

THIS DOCUMENT IS CURRENT THROUGH THE DECEMBER 2001 REVISIONS

TITLE 22. PUBLIC HEALTH AND MEDICINE
CHAPTER 35. GROUP HOMES FOR MENTALLY RETARDED PERSONS

22-3500.

GENERAL PROVISIONS

3500.1

Each group home for mentally retarded persons (GHMRP) shall comply with the general provisions stated in chapters 13 through 17 of Title 22 of the District of Columbia Municipal Regulations (DCMR).

3500.2

Each GHMRP licensee and residence director shall demonstrate that he or she understands that the provisions of D.C. Law 2-137, D.C. Code, Title 6, Chapter 19 govern the care and rights of mentally retarded persons in addition to this chapter.

3500.3

No GHMRP shall use a name on the exterior of the facility or display logo, which distinguishes it as being different from any other residence in the neighborhood.

22-3501.

ENVIRONMENTAL REQUIREMENTS / USE OF SPACE

3501.1

Each GHMRP shall provide a home-like atmosphere in a setting that is the least restrictive of the resident's rights, but yet will allow the resident to function safely and effectively.

3501.2

Each GHMRP may be classified as a residential occupancy and may be located in a single or multi-family dwelling.

3501.3

Each GHMRP shall be within easy walking distance of public transportation or demonstrate that it can provide transportation for its residents to the following facilities:

(a) Stores;

(b) Restaurants;

- (c) Movies;
- (d) Parks;
- (e) Recreational facilities;
- (f) Libraries;
- (g) Post offices;
- (h) Churches; and
- (i) Similar facilities.

3501.4

Each GHMRP shall be located away from known sources of loud and irritating noises and hazardous conditions including noxious smoke and fumes.

3501.5

Each window shall be supplied with curtains, shades or blinds, which are kept clean, and in good repair.

3501.6

Each glass sliding door or transparent panel shall be made of tempered glass and shall be marked conspicuously.

3501.7

Each GHMRP shall show that it can provide outside recreational activities.

3501.8

Each GHMRP resident shall have access to and shall be encouraged to utilize fully each type of space that is required by this section.

3501.9

Any space that is restricted from a resident's use shall be located in the most remote portions of the GHMRP.

3501.10

Space shall be provided for social and recreational purposes including, but not limited to, a living room or recreation room and dining area, and this space shall be termed community space for the purposes of this chapter.

3501.11

Each facility shall afford the combined total of community space of at least twenty-five square feet (25 ft. <2>) of space above the basement level per resident.

3501.12

Each location of a GHMRP shall be governed by applicable sections of the D.C. Zoning Regulations.

22-3502.

MEAL SERVICE/DINING AREAS

3502.1

Each GHMRP shall provide each resident with a nourishing, well-balanced diet.

3502.2

Modified diets shall be as follows:

- (a) Prescribed in the resident's Individual Habilitation Plan and the record of the prescription for the modified diet shall be kept in the resident's record;
- (b) Planned, prepared, and served by individuals who have received instruction from a dietitian; and
- (c) Reviewed at least quarterly by a dietitian.

3502.3

All food and drink shall be clean, wholesome, free from spoilage, and properly prepared.

3502.4

At least three (3) meals per day that are nutritious and suited to the special needs of each shall be served, at reasonable times ensuring that the following occurs:

- (a) There are not more than fourteen (14) hours between a substantial evening meal and breakfast of the following day, except on weekends and holidays; and
- (b) There are not less than ten (10) hours between breakfast and the evening meal of the same day, except on weekends and holidays.

3502.5

Each GHMRP shall be responsible for ensuring that meals, which are served away from the GHMRP, are suited to the dietary needs of residents as indicated in the Individual Habilitation Plan.

3502.6

No resident may be denied a meal as a form of punishment.

3502.7

Each GHMRP shall serve meals at proper temperatures.

3502.8

Each GHMRP shall serve meals for all residents, including residents who are mobile, non-ambulatory, in dining areas unless otherwise temporarily required for health reasons.

3502.9

Each GHMRP shall provide table service for all residents who can and will eat at a table, including residents in wheelchairs.

3502.10

Each GHMRP shall equip dining areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each resident.

3502.11

Each GHMRP shall provide adequate staff in dining rooms to direct self-help dining procedures and to assure that each resident receives enough food.

3502.12

Residents shall be provided training to develop eating skills and to use special eating equipment and utensils if such training is indicated in the Individual Habilitation Plan.

3502.13

Each GHMRP shall train the staff in the use of proper feeding techniques and monitor their appropriate use to assist residents who require special feeding procedures or utensils.

3502.14

Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times.

3502.15

Menus shall be written on a weekly basis, shall provide a variety of foods at each meal, and be varied from week to week and adjusted for seasonal changes.

3502.16

A review and consultation by a dietitian or nutritionist shall be conducted at least quarterly to ensure that each resident who has been prescribed a modified diet receives adequate nutrition according to his or her Individual Habilitation Plan.

