

**RULES
OF
TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION**

**CHAPTER 0940-5-28
MINIMUM PROGRAM REQUIREMENTS FOR MENTAL RETARDATION
SEMI-INDEPENDENT LIVING FACILITIES**

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0940-5-28-.01 POLICIES AND PROCEDURES FOR SEMI-INDEPENDENT LIVING FACILITIES.

- (1) The written policies and procedures manual must include the following elements:
- (a) Procedures for tuberculosis control and reporting of infectious and communicable diseases to the Tennessee Department of Health.
 - (b) Policies and procedures establishing minimum requirements ensuring reasonable safety to life in the event of fire for all dwellings in which clients reside. These policies and procedures must require:
 - 1. Fire safety features of smoke detection, fire extinguishers and two (2) alternative routes of escape in each client's dwelling; and
 - 2. Training for each client at the time of placement in the proper evacuation of his or her respective dwelling and the use of fire safety features; and
 - (c) Policies and procedures establishing minimum standards of environmental quality in each client's dwelling. These policies and procedures must ensure:
 - 1. A client's health is not threatened by the standard of environmental quality maintained in each dwelling; and
 - 2. Each client's dwelling is furnished and equipped in an adequate manner for meeting the client's individual needs and personal life style.

Authority: T.C.A. § 3-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-28-.02 PROFESSIONAL SERVICES IN SEMI-INDEPENDENT LIVING FACILITIES.

- (1) The facility must provide or procure assistance for clients in locating qualified dental, medical, nursing and pharmaceutical care including care for emergencies during hours of the facility's operation.
- (2) The facility must ensure that an annual physical examination is provided or procured for each client (unless less often is indicated by the client's physician). Such examinations should include routine screenings (such as vision and hearing) and laboratory examination (such as Pap smear and blood work), as determined necessary by the physician and special studies where the index of suspicion is high.

Authority: T.C.A. § 3-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-28-.03 PERSONNEL AND STAFFING REQUIREMENTS FOR SEMI-INDEPENDENT LIVING FACILITIES.

- (1) A primary staff member must be assigned to each client. The primary staff member is to be responsible for monitoring and assisting the client in the client's semi-independent living arrangement. A primary staff member must not be responsible for more than twenty (20) clients.
- (2) Primary staff members or other assigned support staff must be available to clients on call on twenty-four (24) hours per day basis.
- (3) The governing body must ensure that employees practice infection control procedures that will protect clients from infectious diseases.
- (4) Employees must have a regular tuberculosis skin test within thirty (30) days of employment and as required thereafter by current Tennessee Department of Health guidelines.
- (5) Employees must be provided with a basic orientation in the proper management of individuals with seizure disorders prior to being assigned to work with individuals with such disorders.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-28-.04 CLIENT RECORD REQUIREMENTS FOR SEMI-INDEPENDENT LIVING FACILITIES.

- (1) Each client record contains the following information:
 - (a) A recent photograph and a description of the client;
 - (b) The client's social security number;
 - (c) The client's legal competency status;
 - (d) The client's sources of financial support including social security, veteran's benefits and insurance;
 - (e) The sources of coverage for medical care costs;
 - (f) The name, address and telephone number of the physician or health agency providing medical services;

(Rule 0940-5-28-.04 continued)

- (g) Documentation of all drugs prescribed or administered by the facility which indicates date prescribed, type, dosage, frequency, amount and reason;
- (h) A discharge summary which states the date of discharge, reasons for discharge and referral for other services, if appropriate;
- (i) Report medical problems, accidents, seizures and illnesses and treatments of such medical problems, accidents, seizures and illnesses.
- (j) Report of significant behavior incidents and of actions taken;
- (k) Report of the use of restrictive behavior-management techniques; and
- (l) Written accounts of all monies received and disbursed on behalf of the client.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-28-.05 MEDICATION ADMINISTRATION IN SEMI-INDEPENDENT LIVING FACILITIES.

