



Colorado Department
of Public Health
and Environment

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Health Facilities and Emergency Medical Services Division

6 CCR 1011-1

STANDARDS FOR HOSPITALS AND HEALTH FACILITIES
(Promulgated by the State Board Of Health)

CHAPTER VIII – SUBCHAPTER 5
COMMUNITY RESIDENTIAL HOMES FOR PERSONS WITH
DEVELOPMENTAL DISABILITIES

Amended 4/15/09, effective 5/30/09

**CHAPTER VIII – Subchapter 5
COMMUNITY RESIDENTIAL HOMES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES**

1 DEFINITIONS

Definition: “Community residential home for persons with developmental disabilities” means a facility housing at least four and no more than eight persons, licensed by the state, where services and supports are provided to persons with developmental disabilities.

- 1.1 “Developmental disability” means a disability that is manifested before the person reaches twenty-two years of age, which constitutes a substantial disability to the affected individual, and is attributable to mental retardation, or related conditions which include cerebral palsy, epilepsy, autism, or other neurological conditions when such conditions result in the impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.
- 1.2 Plan review – means the review by the Department, or its designee, of new construction, previously unlicensed space, or remodeling to ensure compliance by the facility with the National Fire Protection Association (NFPA) Life Safety Code and with this Chapter VIII, Subchapter 5. Plan review consists of the analysis of construction plans and onsite inspections, where warranted. For the purposes of the National Fire Protection Association requirements, the Department is the authority having jurisdiction for state licensure.
- 1.3 Structural element – for the purposes of plan review, means an element relating to load bearing or to the scheme (layout) of a building as opposed to a screening or ornamental element. Structural elements of a building include but are not limited to: floor joists, rafters, wall and partition studs, supporting columns and foundations.

2 GOVERNING BODY

“Governing body” means the service agency or community centered board when acting as a service agency in which authority and responsibility are vested for the conduct of a community residential home. The governing body shall establish policies and procedures for the operation of such homes. The governing body shall appoint an administrator with the authority and responsibility for the implementation of policies and procedures in, and for the day to day management of, such community residential home.

2.1 LICENSE

- (a) In addition to meeting the requirements of this chapter VI II - part 5,a community residential home shall be licensed in accordance with the requirements specified in Chapter II. A community residential home shall also meet the requirements of the “Medication Administration Law,” 25-I-107(l)(ee) and the related rules in Chapter XXIV. A community residential home shall also verify to the Department that it has obtained approval from the Department of Human Services to provide services through the “Colorado Medical Assistance Act” governing the home and communitybased services program. Community residential homes shall be licensed biennially.
- (b) A community residential home shall demonstrate compliance with local codes prior to initial licensure and licensure renewal. In addition to local requirements there shall be a minimum distance between such homes of seven hundred and fifty (750) feet Evidence of such local compliance shall be submitted to the Department in the manner requested.

2.2 ADMISSIONS AND DISCHARGE

- (a) The governing body shall create policies and procedures for admission and discharge of residents. Such policies and procedures shall be consistent with state statutes governing resident rights, admission, and discharge, pursuant to article 10.5 of title 27 of the Colorado Revised Statute.

2.3 CLOSURE OF A COMMUNITY RESIDENTIAL HOME

- (a) In the event of voluntary closure of a community residential home, such home shall notify the Department thirty (30) days prior to closure and submit a plan for resident transfer at that time. Such plan shall provide for transfers that protect the health and safety of the residents.
- (b) In the event of a denial, suspension, or revocation of the community residential home's license by the Department, the Department shall assist the Department of Human Services and the community residential home in the coordination of the relocation of the residents.

3 RESIDENT RIGHTS

3.1 GENERAL RESIDENT RIGHTS

The community residential home shall adhere to a policy on resident rights consistent with article 10.5 of title 27 and 2CCR 503-1 chapter 6 of the Department of Human Services' Developmental Disabilities Services rules and regulations governing the rights of persons receiving services. The community residential home shall demonstrate, during any inspection by the Department, that appropriate measures have been taken to ensure all residents' rights are protected. In addition to these standards, such policy on rights shall include the following:

3.2 CARE AND TREATMENT RIGHTS

- (a) The right to medical care and treatment pursuant to section 27-10.5-114 C.R.S. shall also include the right to be administered medications in a manner compliant with Chapter XXIV of the Department's regulations. In addition, each community residential home shall ensure the right of a person with developmental disabilities to be free from excessive medication.
- (b) A community residential home shall disclose, during any inspection by the Department, the safeguards provided to any resident participating in experimental, hazardous, or research treatment programs, when applicable.