3502.17

Dry or staple food items shall be stored at least twelve inches (12 in.) above the floor in a room not subject to sewage or waste water back flow or contamination by condensation, leakage, rodents or vermin.

3502.18

Perishable foods shall be stored at proper temperatures in order to conserve nutritive value.

3502.19

Each GHMRP shall have effective procedures for cleaning all equipment and work areas used in the preparation and serving of foods.

3502.20

Dishes and eating utensils shall be cleaned after each meal and stored to maintain their sanitary condition.

3502.21

Hot and cold water, soap, and towels shall be provided in or adjacent to food preparation areas for hand washing.

22-3503.

BEDROOMS AND BATHROOMS

3503.1

Each bedroom shall be occupied in conformance with the minimum square foot requirements set forth in DCMR Title 14, except that regardless of bedroom size, no bedroom shall accommodate more than three (3) occupants without the permission of the Department of Consumer and Regulatory Affairs.

3503.2

Each bed shall be placed at least three feet (3 ft.) from any other bed and at least three feet (3 ft.) from any unprotected radiator.

3503.3

Each bedroom shall be equipped with at least the following items for each resident:

- (a) Standard single or twin-sized bed;
- (b) Clean comfortable pillow;
- (c) Drawer space; and
- (d) Night stand.

3503.4

Each resident in an educational program, such as a school-age student, shall be provided an area within the GHMRP that is quiet and conducive to study.

3503.5

Each bedroom shall contain sufficient storage space for each resident's seasonal, personal clothing and personal effects.

3503.6

Closet space within the bedroom may be considered in calculating square foot minimums for bedrooms but shall be clearly divided for each resident.

3503.7

Each resident's bed shall be located in a room that is designated solely as a bedroom.

3503.8

One (1) bathroom consisting of a toilet, lavatory and a bathing facility that is appropriate for the needs of the residents shall be provided for the use of each six (6) persons including staff, except that non-live-in staff shall not be counted when calculating persons using bathing facilities.

3503.9

Each bathroom shall be equipped to facilitate training toward maximum self-help by residents including individuals with physical disabilities and shall have appliances, fixtures or devices which shall be appropriate to the needs of each person who lives and works in the

3503.10

Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting.

22-3504.
HOUSEKEEPING

3504.1

The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.

3504.2

Housekeeping and maintenance equipment shall be well constructed, properly maintained and appropriate to the function for which it is to be used.

3504.3

Each GHMRP shall be free of insects, rodents and vermin.

3504.4

Each GHMRP that is cited by the Department of Consumer and Regulatory Affairs for violation of § 3504.3 shall contract with a licensed exterminator within seventy-two hours (72 hrs.) of receipt of written notice to provide for elimination of any infestation.

3504.5

Adequate and appropriate storage shall be provided for each food item in accordance with § 3502.17, each piece of cleaning equipment, and each supply, utensil, linen, or other household item.

3504.6

Each poison and caustic agent shall be stored in a locked cabinet and shall be out of direct reach of each resident.

3504.7

No poisonous or hazardous agent shall be stored in a food preparation, storage or serving area.

3504.8

No cleaning agent, bleach, insecticide or any other poisonous, dangerous, or flammable material shall be accessible to a resident where access to such substance is contraindicated in the resident's Individual Habilitation Plan.

3504.9

Each GHMRP shall provide appropriate procedures, personnel, and equipment in order to ensure sufficient clean linen supplies and the proper sanitary washing and handling of linen and personal clothing of each resident.

3504.10

Each GHMRP shall provide clean linens as follows to each resident at least weekly:

- (a) Two (2) sheets;
- (b) One (1) pillowcase;
- (c) One (1) bath towel;
- (d) One (1) hand towel; and
- (e) One (1) wash cloth.

3504.11

Each GHMRP shall maintain at least one (1) additional set of the linens specified in §3504.10 for each resident.

3504.12

Each GHMRP shall provide to each resident one (1) blanket and one (1) bedspread.

3504.13

Each GHMRP shall maintain two (2) additional spare blankets and bedspreads for every four (4) residents.

3504.14

Each GHMRP shall provide a washer and dryer or make alternative provisions so that each resident who wishes to shall have a safe and convenient place to wash and dry personal laundry.

3504.15

Each GHMRP shall assure that each resident has at least seven (7) changes of clothing appropriate to his or her daily activities and the season.

3504.16

Each GHMRP shall label inconspicuously each item of clothing as belonging to a particular resident as indicated in his or her Individual Habilitation Plan (IHP).

3504.17

Each GHMRP shall ensure that each resident's clothing is kept in good condition, laundered, and cleaned.

3504.18

Each GHMRP shall establish sorting and washing procedures to ensure adequate sanitation either by assisting the residents to perform these tasks or by performing the tasks for the residents as indicated in the their Individual Habilitation Plan (IHP).

