for maintaining, operating and conducting a facility shall submit an application therefore to the department upon forms prepared and furnished by the department, together with such other information as the department shall require. Application for annual renewal of license shall be made in the same manner as application for the original license.

Statute - 62 P.S. 1007. Issuance of license.

When, after investigation, the department is satisfied that the applicant or applicants for a license are responsible persons, that the place to be used as a facility is suitable for the purpose, is appropriately equipped and that the applicant or applicants and the place to be used as a facility meet all the requirements of this act and of the applicable statutes, ordinances and regulations, it shall issue a license and shall keep a record thereof and of the application.

V. Policies, Procedures, and Protocols Replaced by this Document

ARL

New Home Inspections or Sale of Legal Entity, August 13, 2010

Verification of Correction of Violations Policy, October 27, 2009

IDL

LC-05-06, Application for a New Facility, or Community Home or Family Living Agency

LC-10-06, Community or Family Living Agency or Facility Acquisitions

LC-25-06, Opening and Closing of a Community or Family Living Home

LC-37-06, PROMISe Billing Letter for New Homes

APPENDIX A

PROMISe Billing Letter



CEO
Legal Entity Name
Legal Entity Address

RE: [Address of new location]

Dear [CEO of Legal Entity]:

As a result of the Department of Public Welfare, Bureau of Human Services Licensing's (Department) inspection of the above premises on [date(s)-list all dates on which we conducted on-site inspections], a recommendation has been made to add the above premises to your existing license, [License number]. The licensed capacity of this location is [Capacity]. The effective dates of your license remain unchanged.

You may use this letter to begin billing through Pennsylvania's Provider Reimbursement and Operations Management Information System (PROMISe™).

Please contact the Department's Operator Support Hotline at 1-866-503-3926.

Sincerely,

[Director Name]
Director

Operations 7 – Basic Regulatory Categorization

I. Purpose

This document categorizes specific regulatory requirements for Adult Training Facilities, Vocational Facilities, Personal Care Homes, Assisted Living Residences, Child Residential and Day Treatment Settings, Community Homes for Individuals with Mental Retardation, and Family Living Homes for the purposes of:

1. Initial licensure
 - a. For initial licensure, all of the materials categorized as “Operations” must be provided, and only the regulations categorized as “Environmental Maintenance” will be measured during the on-site inspection.
2. New Location Under Existing License
 - a. For a new location under an existing license, only the regulations categorized as “Environmental Maintenance” will be measured during the on-site inspection.
3. Pre-inspection requests for operational material for off-site review.
 - a. For pre-inspection requests, any (or none) of the materials categorized as “Operations” may be requested. All other regulations, not just those categorized as “Environmental Maintenance,” will be measured for compliance during the on-site phase of the inspection.

II. Categorizations

Adult Training Facilities – Operations

- § 2380.14(a) – Fire Safety Permit
- § 2380.17(b) – Reporting Unusual Incidents
- § 2380.20(d) – Criminal History Checks
- § 2380.21(b)(1)-(4) – Civil Rights Policy
- § 2380.22 – Grievance Procedures
- § 2380.32(c) – Chief Executive Officer Qualifications
- § 2380.33(c) – Program Specialist Qualifications
- § 2380.35(a)-(c) – Staffing Schedule
- § 2380.36(e) – Staff Training
- § 2380.36(g) – First Aid/Heimlich/CPR Staff Training
- § 2380.55(f)-(g) – Sewage Approval (if applicable)
- § 2380.59(c) – Water Approval (if applicable)
- § 2380.71 – Elevator Approval (if applicable)
- § 2380.83(a) – Evacuation Procedures
- § 2380.87(d) – Inoperable Fire Alarm Policy
- § 2380.92(a) – Smoking Policy (if applicable)
- § 2380.115 – Emergency Medical Plan
- § 2380.152 – Restrictive Procedures Policy

- § 2380.181(e) – Assessment
- § 2380.183 – ISP
- Written approval from the Bureau of Equal Opportunity.
- A statement from the human service setting's legal entity listing all licensed human service settings with which it is affiliated (including but not limited to parent companies, subsidiaries, partnerships, management agreements; etc.).
- Affidavit for the sale of a legal entity that is currently operating pending appeal of a Departmental enforcement action, or previous operator was deemed "not a responsible person" by the Department. (an affidavit will be sent to the applicant if applicable)

A floor plan/layout of the facility which includes the following information (floor plan should show size dimensions of each room):

- § 2380.52(a) – Indoor Floor Space
- § 2380.69(a) – Toilet Ratio
- § 2380.69(b) – Sink Ratio
- § 2380.69(d) – Separate Bathrooms
- § 2380.81 – Two Exits

Adult Training Facilities – Environmental Maintenance

- § 2380.53(a)–(c) – Poisons
- § 2380.54 – Heat Sources
- § 2380.55(a)-(g) – Sanitation
- § 2380.56 – Ventilation
- § 2380.57 – Lighting
- § 2380.58(a)-(b) – Surfaces
- § 2380.58(c)(1)-(2) – Paint Tested/Stripped
- § 2380.59(a)-(b) – Running Water/120 Degrees
- § 2380.59(c) – Ventilation
- § 2380.60(a)-(b) – Temperature
- § 2380.61 – Telephone
- § 2380.62 – Emergency Numbers
- § 2380.63(a)-(b) – Windows/Doors
- § 2380.64(a)-(b) – Handrails/Railings
- § 2380.65 – Steps
- § 2380.66(a)-(c) – Landings
- § 2380.68 – Storage Space
- § 2380.69(c)-(f) – Bathrooms
- § 2380.70(a)-(e) – First Aid
- § 2380.72(a)-(b) – Exterior Conditions
- § 2380.82 – Unobstructed Egress
- § 2380.83(a)-(b) – Evacuation
- § 2380.85 – Combustible Supplies
- § 2380.86 – Portable Space Heaters
- § 2380.87(a)-(c) – Fire Alarm System