When medications are taken by clients, the facility staff must:

- (1) The client's ability and training must be considered when supervising the administration of medication.
- (2) Prescription medications are to be taken only by clients for whom they are prescribed and in accordance with the directions of a physician.
- (3) Discontinued and outdated drugs and containers with worn, illegible, or missing labels must be disposed.
- (4) All medication errors, drug reactions, or suspected over medications must be reported to the practitioner who prescribed the drug.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-28-.06 DAY ACTIVITY PROVISIONS FOR CLIENTS OF SEMI-INDEPENDENT LIVING FACILITIES.

- (1) The governing body must ensure that day activities are provided or procured. Such day activities must be in accordance with the age level and interests and abilities of the clients and in accordance with Individual Program Plans.
- (2) If the client attends a school or day program provided outside of the facility program, the governing body must ensure that the facility's staff participate with the school personnel in developing an individual education plan or with the day program staff in developing an Individual Program Plan, as appropriate

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-28-.07 CLIENT ASSESSMENT REQUIREMENTS FOR SEMI-INDEPENDENT LIVING FACILITIES.

- (1) The following client assessments must be completed prior to the development of the Individual Program Plan:

(Rule 0940-5-28-.07 continued)

- (a) An assessment of current functioning in such areas as adaptive behavior and independent living skills;
- (b) A basic medical history and information and determination of the necessity of a medical evaluation and a copy, where applicable, of the results of the medical evaluation;
- (c) A six (6) month history of prescribed medications, frequently used over-the-counter medications and alcohol or other drugs; and
- (d) An existing psychological assessment on file which is updated as recommended by interdisciplinary team decision.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-28-.08 INDIVIDUAL PROGRAM PLAN TEAM REQUIREMENTS FOR SEMI-INDEPENDENT LIVING FACILITIES.

- (1) The governing body must ensure that an Individual Program Plan team is identified and provided for each client. The team must minimally include the following:
 - (a) The client, unless contraindicated by the individual program plan team;
 - (b) The client's parents or guardian, if appropriate, unless their inability or unwillingness to attend is documented;
 - (c) Direct services staff with input from each shift and weekend staff, as appropriate; and
 - (d) Relevant professionals or persons, unless their inability to attend is documented.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-28-.09 INDIVIDUAL PROGRAM PLAN DEVELOPMENT AND IMPLEMENTATION IN SEMI-INDEPENDENT LIVING FACILITIES.

- (1) The governing body must ensure that a written Individual Program Plan (IPP) is provided and implemented for each client. The IPP must meet the following requirements:
 - (a) Developed within thirty (30) days of the client's enrollment in the facility;
 - (b) Developed by the client's Individual Program Plan team;
 - (c) Includes the date of development;
 - (d) Includes the signatures of client or guardian and the appropriate staff;
 - (e) Specifies the client's needs identified by assessment and to be addressed within the particular service/program component;
 - (f) Includes client goals and objectives which are related to the specific needs identified and which are to be addressed by the particular service/program component; and
 - (g) Includes methods or activities by which the client goals and activities are to be implemented.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-28-.10 INDIVIDUAL PROGRAM PLAN MONITORING AND REVIEW IN SEMI-INDEPENDENT LIVING FACILITIES.

- (1) Written progress notes must be maintained which include monthly documentation of progress or changes occurring within the IPP.
- (2) The individual Program Plan team must review the IPP annually and revise, if indicated.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-28-.11 CLIENT ADMISSION CRITERIA FOR SEMI-INDEPENDENT LIVING FACILITIES.

- (1) The governing body must ensure that each client admitted meets the following criteria:
 - (a) Capable of self-preservation;
 - (b) Able to care for basic self-help and minor health care needs without assistance;
 - (c) Able to care for personal possessions and able to maintain personal living area in a state of orderliness and cleanliness to the extent it does not constitute a health hazard;
 - (d) Able to travel independently or secure assistance in traveling to work, training or to generic services;
 - (e) Able to recognize danger or threat to personal safety;
 - (f) Able to plan and cook simple meals; and
 - (g) Able to secure assistance in crisis situations by such means as the telephone or contacting neighbors or staff.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-28-.12 SUPPORTIVE SERVICES FOR CLIENTS OF SEMI-INDEPENDENT LIVING FACILITIES.