22-3505. **FIRE SAFETY**

3505.1

Each GHMRP, in addition to securing a certificate of occupancy, shall comply with all applicable District of Columbia fire safety requirements as interpreted and enforced by the District of Columbia Fire Chief.

3505.2

Each GHMRP which was lawfully licensed or had applied for a license prior to the effective date of these rules may be considered to be in compliance with these rules as long as the GHMRP continues to remain in compliance with each prior fire safety code, regulation, agreement and participation criteria for a period of up to five (5) years from the effective date of these rules.

3505.3

At the end of the five (5) year period following the effective date of these regulations, each GHMRP shall be in compliance with the fire safety requirements set forth in subsection 3505.1 of these regulations.

3505.4

Each GHMRP shall have on the premises the following items:

- (a) Written policies and procedures that are approved by the Fire Chief, which shall be kept readily accessible to staff and residents and shall include the following:
 - (1) The instructions and plans that are to be followed in case of fire, explosion, or other emergency ;
 - (2) The persons to be notified;
 - (3) The location of alarm signals;
 - (4) The locations of fire extinguishers;
 - (5) The evacuation routes;
 - (6) The frequency of fire drills;
 - (7) The assignment of specific tasks and responsibilities to the staff of each shift;
and
 - (8) The name and address of the owner of the group home if the owner is neither the licensee nor the operator;

- (b) Records of the training of all personnel who are to perform the specific tasks designated in the manual described in paragraph (a) of this subsection;
- (c) Records of fire inspection reports;
- (d) Dates of the test of alarm appliances; and
- (e) Fire extinguishers, which are properly maintained and located as required by the Fire Chief, including at least one (1) all-purpose fire extinguisher, which is a minimum 2A 10BC on each level of the facility.

3505.5

Each GHMRP shall conduct simulated fire drills in order to test the effectiveness of the plan at least four (4) times a year for each shift.

3505.6

Each GHMRP shall maintain records of each simulated fire drill.

22-3506. **PROGRAM STATEMENT**

3506.1

Each GHMRP shall have a written statement of its philosophy and programmatic goals which shall include, at a minimum, the following:

- (a) The number and types of residents to be served;
- (b) The characteristics of the residents to be served;
- (c) A list of the services available to residents including local community resources;
- (d) The sources of referrals of residents;
- (e) The GHMRP's relationship with parents, advocates and legal guardians; and...
- (f) The name(s) of the licensee, operator and contact person.

3506.2

The program statement shall be made available for distribution to each person who requests it.

3506.3 The program statement shall be revised, as needed.

22-3507.
POLICIES AND PROCEDURES

3507.1

Each GHMRP shall have on site a written manual describing the policies and procedures it will follow which shall be as detailed as is necessary to meet the needs of each resident served and provide guidance to each staff member.

3507.2

The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually.

3507.3

The manual shall be available for review and approval by District of Columbia personnel who have licensing, supervisory, monitoring and certification responsibility.

3507.4

The manual shall incorporate policies and procedures for at least the following:

- (a) General administration, which covers the governing body, organization charts, internal assessment of the quality of care, and fiscal management;
- (b) Physical environment, which covers housekeeping, maintenance, household items and furnishings;
- (c) Health and safety, which covers fire safety and evacuation, infection control, medication, and procedures for emergency and the death of a resident;
- (d) Record keeping, which covers resident records, administrative records, and confidentiality of records;
- (e) Personnel, which covers job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory;
- (f) Admission, transfer and discharge, which covers admission criteria: pre-and post-admission activities, program planning, transfer and discharge procedures; and

(g) Resident life, which covers clothing, management of funds, resident rights, discipline, behavior management, services, parental and guardian involvement, visitation, staff treatment of residents, and resident work.

22-3508.

ADMINISTRATIVE SUPPORT

3508.1

Each GHMRP shall provide adequate administrative support to efficiently meet the needs of the residents as required by their Habilitation plans.

3508.2

Each GHMRP operated by a corporation or partnership shall maintain on file a copy of its Articles of Incorporation, Certificate of Authority, or partnership agreement, as applicable.

3508.3

Nothing in this chapter shall be construed to prohibit operation of a GHMRP by a single individual; provided, that each other requirement of this chapter is met.

3508.4

Each GHMRP shall have a Residence Director who meets the requirements of § 3509.1 and who shall manage the GHMRP in accordance with approved policies and this chapter.

3508.5

Each GHMRP shall have an organization chart that shows the following:

- (a) All major components of the administering agency or the roles of individuals when the licensee is not an agency;
- (b) The personnel in charge of the program components;
- (c) The categories and numbers of supportive and direct care staff; and
- (d) The lines of authority.

3508.6

Documentation that services have been provided as required by each resident's Individual Habilitation Plan including contracts, vendor agreements, receipts, and paid bills shall be available for review by authorized regulatory personnel.

3508.7

Each GHMRP shall maintain records of residents' funds received and disbursed.