- § 2380.88(a)-(f) – Fire Extinguisher
- § 2380.90(a)-(b) – EXIT Signs
- § 2380.131(a)-(c) – Dining Area

Vocational Facilities – Operations

- § 2390.14(a) – Fire Safety Permit
- § 2390.15(a)-(c) – Wage & Hour Certificate (if applicable)
- § 2390.16 – Public Eating & Drinking Place License (if applicable)
- § 2390.17– Written Statement of Purpose
- § 2390.20 – Accident Prevention Policy
- § 2390.21(b)(1)-(4) – Civil Rights Policy
- § 2390.22(a) – Governing Body
- § 2390.32(c) – Chief Executive Officer Qualifications
- § 2390.33(c) – Program Specialist Qualifications
- § 2390.34(c) – Production Manager Qualifications
- § 2390.35(d)– Floor Supervisor Qualifications
- § 2390.36(c) – Trainer Qualifications
- § 2390.37(c) – Vocational Evaluator Qualifications
- § 2390.39(a)-(c) – Staffing Schedule
- § 2390.40(a) – Staff Training
- § 2390.73 – Elevator Approval (if applicable)
- § 2390.82(a) – Evacuation Procedures
- § 2390.82(b) – Fire Safety Inspection Documentation
- § 2390.83(c)(2) – Inoperable Fire Alarm Policy
- § 2390.87 – Fire Safety Training
- § 2390.102– First Aid Training
- § 2390.103 – Emergency Medical Plan
- § 2390.125 – Record Policy
- § 2390.144 – Handicapped Employment Floor Supervisor (if applicable)
- § 2390.151(e) - Assessment
- § 2390.153 - ISP
- Written approval from the Bureau of Equal Opportunity.
- A statement from the human service setting's legal entity listing all licensed human service settings with which it is affiliated (including but not limited to parent companies, subsidiaries, partnerships, management agreements; etc.).
- Affidavit for the sale of a legal entity that is currently operating pending appeal of a Departmental enforcement action, or previous operator was deemed "not a responsible person" by the Department. (an affidavit will be sent to the applicant if applicable)

A floor plan/layout of the facility which includes the following information (floor plan should show size dimensions of each room):

- § 2390.51– Accommodations (if applicable)
- § 2390.52(a)-(b) – Indoor Floor Space
- § 2390.74(a)-(c) – Lavatories

Vocational Facilities – Environmental Maintenance

- § 2390.53 – Outside Walkway
- § 2390.54 – Combustible Materials
- § 2390.55(a)-(b) – Sanitation
- § 2390.56 – Running Water
- § 2390.57 – Indoor Temperature
- § 2390.58 – Telephone
- § 2390.59 – Emergency Numbers Posted
- § 2390.60(a)-(d) – First Aid
- § 2390.61 – Hazards
- § 2390.62 – Sanitation
- § 2390.63 –Lighting
- § 2390.64 – Handrails
- § 2390.65 – Stairs
- § 2390.66 – Landings
- § 2390.67 – Conditions
- § 2390.68 – Hazardous Equipment
- § 2390.69 – Protective Equipment
- § 2390.70 – Special Signals - Equipment
- § 2390.71(a)-(b) – Ventilation
- § 2390.72(a)-(c) – Passageways & Aisles
- § 2390.74(d) – Lavatories
- § 2390.75(a)(1)-(5) – Food Service (if applicable)
- § 2390.75(b)(1)-(2) – Dining Area
- § 2390.81 – Unobstructed Exit
- § 2390.83(a)-(c) – Fire Alarms
- § 2390.84(a)-(g) – Fire Extinguishers
- § 2390.86 – EXIT Signs

Personal Care Homes – Operations

- § 2600.14(a) - Fire Safety Permit
- § 2600.16(b) – Reportable Incidents Policy
- § 2600.17 – Confidentiality Policy
- § 2600.18 – Water Permit (if applicable)
- § 2600.25(c)(1)-(13) – Resident-Home Contract
- § 2600.25(d)SOP – Rent Rebate Statement of Policy
- § 2600.25(e)-(f) – Resident-Home Contract
- § 2600.26(a)-(c) – Quality Management Plan
- § 2600.41(a) – Resident Rights
- § 2600.44(a) - Complaint Procedures
- § 2600.51, 52 – Criminal History Checks
- § 2600.53(a)-(b) – Administrator Qualifications (education)
- § 2600.54(a)-(b) – Direct Care Staff Person Qualifications
- § 2600.56 – Administrator Staffing
- § 2600.57(a)-(d) – Staffing Schedule