- (1) The governing body must ensure that the following support services are provided for clients of the program:
 - (a) Transportation or assistance with transportation for non-routine events, special appointments or long distance travel;
 - (b) Liaison for making appointments and obtaining consultation with professional services;
 - (c) Maintenance of a current list within each client's dwelling of names and telephone numbers for emergency services and the program support staff;
 - (d) Counseling for each client as needed on the utilization of professional, social and community services and assistance in the referral process and in making appointments for such services;
 - (e) Monitoring of food and nutrition to ensure that the client is able to plan, shop for, store and prepare appropriate food and meals;

(Rule 0940-5-28-.12 continued)

- (f) Counseling, training and other assistance in procuring and taking prescription and non-prescription drugs;
- (g) Aid in the development of homemaking, money management and socialization skills;
- (h) Counseling in the use and protection of money; and
- (i) Assistance in applying for financial benefits for which the client may be eligible.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-28-.13 REQUIREMENTS FOR THE USE OF RESTRICTIVE BEHAVIOR MANAGEMENT SEMI-INDEPENDENT LIVING FACILITIES.

- (1) Corporal punishment must not be used.
- (2) Behavior-management programs must not employ techniques that may result in denial of a nutritionally adequate diet.
- (3) Physical restraint, drugs for behavior management, time-out rooms, aversive stimuli, or other techniques with similar degrees of restriction or intrusion must not be employed except as an integral part of an Individual Program Plan that is designed by the client's Individual Program Plan team to lead to a less restrictive way of managing, and ultimately to the elimination of, the behavior.
- (4) Restrictive or intrusive behavior-management procedures must not be used until after less-restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective.
- (5) Prior to the implementation of a written program incorporating the use of a highly restrictive or intrusive technique, the facility must document that the program has been reviewed and approved by the client or the client's legal guardian and the facility must appoint a Human Rights Committee to review and approve the written program.
- (6) Emergency procedures used to prevent a client from inflicting bodily harm may not be repeated more than three (3) times within six (6) months without being incorporated into a written behavior-management program that is part of an Individual Program Plan designed by the client's Individual Program Plan team.
- (7) Behavior-management drugs may be used only when authorized in writing by a physician for a specific period of time.
- (8) Chemical restraint may be used only when authorized and supervised by a physician in attendance.
- (9) A client placed in chemical restraint must be under continuous staff observation.
- (10) If the use of chemical restraint is necessary beyond twenty-four (24) hours, the situation must be re-evaluated, authorized and supervised by a physician in attendance.
- (11) The program for the use of a mechanical restraint must specify the extent and frequency of the monitoring according to the type and design of the device and the condition of the client.
- (12) A client placed in mechanical restraint must be released for a minimum of ten (10) minutes at least every two (2) hours and provided with an opportunity provided for motion, exercise, liquid intake and toileting.

(Rule 0940-5-28-.13 continued)

- (13) Personal restraint/physical holding may be used only until the client is calm.
- (14) If the use of personal restraint/physical holding is necessary beyond sixty (60) minutes, the situation must be re-evaluated and authorized by a mental retardation specialist.
- (15) The client placed in a time-out room must be released after a period of not more than sixty (60) minutes.
- (16) The ability of a client to exit a time-out room must not be prevented by means of keyed or other locks; and time-out rooms must allow for the immediate entry of staff.
- (17) Aversive stimuli may be used only when the behavior of a client is likely to cause irreparable harm to himself or others, the behavior precludes his or her development and less negative procedures have, in the immediate past, been documented to be ineffective in reducing or eliminating this particular behavior.

Authority: T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.