3508.8

Each GHMRP licensee shall carry or ensure that the premise carries the following insurance in at least the following amounts:

(a) Hazard (fire and extended coverage) in the minimum amount of five hundred dollars (\$ 500) per resident to protect belongings, with a minimum of two thousand dollars (\$ 2,000) per GHMRP;

(b) Liability coverage (premises, personal injury, and products liability in the amount of three hundred thousand dollars (\$ 300,000)) per occurrence; and Professional liability.

(c) [Professional Liability](#)

22-3509.

PERSONNEL POLICIES

3509.1

Personnel policies, which meet the following requirements, shall be developed according to the GHMRP's particular needs and distributed to each employee:

(a) The Residence Director shall be at least twenty-one (21) years of age, have a high school diploma or the equivalent, at least two (2) years of experience in human services including one (1) year of working with mentally retarded individuals and demonstrate supervisory capability; and

(b) Direct care staff shall be at least eighteen (18) years of age and be capable of carrying out responsibilities as outlined in the job description.

3509.2

Each staff person shall have a written job description, which details each of his or her major responsibilities and duties and supervisory control.

3509.3

Each supervisor shall discuss the contents of job descriptions with each employee at the beginning employment and at least annually thereafter.

3509.4

Each employee shall be given a copy of his or her job description to review and sign at the beginning of employment.

3509.5

Each job description shall be updated, rewritten, and reviewed with the employee when, the duties and responsibilities of the job change.

3509.6

Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties.

3509.7

A new employee's physical examination shall have been performed within ninety (90) days prior to employment.

3509.8

Each GHMRP shall require each employee with a positive test for a communicable disease to provide appropriate documentation from a physician that he or she is receiving follow-up care if needed.

3509.9

Each GHMRP shall obtain employment references on each employee and no GHMRP shall employ an individual who has a history of the following:

- (a) Child or resident abuse or abuse of someone under his or her care and supervision;
- (b) Neglect;
- (c) Exploitation; or
- (d) Conviction for a sexual offense or violent crime.

22-3510.
STAFF TRAINING

3510.1

Each employee who has no previous experience working with individuals with mental retardation shall be required to successfully complete orientation training appropriate to the needs of the residents in the GHMRP.

3510.2

Orientation training shall be the responsibility of each GHMRP and shall be documented in each employee's personnel folder.

3510.3

There shall be continuous, ongoing in-service training programs scheduled for all personnel.

3510.4

Each training program agenda and record of staff participation shall be maintained in the GHMRP and available for review by regulatory agencies.

3510.5

Each training program shall include, but not be limited to, the following:

- (a) Overview of mental retardation including, but not limited to, definition, causes of mental retardation, associated health implications, and frequently used medications, the history of care of individuals with mental retardation, and daily living skills;
- (b) Human development through the life cycle (birth to death);
- (c) Infection control for staff and residents;
- (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans;
- (e) Resident's rights;
- (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies;
- (g) Habilitation planning and implementation;

(h) Orientation programs for each new employee which shall include philosophy, organization, programs, practices and goals of the GHMRP as well as a review of applicable laws, regulations and agreements important to the operation of the GHMRP for the care and treatment of persons with mental retardation in the District of Columbia; and

(i) Training of the residents in the maintenance of oral health and hygiene.

3510.6

When direct care certification is available in the District of Columbia, each employee shall be required to complete the curriculum or take and satisfactorily complete a competency evaluation of the certification training prior to or within six (6) months.

22-3511.

DIRECT CARE STAFF RATIOS

3511.1

The minimum daily ratio of on-duty, direct care staff to residents in each GHMRP that serves severely physically handicapped residents, residents who are aggressive, assaultive or security risks, residents who manifest severely hyperactive or psychotic-like behavior, and other residents who require considerable adult guidance and supervision shall be not less than the following:

(a) 1:4 during the waking hours of the day, approximately 6:00 a.m. to 10:00 p.m., when residents remain in the GHMRP during the day; and

(b) 1:8 during sleeping hours, approximately 10:00 p.m. to 6:00 a.m.

3511.2

The minimum daily ratio of on-duty, direct care staff to residents present in each GHMRP that serves residents who require training in basic independent-living skills shall be not less than the following:

(a) 1:8 during the waking hours, approximately 6:00 a.m. to 2:00 p.m., when residents remain in the GHMRP during the day;

(b) 1:4 during the period of approximately 2:00 p.m. to 10:00 p.m.; and (c) 1:8 during sleeping hours, approximately 10:00 p.m. to 6:00 a.m.

(c) 1:8 during sleeping hours, approximately 10:00 p.m. to 6:00 a.m.

3511.3

The minimum daily ratio of on-duty direct care staff to residents in each GHMRP that serves residents who are in day programs such as sheltered workshops, vocational training, supported or competitive employment programs, and who have acquired basic independent-living and survival skills shall not be less than 1:8 at all times that residents are in the GHMRP.

3511.4

The initial daily direct care staff ratios shall be determined by the Department of Human Services (DHS) based upon the characteristics of the individuals proposed to be served or served by the GHMRP as described in the Individual Habilitation Plans or based upon the GHMRP's description of the individuals to be served.