- § 2600.63(a)-(b) – First Aid/CPR Training
- § 2600.64(a) – Administrator Qualifications (training and orientation)
- § 2600.65(a)-(b), (g) – Staff Training Content
- § 2600.66(a)-(b) – Staff Training Plan
- § 2600.85(f) – Sewage Approval (if applicable)
- § 2600.89(c) – Private Water Testing (if applicable)
- § 2600.97 – Elevator Approval (if applicable)
- § 2600.101(j)(1) – Fire Retardant Mattresses
- § 2600.106 – Pools (if applicable)
- § 2600.107(b) – Emergency Preparedness Plan
- § 2600.108(5) – Firearms and Weapons
- § 2600.109(a), (d) – Pets (if applicable)
- § 2600.130(h) – Inoperable Fire Alarm/Smoke Detector Policy
- § 2600.132(c) – Fire Drill Record
- § 2600.143(a) – Emergency Medical Plan
- § 2600.144(b)-(c) – Smoking Policy (if applicable)
- § 2600.182(b) – Medication Administration
- § 2600.185(a)-(b) – Medication Administration Policy
- § 2600.187(a) – Medication Administration Record
- § 2600.188(d) - Medication Administration Policy
- § 2600.190(a)-(b) – Medication Administration Training
- § 2600.223(a)-(b) – Description of Services Policy
- § 2600.224(a) – Preadmission Screening Form
- § 2600.225(b) – Assessment Form
- § 2600.227(b) – Support Plan Form
- § 2600.228(b) – Discharge/Transfer Policy
- § 2600.232(d) – Secured Dementia Care Unit - Policy (if applicable)
- § 2600.233(a)-(b) – Secured Dementia Care Unit – Lock Approval (if applicable)
- § 2600.236 - Secured Dementia Care Unit – Training (if applicable)
- § 2600.237(a)(1)-(6) - Secured Dementia Care Unit – Program (if applicable)
- § 2600.238 - Secured Dementia Care Unit – Staffing (if applicable)
- § 2600.239(a), (c)(1)-(22) - Secured Dementia Care Unit (if applicable)
- § 2600.254(b) – Records Policy
- Written approval from the Bureau of Equal Opportunity.
- A statement from the human service setting’s legal entity listing all licensed human service settings with which it is affiliated (including but not limited to parent companies, subsidiaries, partnerships, management agreements; etc.).
- Affidavit for the sale of a legal entity that is currently operating pending appeal of a Departmental enforcement action, or previous operator was deemed “not a responsible person” by the Department. (an affidavit will be sent to the applicant if applicable)

A floor plan/layout of the facility which includes the following information (floor plan should show size dimensions of each room):

- § 2600.98(a)-(b)(1) – Indoor Activity Space
- § 2600.101(a)-(b) – Resident Bedrooms
- § 2600.101(e) – Ceiling Height
- § 2600.102(a)-(c) – Bathrooms

- § 2600.122 – Two Exits
- § 2600.232(a)-(c) – Secured Dementia Care Unit (if applicable)

Personal Care Homes – Environmental Maintenance

- § 2600.5(a)(1) – DPW Access
- § 2600.14(b)-(c) – Fire Safety Permit
- § 2600.18 – Clean Indoor Air Act
- § 2600.41(c) - Notification of Resident Rights and Complaint Procedures
- § 2600.53(c)-(h) – Administrator Qualifications
- § 2600.59(a) – Multiple Buildings
- § 2600.62 – Staff Contact List
- § 2600.82(a)-(b) - Poisons
- § 2600.83(a)-(b) - Temperature
- § 2600.84 – Heat Sources
- § 2600.85(a)-(e) - Sanitation
- § 2600.86(a)-(b) - Ventilation
- § 2600.87 - Lighting
- § 2600.88(a)-(b) - Surfaces
- § 2600.89(a)-(b) - Water
- § 2600.90(a)-(b) – Communication System
- § 2600.91 – Emergency Numbers
- § 2600.92 – Windows and Screens
- § 2600.93(a)-(b) – Handrails and Railings
- § 2600.94(a)-(b) – Landings and Stairs
- § 2600.95 – Furniture and Equipment
- § 2600.96(a)-(c) – First Aid Kit
- § 2600.98(a)-(c) – Indoor Activity Space
- § 2600.99 – Recreation Space
- § 2600.100(a)-(b) – Exterior Conditions
- § 2600.101(a)-(i), (j)(2)-(7), (k)-(r)(2) – Resident Bedrooms
- § 2600.102(a)-(l) - Bathrooms
- § 2600.103(a)-(d), (f)-(j) – Food Service
- § 2600.104(a)-(e) – Dining Room
- § 2600.105(e)-(g)(2) – Laundry
- § 2600.107(c)-(d) – Emergency Preparedness
- § 2600.108 – Firearms and Weapons (if applicable)
- § 2600.109(b)-(d) – Pets (if applicable)
- § 2600.121(a)-(b) – Unobstructed Egress
- § 2600.122 – Two Exits
- § 2600.123(a)-(d) – Emergency Evacuation
- § 2600.124 – Notice to Fire Department
- § 2600.125(a)-(b) – Flammable and Combustible Materials
- § 2600.126(a)-(b) – Furnaces (if applicable)
- § 2600.127(a)-(b) – Space Heaters
- § 2600.128(a)-(c) – Supplemental Heating Sources
- § 2600.129(a)-(b) – Fireplaces (if applicable)

- § 2600.130(a)-(g), (i) – Smoke Detectors/Fire Alarms
- § 2600.131(a)-(f) – Fire Extinguishers
- § 2600.132(a)-(b), (d), (f)-(j) – Fire Drills
- § 2600.133(a)(1)-(3) – Exit Signs
- § 2600.144(c)(2), (d) – Smoking
- § 2600.183(b) – Medication Storage
- § 2600.221(a)-(b) – Activity Program
- § 2600.232(a)-(c) – SDCU – Environmental Protection (if applicable)
- § 2600.233(c)-(e) – SDCU - Doors, Locks and Alarms (if applicable)
- § 2600.254(a), (c) – Record Access and Security