3.3 OTHER RIGHTS

- (a) Every resident shall be entitled to care that is free from abuse and consistent with section 27-10.5-115 C.R.S.
- (b) Every resident shall be entitled to communications and visits consistent with section 27-10.5-117 C.R.S. This shall include the right to receive visitors in the community residential home in accordance with the reasonable rules of the home, and the right to privacy for such visits.
- (c) Every resident shall be entitled the right to personal property consistent with section 27-10.5-121 C.R.S.

4 FIRE SAFETY AND ENVIRONMENTAL REQUIREMENTS

4.1 FIRE SAFETY

4.1.1 COMPLIANCE WITH THE LIFE SAFETY CODE. Facilities shall be compliant with the National Fire Protection Association (NFPA) 101, Life Safety Code (2000), which is hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.

- (1) Facilities licensed before July 1, 2009 shall meet Chapter 33, Existing Residential Board and Care Occupancies, NFPA 101 (2000).
- (2) Facilities licensed on or after July 1, 2009 shall meet Chapter 32, New Residential Board and Care Occupancies, NFPA 101 (2000). Also, additions or remodeling of more than 25 percent of the habitable floor space shall meet Chapter 32, NFPA 101 (2000).
- (3) Notwithstanding NFPA 101, Life Safety Code provisions to the contrary:
 - (a) when differing fire safety standards are imposed by federal, state or local jurisdictions, the most stringent standard shall apply.
 - (b) any story containing an exterior door or an exterior window that opens to grade level shall be counted as a story.
 - (c) licensed facilities shall be separated from unlicensed contiguous occupancies by an occupancy separation with a fire resistance rating of not less than two hours.

4.1.2 PLAN REVIEW AND PLAN REVIEW FEES. Plan review and plan review fees are required as listed below. If the facility has been approved by the Department to use more than one building for the direct care of residents on its campus, each building is subject to the applicable base fee plus square footage costs. Fees are nonrefundable and shall be submitted prior to the Department initiating a plan review for a facility.

- (1) Initial Licensure, Additions, Relocations
 - (a) Plan review is applicable to the following, and includes new facility construction and new occupancy of existing structures:
 - (i) applications for an initial license, when such initial license is not a change of ownership and the application is submitted on or after July 1, 2009.
 - (ii) additions of previously uninspected or unlicensed square footage to an existing occupancy and the building permit for such addition is issued on or after July 1, 2009 or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009.
 - (iii) relocations of a currently licensed facility in whole or in part to another physical plant, where the occupancy date occurs on or after July 1, 2009.
 - (b) Initial licensure, addition, and relocation plan review fees: base fee of \$2,300, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-25,000 sq ft	\$0.10	This is the cost for the first 25,000 sq ft of any plan submitted.
25,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 25,000 sq ft.

(2) Remodeling

- (a) Plan review is applicable to remodeling for which the application for the building permit from the local authority having jurisdiction is dated on or after July 1, 2009, or if no permit is required by the local jurisdiction, construction began on or after July 1, 2009. Remodeling includes, but is not limited to:
- (i) Alteration, in patient sleeping areas, of structural elements subject to Life Safety Code standards, such as egress door widths and smoke or fire resisting walls.
 - (ii) Relocation, removal or installation of walls that results in alteration of 25% or more of the existing habitable square footage or 50% or more of a smoke compartment.
 - (iii) Conversion of existing space to resident sleeping areas.
 - (iv) Alteration of a structural element, relocation, or addition of an egress component. Examples of egress components include, but are not limited to, corridors, stairwells, exit enclosures, and points of refuge.
 - (v) Installation of any new sprinkler systems or the addition, removal or relocation of 20 or more sprinkler heads.
 - (vi) Installation of any new fire alarm system, or addition, removal or relocation of 20 or more fire alarm system appliances including, but not limited to, pull stations, detectors and notification devices.
 - (vii) Installation, removal or renovation of any kitchen hood suppression system.
 - (viii) Essential electrical system: replacement or addition of a generator or transfer switch. However, replacement of either the generator or transfer switch with one having the same exact performance specifications is considered maintenance and not subject to plan review.
 - (ix) Alteration of an existing area of the facility into a resident services area that restricts resident egress through the use of locking devices. In addition to construction plans, the following information shall also be submitted:
 - (A) cut sheets and sequence operations for locking devices for egress and egress access doors.