3511.5

Staffing ratios may be changed during the period of licensure if, in DHS' determination, the needs of residents require a different staffing pattern, but in no event shall the number of staff per resident be less than established in these chapter.

3511.6

No staff shall be required in the home when all residents are away from the home, provided that a staff person is available or on-call for emergencies that may require a resident to remain ii, the GHMRP or return to the GHMRP during the day program hours.

22-3512.

RECORDKEEPING: GENERAL PROVISIONS

3512.1

Each Residence Director shall maintain current and accurate records and reports as required by this section.

3512.2

Each record shall be kept in a centralized file and made available at all times for inspection and review by personnel of authorized regulatory agencies.

3512.3

Each record and report that is required to be kept in accordance with this chapter shall be filed and retained for five (5) years by the GHMRP.

22-3513.
ADMINISTRATIVE RECORDS

3513.1

Each GHMRP shall maintain for each authorized agency's inspection, at any time, the following administrative records:

- (a) List of current charges and fees for services;
- (b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request;
- (c) Weekly staff schedules, including substitutions;
- (d) Disaster plans and procedures and documentation of evacuation drills;
- (e) Signed agreements or contracts for professional services;
- (f) A current master alphabetical index of all residents; and
- (g) A log in which emergencies and other unusual occurrences involving residents

22-3514.
RESIDENT RECORDS

3514.1

Each GHMRP or licensee shall retain a permanent record for each resident for at least five years (5 yrs.) after the resident's discharge or death.

3514.2

Each record shall be kept current, dated, and signed by each individual who makes an entry.

3514.3

Each record shall include, but not be limited to, the requirements of D.C. Law 2-137, D.C. Code § 6-1972 (1989 Repl. Vol.).

3514.4

The record for resident's prescribed controlled substances shall be in conformance with § 3522.6 of this chapter.

22-3515.
CONFIDENTIALITY OF RECORDS

3515.1

Each GHMRP shall have written policies governing access to, duplication, of, and release of information from each resident's record consistent with D.C. Law 2-137, D.C. Code § 6-1972 and this chapter.

3515.2

If a resident's records, or components of records, are provided to an agency during a short-term transfer such as hospitalization, the GHMRP shall assure that the following shall occur:

- (a) That the receiving agency assures that the records are confidential;
- (b) That a copy of required information only be sent forward; and
- (c) That only information which is necessary for treatment and appropriate follow-up care of the resident is sent to the receiving agency.

22-3516.
ADMISSION, TRANSFER AND DISCHARGE: GENERAL PROVISIONS

3516.1

Each GHMRP shall have written policies, which clearly describe its admission, transfer and discharge criteria and procedures.

3516.2

A statement of admission, transfer and discharge criteria and policies shall be available for review by each prospective resident or his or her authorized representative.

3516.3

Each policy regarding fees, payments, refunds and services shall be in writing and made available at the time of admission.

22-35 17.
ADMISSION POLICIES AND PROCEDURES

3517.1

A person shall be eligible for voluntary admission or commitment to a GHMRP as provided by D.C. Law 2-137, D.C. Code §~ 6-1922 and 6-1924 (1989 Repl. Vol.).

3517.2

A prospective resident may remain in a GHMRP only if the resident's habilitation needs as determined by the resident's Individual Habilitation Plan can be appropriately met within the GHMRP.

3517.3

Each GHMRP shall obtain from the resident, sponsoring agency or guardian, as appropriate, information about any known health problems communicable disease of a resident upon his or her being admitted or readmitted.

3517.4

Each resident who has a communicable disease may be admitted only to a GHMRP, which is capable of providing environmental and hygienic procedures appropriate to the specific disease as prescribed by a physician.

3517.5

Each GHMRP shall obtain for each resident a record of all medications the resident is currently taking, including identification of prescribed controlled substances and a listing of any known allergies to medication.

3517.6

Each resident, prior to admission if possible or within ten (10) days of admission shall receive a health inventory, screening and immunizations which may include the following and any other tests as determined appropriate by the examining physician:

- (a) A complete medical history including vaccination history, immune status and any condition that may predispose the resident to acquiring or transmitting infectious diseases;
- (b) Determination of the Hepatitis B antigen and antibody status of each resident to acquiring or transmitting infectious diseases;
- (c) Tuberculosis screening; and
- (d) Evaluation of each positive reactor by a physician to determine the need for other tests.

3517.7

A health inventory and screening that has been performed within ninety (90) days prior to the resident's admission may be accepted in place of the health inventory required by § 3517.6 of this chapter.

3517.8

Each GHMRP shall secure a physician's written report of the health inventory, which shall provide sufficient information concerning the resident's health including treatment, special diet, or medication orders to enable the GHMRP to provide appropriate services.

3517.9

Nothing in this section shall be construed to prohibit prospective his or her (if the resident, or sponsor any), the sponsoring agency, the GHMRP director or the physician from requiring an updated physical assessment at any time prior to placement, for good cause.