Assisted Living Residences – Operations

- § 2800.14(a) - Fire Safety Permit
- § 2800.16(b) – Reportable Incidents Policy
- § 2800.17 – Confidentiality Policy
- § 2800.18 – Water Permit (if applicable)
- § 2800.25(c)(1)-(13) – Resident-Residence Contract
- § 2800.25(e)-(g) – Rent Rebate
- § 2800.25(h)-(i), (l) – Resident-Residence Contract
- § 2800.26(a)-(c) – Quality Management Plan
- § 2800.41(a) – Resident Rights
- § 2800.44(a) - Complaint Procedures
- § 2800.51, 52 – Criminal History Checks
- § 2800.53(a)-(b) – Administrator Qualifications (education)
- § 2800.54(a) – Direct Care Staff Person Qualifications
- § 2800.56(a) – Administrator Staffing
- § 2800.57(a)-(d) – Staffing Schedule
- § 2800.63(a)-(b) – First Aid/CPR Training
- § 2800.64(a) – Administrator Qualifications (training and orientation)
- § 2800.65(a)-(j) – Staff Training Content
- § 2800.66(a)-(b) – Staff Training Plan
- § 2800.85(f) – Sewage Approval (if applicable)
- § 2800.89(c) – Private Water Testing (if applicable)
- § 2800.97 – Elevator Approval (if applicable)
- § 2800.101(j)(1) – Fire Retardant Mattresses
- § 2800.106 – Pools (if applicable)
- § 2800.107(b) – Emergency Preparedness Plan
- § 2800.108(a)-(b), (d) – Weapons (if applicable)
- § 2800.109(a), (d) – Pets (if applicable)
- § 2800.130(g) – Inoperable Fire Alarm/Smoke Detector Policy
- § 2800.132(c) – Fire Drill Record
- § 2800.143(a) – Emergency Medical Plan
- § 2800.144(b)-(c) – Smoking Policy (if applicable)
- § 2800.182(b) – Medication Administration
- § 2800.185(a)-(b) – Medication Administration Policy
- § 2800.187(a) – Medication Administration Record

- § 2800.188(d) - Medication Administration Policy
- § 2800.190(a)-(b) – Medication Administration Training
- § 2800.223(a)-(b) – Description of Services Policy
- § 2800.224(a)(4)-(5), (c)(4)-(5) – Initial Assessment & Preliminary Support Plan
- § 2800.225(a)-(b) – Assessment Form
- § 2800.227(a)-(b) – Support Plan Form
- § 2800.228(b) – Discharge/Transfer Policy
- § 2800.232(d)-(e) – Special Care Unit - Policy (if applicable)
- § 2800.233(a)-(b) – Special Care Unit – Lock Approval (if applicable)
- § 2800.236(a)-(d) - Special Care Unit – Training (if applicable)
- § 2800.237(a)(1)-(6) - Special Care Unit – Program (if applicable)
- § 2800.238 - Special Care Unit – Staffing (if applicable)
- § 2800.239(a), (c)(1)-(22) - Special Care Unit (if applicable)
- § 2800.254(b) – Records Policy
- Written approval from the Bureau of Equal Opportunity.
- A statement from the human service setting's legal entity listing all licensed human service settings with which it is affiliated (including but not limited to parent companies, subsidiaries, partnerships, management agreements; etc.).
- Affidavit for the sale of a legal entity that is currently operating pending appeal of a Departmental enforcement action, or previous operator was deemed "not a responsible person" by the Department. (an affidavit will be sent to the applicant if applicable)

A floor plan/layout of the facility which includes the following information (floor plan should show size dimensions of each room):

- § 2800.98(a)-(b)(1) – Indoor Activity Space
- § 2800.101(b)(1)-(2), (e) – Resident Living Units
- § 2800.101(e) – Ceiling Height
- § 2800.102(a)-(c), (m) – Bathrooms
- § 2800.122 – Two Exits
- § 2800.232(a)-(c) – Special Care Unit (if applicable)

Assisted Living Residences – Environmental Maintenance

- § 2800.5(a)(1) – DPW Access
- § 2800.14(b)-(c) – Fire Safety Permit
- § 2800.18 – Clean Indoor Air Act
- § 2800.41(c) - Notification of Resident Rights and Complaint Procedures
- § 2800.53(c)-(h) – Administrator Qualifications
- § 2800.62 – Staff Contact List
- § 2800.82(a)-(b) - Poisons
- § 2800.83(a)-(c) - Temperature
- § 2800.84 – Heat Sources
- § 2800.85(a)-(e) - Sanitation
- § 2800.86(a)-(b) - Ventilation
- § 2800.87 - Lighting

- § 2800.88(a)-(c) - Surfaces
- § 2800.89(a)-(b) - Water
- § 2800.90(a)-(b) – Communication System
- § 2800.91 – Emergency Numbers
- § 2800.92 – Windows and Screens
- § 2800.93(a)-(b) – Handrails and Railings
- § 2800.94(a)-(c) – Landings and Stairs
- § 2800.95 – Furniture and Equipment
- § 2800.96(a)-(c) – First Aid Kit
- § 2800.98(a)-(c) – Indoor Activity Space
- § 2800.99 – Recreation Space
- § 2800.100(a)-(b) – Exterior Conditions
- § 2800.101(a)-(f), (h), (j)(2)-(7), (k)-(r) – Resident Living Units
- § 2800.102(a)-(n) - Bathrooms
- § 2800.103(a)-(d), (f)-(j) – Food Service
- § 2800.104(a)-(e) – Dining Room
- § 2800.105(e)-(g) – Laundry
- § 2800.107(c)-(d) – Emergency Preparedness
- § 2800.108 – Firearms and Weapons (if applicable)
- § 2800.109(b)-(c) – Pets (if applicable)
- § 2800.121(a)-(b) – Unobstructed Egress
- § 2800.122 – Two Exits
- § 2800.123(a)-(d) – Emergency Evacuation
- § 2800.124 – Notice to Fire Department
- § 2800.125(a)-(b) – Flammable and Combustible Materials
- § 2800.126(a)-(b) – Furnaces (if applicable)
- § 2800.127(a)-(b) – Space Heaters
- § 2800.128(a)-(c) – Supplemental Heating Sources
- § 2800.129(a)-(b) – Fireplaces (if applicable)
- § 2800.130(a)-(f), (h) – Smoke Detectors/Fire Alarms
- § 2800.131(a)-(f) – Fire Extinguishers
- § 2800.132(a)-(b), (d), (f)-(j) – Fire Drills
- § 2800.133(a)(1)-(3) – Exit Signs
- § 2800.144(c)(2), (d) - Smoking
- § 2800.183(b) – Storage of Medications
- § 2800.221(a)-(b) – Activity Program
- § 2800.232(a)-(c) – SCU – Environmental Protection (if applicable)
- § 2800.233(c)-(e) – SCU - Doors, Locks and Alarms (if applicable)
- § 2800.254(a), (c) – Record Access and Security

**Child Residential and Day Treatment Facilities –Residential Services
Operations**

- § 3800.14(a) - Fire Safety Permit
- § 3800.16(b) – Reportable Incidents Policy
- § 3800.31(f) – Grievance Policy
- § 3800.51, 52 – Criminal History Checks

- § 3800.53(c) – Director Qualifications
- § 3800.54(d) – Child Care Supervisor Qualifications
- § 3800.57(a) – Staffing Schedule
- § 3800.58(a) – Staff Training
- § 3800.88(c) - Private Water Testing (if applicable)
- § 3800.97 – Elevator Approval (if applicable)
- § 3800.123 – Evacuation Procedures
- § 3800.130(h) - Inoperable Fire Alarm/Smoke Detector Policy
- § 3800.132(c) - Fire Drill Record
- § 3800.147(c)(1) – Smoking Policy (if applicable)
- § 3800.149(a) – Emergency Medical Plan
- § 3800.221 – Description of Services Policy
- § 3800.226 - ISP
- § 3800.252 – Sewage Approval (if applicable)
- § 3800.253 – Evacuation Procedures (if applicable)
- § 3800.274(1) – Fire Safety Permit – Locked Facility (if applicable)
- § 3800.283(1) – Child Care Worker Qualifications (if applicable)
- § 3800.303(6)-(7) – Emergency Plan (if applicable)
- Written approval from the Bureau of Equal Opportunity.
- A statement from the human service setting's legal entity listing all licensed human service settings with which it is affiliated (including but not limited to parent companies, subsidiaries, partnerships, management agreements; etc.).
- Affidavit for the sale of a legal entity that is currently operating pending appeal of a Departmental enforcement action, or previous operator was deemed "not a responsible person" by the Department. (an affidavit will be sent to the applicant if applicable)

A floor plan/layout of the facility which includes the following information (floor plan should show size dimensions of each room):

- § 3800.98 – Indoor Activity Space
- § 3800.99 – Recreation Space
- § 3800.102(a)-(c), (k) – Child Bedrooms
- § 3800.103(a)-(c) – Bathrooms
- § 3800.122 – Two Exits
- § 3800.257 – Bedrooms (if applicable)
- § 3800.312(4)-(6) – Space, Toilets, Sinks (if applicable)

**Child Residential and Day Treatment Facilities – Residential Services -
Environmental Maintenance**

- § 3800.82(a)-(c) - Poisons
- § 3800.83 – Heat Source
- § 3800.84(a)-(e) – Sanitation
- § 3800.85 – Ventilation
- § 3800.86– Lighting
- § 3800.87(a)-(c) - Surfaces

- § 3800.88(a)-(b) - Water
- § 3800.89(a)-(c) - Temperature
- § 3800.90(a)-(b) – Communication System
- § 3800.91 – Emergency Numbers
- § 3800.92 - Screens
- § 3800.93(a)-(b) – Handrails and Railings
- § 3800.94(a)-(b) – Landings and Stairs
- § 3800.95(a)-(d) – Furniture and Equipment
- § 3800.96 – First Aid Supplies
- § 3800.100(a)-(b) – Exterior Conditions
- § 3800.102(d)-(j) – Child Bedrooms
- § 3800.103(d)-(i) - Bathrooms
- § 3800.104(a) - Kitchens
- § 3800.106(a) – Pools (if applicable)
- § 3800.121(a)-(b) – Unobstructed Egress
- § 3800.125(a)-(b) – Flammable/Combustible Materials
- § 3800.126 – Furnaces (if applicable)
- § 3800.127 – Portable Space Heaters
- § 3800.128 - Wood/Coal Stoves
- § 3800.129(a), (c) – Fireplaces (if applicable)
- § 3800.130(a)-(f) – Smoke Detectors/Fire Alarms
- § 3800.131(a)-(f) – Fire Extinguishers
- § 3800.254(a)-(c) – Exit Signs
- § 3800.255(a) - Laundry

**Community Homes for Individuals with Mental Retardation –
Operations**

- § 6400.14(a) – Fire Safety Permit
- § 6400.18(b) – Reportable Incidents Policy
- § 6400.21(d) – Criminal History Checks
- § 6400.22(a) – Financial Policy
- § 6400.23 – Grievance Procedures
- § 6400.34(b)(1)-(4) – Civil Rights Policy
- § 6400.43(c) – Chief Executive Officer Qualifications
- § 6400.44(c) – Program Specialist Qualifications
- § 6400.45(a)-(c) – Staffing Schedule
- § 6400.46(a) – Staff Training
- § 6400.68(c)– Water Approval (if applicable)
- § 6400.79 – Elevator Approval (if applicable)
- § 6400.103 – Evacuation Procedures
- § 6400.110(h) – Inoperable Fire Alarm Policy
- § 6400.113(a) – Fire Safety Training
- § 6400.114(a) – Smoking Procedures (if applicable)
- § 6400.145 – Emergency Medical Plan
- § 6400.181(e) – Assessment
- § 6400.183 - ISP