3517.10

At admission or commitment, each GHMRP shall secure for each resident an Individual Habilitation Plan, which is developed in accordance with D.C. Code § 6-1943 (1989 Repl. Vol.).

3517.11

No later than ten (10) days after the date of admission, the GHMRP director shall ensure that implementation of the Individual Habilitation Plan is begun for each resident who is admitted with an Individual Habilitation Plan.

3517.12

The GHMRP director shall, in the implementation of the Individual Habilitation Plan, consider each recommendation made by the Interdisciplinary Team and consult with professionals or experts as necessary to ensure that implementation of the Individual Habilitation Plan is accurate.

3517.13

Each Individual Habilitation Plan shall be used by all staff that plan, provide, or evaluate services for the resident.

22-3518.

DISCHARGE / TRANSFER POLICIES AND PROCEDURES

3518.1

A resident shall be discharged or transferred from a GHMRP as provided by D.C. Law 2-137, D.C. Code §~ 6-1927 through 6-1930 (1989 Repl. Vol.).

3518.2

Each GHMRP shall have written policies, which shall specify criteria and procedures for transfer to either a more or less restrictive setting and discharge from a GHMRP.

3518.3

Reasons for transfer from a group home shall include, but not be limited to, the following:

- (a) The medical needs as determined by a physician;
- (b) The behavior of the resident or other circumstances which pose an imminent danger to the resident or other persons in the home; and
- (c) The determination by the interdisciplinary team that the resident's habilitative needs would be better met by another setting.

3518.4

Each GHMRP shall plan for voluntary or involuntary transfer or discharge of a resident on a non-emergency basis and shall provide the following:

- (a) Sixty (60) days notification to appropriate individuals or sponsoring agencies of reasons for the need to transfer or discharge;
- (b) Comprehensive relocation assistance and counseling to a resident being transferred or discharged;
- (c) Identification of the resident's needs and the corresponding services and programming required in the new setting; and
- (d) Reason(s) for changing or terminating services.

3518.5

Each GHMRP shall document in writing its compliance with § 3518.4 of this section.

3518.6

Transfer of a resident for emergency medical treatment may be made by the GHMRP director with appropriate notification to the resident's physician.

3518.7

Each GHMRP shall have procedures for medical treatment in place, which adequately detail the transfer and return process.

3518.8

Prior to or at the time of discharge or transfer of a resident, the GHMRP shall provide a complete copy of the resident's comprehensive record to the new residence or to the sponsoring agency.

22-3519. **EMERGENCIES**

3519.1

Each GHMRP shall maintain written policies and procedures which address emergency situations, including fire or general disaster, missing persons, serious illness or trauma, and death.

3519.2

Each GHMRP shall maintain written documentation that each employee has been trained in carrying out the policies and procedures set forth in § 3519.1 of this section.

3519.3

Each GHMRP shall post by each telephone emergency numbers, which include at least fire and rescue squads, the local police department, each resident's physician, and the agency's on-duty administrator.

3519.4

Each GHMRP shall demonstrate access to adequate emergency medical treatment and authorization for incapable of authorizing his or her own treatment.

3519.5

After medical services have been secured, each GHMRP shall promptly notify the resident's guardian, his or her next of kin if the resident has no guardian, or the representative of the sponsoring agency of the resident's status as soon as possible, followed by written notice and documentation no later than forty-eight (48) hours after the incident.

3519.6

Each GHMRP shall document each emergency and enter the follow-up actions into the resident's permanent record, which shall be made available for review by authorized individuals.

3519.7

Each GHMRP shall notify promptly the resident's guardian, next of kin, and sponsor of the death of a resident.

3519.8

Each GHMRP shall adhere to the law governing investigations of deaths by the D.C. Medical Examiner, D.C. Code §~ 11-2301 et seq. (1989 Repl. Vol.).

3519.9

Each GHMRP shall have in place a procedure which describes the process for arranging funeral services and burials and for assuring the notification and involvement of significant others.

3519.10

In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.

22-3520.

PROFESSION SERVICES: GENERAL PROVISIONS

3520.1

Each resident of a GHMRP, regardless of his or her age or degree of disability, shall receive the professional services required to meet his or her needs as identified in his or her individual habilitation plan in accordance with the current "Outcome Performance Measures" from the "Council on Quality and Leadership in Support for People With Disabilities" (Council) and to the extent of funds appropriated for purposes of D.C. Law 2-137, as amended.

3520.2

Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained,

qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:

- (a) Medicine;
- (b) Dentistry;
- (c) Education;
- (d) Nutrition;
- (e) Nursing;
- (f) Occupational Therapy;
- (g) Psychology;
- (h) Social Work;
- (i) Speech and language therapy; and
- (j) Recreation

3520.3

Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident.

3520.4

Professional services shall include an annual health inventory of each resident.

3520.5

Each professional service provider shall participate on each resident's interdisciplinary team as appropriate to the resident's Individual Habilitation Plan.