- § 6400.192 – Restrictive Procedures Policy
- § 6400.233 – Sewage Approval (if applicable)
- Written approval from the Bureau of Equal Opportunity.
- A statement from the human service setting's legal entity listing all licensed human service settings with which it is affiliated (including but not limited to parent companies, subsidiaries, partnerships, management agreements; etc.).
- Affidavit for the sale of a legal entity that is currently operating pending appeal of a Departmental enforcement action, or previous operator was deemed "not a responsible person" by the Department. (an affidavit will be sent to the applicant if applicable)

A floor plan/layout of the facility which includes the following information (floor plan should show size dimensions of each room):

- § 6400.78(a)-(b) – Indoor Living Space
- § 6400.81(a)-(g) –Bedrooms
- § 6400.82(a)-(c) – Bathrooms
- § 6400.102 – Exits
- § 6400.239(a)– Dining Area
- § 6400.245(a)-(c)– Bathrooms (if applicable)

Community Homes for Individuals with Mental Retardation – Environmental Maintenance

- § 6400.61(a) – Accommodations
- § 6400.62(a), (c), (d) – Poisons
- § 6400.63(a) – Heat Sources
- § 6400.64(a)-(f) – Sanitation
- § 6400.65– Ventilation
- § 6400.66– Lighting
- § 6400.67(a)-(b) – Surfaces
- § 6400.68(a)-(b) – Running Water
- § 6400.69(a)-(b) – Indoor Temperature
- § 6400.70 – Telephone
- § 6400.71 – Emergency Numbers
- § 6400.72(a)-(c) – Screens, Windows and Doors
- § 6400.73(a)-(b) – Handrails and Railings
- § 6400.74 – Nonskid Surfaces
- § 6400.75(a)-(b) – Landings and Stairs
- § 6400.77(a)-(c) – First Aid Kit
- § 6400.80(a)-(b) – Exterior Conditions
- § 6400.81(g)-(l) - Bedrooms
- § 6400.82(d)-(f) – Bathrooms
- § 6400.85(a)-(b) – Pools (if applicable)
- § 6400.86 – Firearms
- § 6400.101 – Unobstructed Egress
- § 6400.105 – Combustible Materials

- § 6400.107 – Portable Space Heaters
- § 6400.108(a)-(b) – Wood/Coal Stoves (if applicable)
- § 6400.109(a)-(b) – Fireplaces (if applicable)
- § 6400.110(a)-(e) – Smoke Detectors/Fire Alarms
- § 6400.111(a)-(f) – Fire Extinguishers

Family Living Homes – Operations

- § 6500.16 – Fire Safety Permit
- § 6500.20(b) - Reportable Incidents Policy
- § 6500.23(e) – Criminal History Checks
- § 6500.24(a) – Financial Policy
- § 6500.34(b)(1)-(4) – Civil Rights Policy
- § 6500.42(c) – Chief Executive Officer Qualifications
- § 6500.43(e) – Family Living Specialist Qualifications
- § 6500.45(a)-(c) – Staff Training
- § 6500.110(b) – Fire Safety Training Plan
- § 6500.151(e) – Assessment
- § 6500.153 - ISP
- § 6500.162 – Restrictive Procedures Policy
- Written approval from the Bureau of Equal Opportunity.
- A statement from the human service setting's legal entity listing all licensed human service settings with which it is affiliated (including but not limited to parent companies, subsidiaries, partnerships, management agreements; etc.).
- Affidavit for the sale of a legal entity that is currently operating pending appeal of a Departmental enforcement action, or previous operator was deemed "not a responsible person" by the Department. (an affidavit will be sent to the applicant if applicable)

A floor plan/layout of the facility which includes the following information (floor plan should show size dimensions of each room):

- § 6500.79(a)-(b) –Bedrooms
- § 6500.80(a) – Bathrooms

Family Living Homes – Environmental Maintenance

- § 6500.61(a) – Accommodations
- § 6500.62(a), (c), (d) – Poisons
- § 6500.63(a) – Heat Sources
- § 6500.64(a)-(c) – Sanitation
- § 6500.65– Ventilation
- § 6500.66– Lighting
- § 6500.67– Surfaces
- § 6500.68(a)-(b) – Running Water

- § 6500.69(a)-(b) – Indoor Temperature
- § 6500.70 – Telephone
- § 6500.71 – Emergency Numbers
- § 6500.72(a)-(b) – Screens, Windows and Doors
- § 6500.73 – Handrails
- § 6500.74 – Nonskid Surfaces
- § 6500.75(a)-(b) – Landings and Stairs
- § 6500.77 – First Aid Kit
- § 6500.78(a)-(b) – Exterior Conditions
- § 6500.79(c)-(g) – Bedrooms
- § 6500.80(b)-(d) – Bathrooms
- § 6500.81(a)– Kitchen
- § 6500.83(a)-(b) –Pools (if applicable)
- § 6500.84 – Firearms
- § 6500.101 – Unobstructed Egress
- § 6500.102 – Combustible Materials
- § 6500.103 – Furnace
- § 6500.104 – Portable Space Heaters
- § 6500.105(a)-(b) – Wood/Coal Stoves (if applicable)
- § 6500.106(a)-(b) – Fireplaces (if applicable)
- § 6500.107(a)-(d) – Smoke Detectors/Fire Alarms
- § 6500.108(a)-(d) – Fire Extinguishers
- § 6500.141 – Food Protection

Operations 8 – Requesting a Regulatory Waiver

I. Purpose

This policy specifies the requirements for requesting regulatory waivers in licensed human service settings. This policy replaces Office of Developmental Programs Protocol LC-36-06.

II. General Policy

- 1) For all licensed human service settings overseen by the Bureau of Human Services Licensing, a request for a regulatory waiver must be completed on the Department's "Request for Waiver of Regulation" form, attached as Appendix A.
- 2) The Department's "Request for Waiver of Regulation" form must be completed in its entirety, including all information requested on the form, and submitted to the Department's Human Services Licensing Headquarters Office for review.
- 3) A decision is made within 60 calendar days to grant the waiver request, deny the waiver request, or ask for more information related to the waiver request. It may also be determined that a regulatory waiver is not needed. Written correspondence will be issued to the human service setting requesting the waiver.

III. Procedure – Requesting Regulatory Waivers

- 1) For all licensed human service settings overseen by the Bureau of Human Services Licensing, a request for a regulatory waiver must be completed on the Department's "Request for Waiver of Regulation" form.
- 2) The following information must be included on the human service setting's "Request for Waiver of Regulation" form:
 - a) The address of the human service setting and legal entity, including the names of the human service setting and legal entity.
 - b) The name of the administrator, director, or chief executive officer (CEO) of the human service setting. This person will serve as the point of contact for the processing of the waiver.
 - c) The human service setting's county, license number and capacity, as well as which set of regulations are applicable to the setting.
 - d) The date of the waiver request, including if the waiver request is for a new waiver, or if it is for a renewal of a current waiver.
 - e) The section title of the regulation (regulation heading), as well as the regulation section and/or subsection of the regulation for which the human service setting is seeking a waiver.
 - f) Information regarding the reason why the human service setting is requesting the specific regulatory waiver, including:

- i) Why, if the waiver is granted, there will be no jeopardy to the residents/children/individuals residing in the human service setting.
 - ii) Alternatives for providing an equivalent level of health, safety and well-being protection of the residents/children/individuals residing in the human service setting.
 - iii) An explanation as to how one or more residents/children/individuals residing in the human service setting will benefit from this waiver of regulation.
- g) The date that the waiver request was submitted and information was provided to the affected residents/children/individuals residing in the human service setting for review and comment.
- h) Human service setting-specific information, such as identifying waivers which have already been granted, including the regulation, section, and subsection. Each human service setting also has to notate which region of Pennsylvania the setting is located in.
- 3) All regulatory waiver requests shall be sent to the Department of Public Welfare, Bureau of Human Services Licensing Headquarters Office, and attention to the Division of Regulatory Implementation, 631 Health and Welfare Building, 625 Forster Street, Harrisburg, Pennsylvania 17120.
- 4) Headquarters Departmental staff will review the "Request for Waiver of Regulation" form to ensure that all necessary information is included.
- 5) If necessary, Headquarters Departmental staff will consult with regional staff, the office of general counsel, program staff, the DPW Medical Director, or Departmental licensing history records regarding information related to the waiver.
- 6) A decision is made within 60 calendar days to grant the waiver request, deny the waiver request, or ask for more information related to the waiver request. It may also be determined that a regulatory waiver is not needed.
- a) For granted waivers, a letter will be issued to the human service setting notating the regulation for which a waiver is granted, the conditions of the waiver, and the time length of the waiver.
 - b) For denied waivers, a letter will be issued to the human service setting including an explanation as to why the waiver request was denied, and also including a statement that the human service setting has the right to appeal the decision through the Department of Public Welfare, Bureau of Hearings and Appeals.
 - c) For waivers requiring more information, a letter will be issued to the human service setting listing the specific information which is needed in order to effectively process the waiver request. The human service setting will then be responsible for providing the requested information; once this information is received by the Department, a thorough review of the documentation will occur. A

written response to the human service setting will be provided regarding the Department's review.

- d) If it is determined that a waiver is not needed, a letter will be issued to the human service setting explaining why a regulatory waiver is not needed for what the setting is requesting.
- e) The appropriate written response is sent via postal mail to the human service setting; copies of the written response are also saved into the Department's DocuShare filing system as part of the human service setting's licensing history file.