3520.6

Each professional service provider shall assist, as appropriate, each other person who is working with a resident in the GHMRP so that relevant professional instructions can be implemented through-out the resident's programs and daily activities.

3520.7

Professional services shall be provided by programs operated by the GHMRP or personnel employed by the GHMRP or by arrangements between the GHMRP and other service providers, including both public and private agencies and individual practitioners.

3520.8

Each professional service provided shall be documented in each resident's record.

3520.9

Each GHMRP shall obtain from each professional service provider a written report at least quarterly for services provided during the preceding quarter.

3520.10

Professional services personnel shall offer consultation and instruction as appropriate to the following:

- (a) The resident's family; and
- (b) Other agencies, organizations and persons in the community involved in the habilitation of the resident.

3520.11

Each GHMRP shall ensure that when another agency assumes responsibility for services to a resident, a summary of the appropriate record is forwarded to that agency.

3520.12

Professional services personnel shall participate, as appropriate, on committees concerned with the GHMRP's programs and operations.

3520.13

If a resident evidences the need for a professional service for which arrangements do not exist, the GHMRP shall have fourteen (14) days to show evidence of arrangements for provision of the professional service, except that in life threatening situations, arrangements must be made immediately.

History of Regulations since Last Compilation by Agency (August 1986)

Chapter 35 (Group Homes for Mentally Retarded Persons) Sections: 3520 – Profession Services: General Provisions; 3521 – Habilitation and Training; and 3522 – Medications. 44 DCR 7445 (12-5-97) (DHS)

22-3521.

HABILITATION AND TRAINING

3521.1

Each GHMRP shall provide habilitation and training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning.

3521.2

Each GHMRP shall provide habilitation and training to residents in the most normalizing environment and the least restrictive circumstances.

3521.3

Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan.

3521.4

Each GHMRP shall monitor and review each resident's Individual Habilitation Plan on an ongoing basis to ensure participation of the resident and appropriate GHMRP staff in revision of such Plans whenever necessary. The schedule for the reviews shall be documented within each IHP.

3521.5

Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client:

- (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan;
- (b) Is regressing or losing skills already gained;
- (c) Is failing to progress toward identified objectives after reasonable efforts have been made;
- (d) Is being considered for training toward a new objective or objectives; or
- (e) As indicated by a change in his or her health status.

3521.6

Each GHMRP Director shall arrange for each resident to be reevaluated and to receive an Individual Habilitation Plan, which is updated appropriately at least annually.

3521.7

The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:

- (a) Eating and drinking (including table manners, use of adaptive equipment, and use of appropriate utensils);
- (b) Toileting (including use of equipment);
- (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care);
- (d) Dressing (including purchasing, selecting, and access to clothing);
- (e) Grooming (including shaving, combing and brushing hair, and caring for nails);
- (f) Health care (including skills related to nutrition, use and self-administration of medication, first aid, care and use of prosthetic and orthotic devices, preventive health care, and safety);
- (g) Communication (including language development and usage, signing, use of the telephone, letter writing, and availability and utilization of communications media, such as books, newspapers, magazines, radio, television, telephone, and such specialized equipment as may be required);
- (h) Interpersonal and social skills (including sharing, courtesy, cooperation, responsibility and age-appropriate and culturally normative social behaviors and relationships involving peers of the same and different sex, younger and older persons and person in authority);
- (i) Home management (including maintenance of clothing, shopping, meal planning and preparation, and housekeeping);
- (j) Employment and work adjustment;
- (k) Mobility (including ambulation, transportation, mapping and orientation, and use of mobility equipment);
- (l) Time management (including use of leisure time, scheduling activities);
- (m) Financial management (including budgeting and banking);

- (n) Academic and pre-academic skills (including development of attention span, discrimination, association, memory, and number, time, and spatial concepts);
- (o) Motor and perceptual skills (including balance, posture, and gross and fine motor skills);
- (p) Problem-solving and decision-making (including opportunities to experience consequences of decisions);
- (q) Human sexuality;
- (r) Aesthetic appreciation; and
- (s) Opportunity for social, recreational and religious activities utilizing community resources.

3521.8

Each GHMRP shall ensure that training programs for residents do the following:

- (a) Utilize methods and materials that are culturally normative and appropriate to the chronological age of the individual unless the use of non-normative or nonage appropriate methods and materials is justified in the resident's Individual Habilitation Plan;
- (b) Provide for direct or consulting services from those professionally qualified persons necessary to assist the staff in conducting training;
- (c) Identify other programs and services that are available to the resident to supplement the training program; and
- (d) Include, as appropriate, a program developed with the resident's family for use in implementing the Individual Habilitation Plan.

3521.9

Each GHMRP, in addition to the above provisions, shall assist each resident in obtaining placement in an appropriate educational, employment, or daytime training program; Provided, that the placement shall be consistent with the resident's Individual Habilitation Plan.

3521.10

Each GHMRP shall develop an activity schedule for each resident that includes the following unless contraindicated by the resident's Individual Habilitation Plan:

- (a) Structured activities including the weekends and holidays;
- (b) No periods of unscheduled activity that extends longer than three (3) continuous hours;
- (c) Free time for individual or group activities using appropriate materials as specified by the interdisciplinary team; and
- (d) Appropriately planned outdoor periods all year round.

3521.11

Each resident's activity schedule shall be available to direct care staff and be carried out daily.

3521.12

Each GHMRP shall ensure that behavior management programs and reviews for residents are designed by a behavior management specialist, a psychologist or psychiatrist.

22-3522.

MEDICATIONS

3522.1

Drugs shall be administered as set forth in the User Of Trained Employees to Administer Medications to Persons of Mental Retardation or Other Developmental Disabilities Act of 1994, D.C. Code, sec. 21-1201 et seq.

3522.2

Each resident who has been certified by a physician as being able to self-administer to take medications independently shall be monitored by the GHMRP to ensure that the resident is taking medications as prescribed

3522.3

The physician who identifies the self-administration of medications as a goal for a resident shall develop and monitor the plan for implementation.

3522.4

The Residence Director shall report any irregularities in the resident's drug regimens to the prescribing physician.

3522.5

Each GHMRP shall maintain an individual medication administration record for each resident.

3522.6

The record for a resident's prescribed controlled substances shall include the following:

- (a) Name of resident;
- (b) Name of controlled substance;
- (c) Name and telephone number of prescriber;
- (d) Date dispensed, amount and expiration date; and
- (e) Each time the controlled substance is to be taken or administered.

3522.7

Medication, requiring refrigeration shall be maintained either in a separate and secure medication refrigerator or, if in a refrigerator with foods, shall be in a secure and closed compartment or container so as to prevent cross contamination.

3522.8

Each medication shall be stored in its original container and shall not be transferred to another container or taken or used by another person.

3522.9

Medications to be taken orally shall be stored separately from other medications.

3522.10

Each medication shall be stored under proper conditions of light and temperature as indicated on its label.

3522.11

Each GHMRP shall promptly destroy prescribed medication that is discontinued by the physician or has reached the expiration date, or has a worn, illegible, or missing label.

3522.12

Upon discharge or transfer from a GHMRP, all medications currently prescribed and a copy of the resident's medication record shall be given to the resident or forwarded to any other residential setting to which the resident is transferred.

3522.13

Upon the death of a resident, all medication shall be retained by the GHMRP until it has been determined that disposal would be in accord with investigation and reporting of deaths under the jurisdiction of the Medical Examiner.

22-3523.
RESIDENT'S RIGHTS

3523.1

Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.

22-3599.
DEFINITIONS

3599.1

When used in this chapter, the following terms and phrases shall have the meaning ascribed:

Assessment – an evaluation of a resident's strengths and needs in various functional domains by an interdisciplinary team.

Behavior management specialist – a person who has training and experience in the theory and technique of changing the behavior of individuals to enhance their learning of life skills, adaptive behaviors, and to decrease maladaptive behaviors; and works under the supervision of a licensed practitioner, usually a psychologist.

Direct care staff – individuals employed to work in the GHMRP who render the day-to-day personal assistance residents require in order to meet the goals of their individual habilitation plans.

Emergency care – appropriate services in a variety of settings accessible to individuals designed to meet an immediate need and restore or maintain the physical or mental well being of the resident or provider.

Group Home for Mentally Retarded Persons (GHMRP) – a community residence facility that provides a home-like environment for at least four (4) but no more than eight (8) related or unrelated mentally retarded individuals who require specialized living arrangements and maintains necessary staff, programs, support services and equipment for their care and habilitation.

Habilitation – as defined in D.C. Code § 6-1902(14) (1989 Repl. Vol.).

Habilitation services – a variety of services designed to maximize each resident's habilitation.

Health inventory – health history, including present illnesses and symptoms and physician’s assessment of current health status as provided on the form developed by the Department of Human Services.

Individual Habilitation Plan (IHP) – as defined in D.C. Code § 6–1943 (1989 Repl. Vol.).

Interdisciplinary team (IDT) – a group of persons with special training and experience in the diagnosis and habilitation of mentally retarded persons which has the responsibility of performing a comprehensive evaluation of each resident and participating in the development, implementation, and monitoring of the resident’s individual habilitation plan. Least restrictive environment – as defined in D.C. Code § 6–1902(16) (1989 Repl. Vol.).

Mentally retarded – as defined in D.C. Code § 6–1902(19) (1989 Repl. Vol.).

Psychologist – a person who has completed a program of graduate studies in psychology and is licensed by the District of Columbia.

Qualified mental retardation professional (QMRP) – as defined in D.C. Code § 6–1902(21) (1989 Repl. Vol.).

Resident – an individual other than staff who lives in a group home for mentally retarded persons pursuant to this chapter.

Self help skills – skills that enable the resident to perform the activities of daily living.