APPENDIX A

REQUEST FOR WAIVER OF REGULATION

NAME OF LEGAL ENTITY:		NAME OF ADMINISTRATOR/DIRECTOR/CEO:	
ADDRESS OF LEGAL ENTITY:		COUNTY:	
NAME OF FACILITY (if different from Legal Entity):		LICENSE or MPI #	
ADDRESS OF FACILITY (if different from Legal Entity):		LICENSED CAPACITY	
REGULATIONS WHICH APPLY TO YOUR FACILITY (55 Pa.Code Chapter):			
<input type="checkbox"/> 2380 <input type="checkbox"/> 2390 <input type="checkbox"/> 2600 <input type="checkbox"/> 2800 <input type="checkbox"/> 3800 <input type="checkbox"/> 6400 <input type="checkbox"/> 6500 <input type="checkbox"/> 6600			
DATE OF WAIVER REQUEST		<input type="checkbox"/> NEW WAIVER <input type="checkbox"/> RENEWAL OF WAIVER	
SECTION TITLE OF REGULATION (Regulation Heading):			
PENNSYLVANIA CODE SECTION/SUBSECTION NUMBER (Complete a separate form for each section/subsection/paragraph):			
DESCRIBE THE CONDITION FOR WHICH THE WAIVER IS SOUGHT*			
WHAT IS THE REASON FOR THIS REQUEST*			
EXPLAIN WHY THERE IS NO JEOPARDY TO THE RESIDENTS/CHILDREN/INDIVIDUALS IF THIS WAIVER IS GRANTED*			
WHAT IS THE ALTERNATIVE FOR PROVIDING AN EQUIVALENT LEVEL OF HEALTH, SAFETY AND WELL-BEING PROTECTION*			
EXPLAIN HOW ONE OR MORE RESIDENTS/CHILDREN/INDIVIDUALS WILL BENEFIT FROM THE WAIVER OF THIS REGULATION*			
DATE(S) THIS WAIVER REQUEST AND DEPARTMENT CONTACT INFORMATION WAS PROVIDED TO THE AFFECTED RESIDENTS/DESIGNATED PERSONS FOR REVIEW/COMMENT: (Attach copy of cover letter shared and all comments received)			
HAVE ANY OTHER WAIVERS BEEN GRANTED TO YOUR HOME UNDER YOUR APPLICABLE REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		SECTION(S) OR SUBSECTION(S) PREVIOUSLY WAIVED: IS (ARE) WAIVER(S) STILL VALID? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REGION: <input type="checkbox"/> CENTRAL <input type="checkbox"/> NORTHEAST <input type="checkbox"/> SOUTHEAST <input type="checkbox"/> WEST			
* ATTACH ADDITIONAL PAGES IF NECESSARY			

Operations 9 – Procedures for Identity Verification during On-Site Inspections

I. Applicability

These procedures apply when measuring compliance with any of the following regulations:

- 55 Pa.Code § 2380.32 (relating to chief executive officer)
- 55 Pa.Code § 2390.32 (relating to chief executive officer)
- 55 Pa.Code § 2600.53 (relating to qualifications and responsibilities of administrators)
- 55 Pa.Code § 2800.53 (relating to qualifications and responsibilities of administrators)
- 55 Pa.Code § 3270.34 (relating to director qualifications and responsibilities)
- 55 Pa.Code § 3280.34 (relating to primary staff person qualifications and responsibilities)
- 55 Pa.Code § 3290.31 (relating to age and training)
- 55 Pa.Code § 3800.53 (relating to director)
- 55 Pa.Code § 5200.21 (relating to qualifications and duties of the director/clinic supervisor)
- 55 Pa.Code § 5210.11 (relating to organization and structure)
- 55 Pa.Code § 5320.43 (relating to program director and direct-care staff qualifications)
- 55 Pa.Code § 6400.43 (relating to chief executive officer), and
- 55 Pa.Code § 6500.42 (relating to chief executive officer)

For the purposes of these procedures, a person acting in one of the above positions will be known as a “manager.”

II. Purpose

To ensure that a manager is who (s)he claims to be when determining if the requirements of the above regulations are met.

III. Procedures

- A. When measuring compliance with the above regulations during on-site inspections, licensing staff will:
 - a. Request the materials necessary for measuring compliance in accordance with agency policy
 - b. Upon receipt of the materials, request that the manager who is named in the materials produce photographic identification. Acceptable identification includes any photo identification issued by the United States government, a state, or United States territory, including but not limited to:
 - i. A United States Passport
 - ii. A United States Military photo identification card
 - iii. A Pennsylvania driver’s license
 - iv. A Pennsylvania Department of Transportation Photo Identification Card
 - c. Verify that the identification-holder is the manager by:
 - i. Comparing the person’s face to the photograph, and

- ii. Comparing the name on the identification to the name on the qualification materials.

B. If the manager is unable or unwilling to produce photo identification:

- a. Explain that it is necessary to see identification to fully measure compliance with the regulation
- b. Allow the manager until the end of the last day of the inspection to produce identification
- c. If identification is not produced by the end of the inspection, record a regulatory violation as follows:
 - i. [Manager name or identifier] is the [title] of the [setting type]. During the inspection, [manager name or identifier] was asked to produce identification to measure compliance with this regulation. [Manager name or identifier] [describe circumstances, e.g. refused to provide identification, stated (s)he did not have identification, etc]. The [setting type] could not demonstrate that [manager name or identifier] is qualified to act as [title]. For example, a violation in a child residential facility would read *“Mr. Smith is the director of the facility. During the inspection, Mr. Smith was asked to produce identification to measure compliance with this regulation. Mr. Smith refused to provide identification, stating ‘I don’t have to prove who I am to you.’ The setting could not demonstrate that Mr. Smith is qualified to act as director.”*
 - ii. The only acceptable plan of correction for the violation must include a means for the setting to verify the manager’s identity.

C. If it is suspected that the identification is forged, if the identification does not clearly depict the manager, or if the identification is issued by the United States government, a state, or United States territory but does not include a photograph (e.g. A non-photo driver’s license or other non-photo identification issued by the Pennsylvania Department of Transportation)

- a. Obtain a copy of the identification. If a copy cannot be obtained, document everything that appears on the identification. For example, if the identification is a driver’s license, the following would be recorded:
 - i. The driver’s license number
 - ii. The person’s date of birth
 - iii. The person’s sex, eye color, and height
 - iv. The issue and expiration dates
 - v. The person’s address.
- b. Record exactly how the manager’s appearance or distinguishing characteristics do not match the information or image on the identification
- c. Notify a supervisor as soon as possible
 - i. Upon receipt of notice of possible identity forgery or misuse, supervisors or other management staff should contact BHSL for guidance. BHSL will consult with the Office of General Counsel and advise as appropriate.