- (B) location of locked egress and egress access doors.
- (C) if applicable, how the fencing or other enclosure around the secured outdoor area designed to prevent elopement will be installed such that it protects the safety and security of the residents.

(b) Remodeling plan review fees: base fee of \$1,800, plus square footage costs as shown in the table below.

Square Footage	Cost per Square Foot	Explanatory Note
0-20,000 sq ft	\$0.08	This is the cost for the first 20,000 sq ft of any plan submitted.
20,001+ sq ft	\$0.01	This cost is applicable to the additional square footage over 20,000 sq ft.

- (3) The “Guidelines for Design and Construction of Health Care Facilities” (2006 Edition), American Institute of Architects (AIA), may be used by the Department in resolving health, building, and life safety issues for construction initiated or systems installed on or after July 1, 2009. The AIA Guidelines are hereby incorporated by reference. Such incorporation by reference, as provided for in 6 CCR 1011-1, Chapter II, excludes later amendments to or editions of referenced material.

4.2 ENVIRONMENT AND MAINTENANCE REQUIREMENTS

- (a) The community residential home shall maintain a home-like environment.
- (b) The community residential home shall have furnishings in all living areas, including but not limited to the living room and dining a that meet the needs of the residents. Furnishings throughout the community residential home shall be kept in good repair.
- (c) Community residential homes admitting residents who use wheelchairs or other assistive technology shall have the necessary modifications to be accessible and safe for all residents.
- (d) Residents shall be allowed free use of all common living areas within the community residential home, with due regard for privacy, personal possessions, and safety of all residents.
- (e) Lighting, heat, and ventilation consistent with resident needs shall be provided in all living areas.
- (f) A sufficient supply of hot water shall be available for the peak demand of resident use. The water shall be kept at a temperature that protects the safety of the residents.
- (g) The community residential home shall be maintained free of infestations of insects and rodents and all openings to the outside shall be adequately screened.
- (h) The community residential home shall develop and implement procedures for handling soiled linen and clothing, storing personal care items, and general cleaning which minimize the spread of pathogenic organisms. The community residential home shall be kept free from offensive odors and accumulations of dirt and rubbish.

- (i) The community residential home shall ensure that each resident is furnished with personal hygiene and care items.
- (j) The community residential home interior, exterior, and grounds, shall be maintained safely and in good repair. Hazardous substances shall be labeled properly and stored safely.
- (k) Bed linens shall be changed as often as necessary, but in no case less than once a week. Mattresses and pillows shall be of washable material and/or provided with a cover that can be removed and laundered.
- (l) There shall be at least one full bathroom, containing shower or-bathtub, for each four residents. In community residential homes of more than one level there shall be no less than one toilet room on each level containing any resident bedroom. Each bathroom shall be equipped with liquid soap and paper towels and other items necessary for staff and resident sanitation.
- (m) Bathtubs and showers shall be equipped with handrails or handholds as needed. Such equipment shall be installed to meet the needs of all residents. Bathtub and shower floors shall have non-skid surfaces.

4.3 RESIDENT BEDROOMS

- (a) There shall be no more than two residents occupying a bedroom. Each resident shall occupy a regularly designated bedroom.
- (b) Bedrooms with two occupants shall be at least 120 square feet exclusive of space occupied by closets, vestibules, and toilet rooms. All bedrooms shall be of a size that accommodates the needs of the resident and any of his/her adaptive equipment.
- (c) Resident bedrooms shall contain furnishings that meet the needs of the resident.
- (d) Each bedroom shall contain storage adequate for the resident's clothing and personal articles.
- (e) The ground level outside of any basement resident bedroom shall be maintained at or below the window sill for a distance of at least eight feet measured out from the window.

5 PERSONNEL

5.1 STAFFING

- (a) The governing body shall employ staff who are qualified by education, training, and experience. The community residential home shall have staff on duty as necessary to meet the needs of all residents at all times, so that provision of residential services is not dependent upon the use of residents to perform staff functions. Volunteers may be utilized in the community residential home, but shall not be included in the home's staffing plan in lieu of employees.
- (b) The governing body shall have written personnel policies. Each staff member shall be provided a copy upon employment and the administrator shall explain such - policies during the initial staff orientation period.

5.2 TUBERCULIN TESTING

- (a) All staff and any volunteer providing direct resident care shall be tested for tuberculosis upon initial employment unless such person produces documentation of a Purified Protein Derivative (PPD) Mantoux test administered and read in the previous twelve (12) months. Such documentation shall give results including the measure of induration and be signed by a licensed physician or other licensed authorized practitioner.
 - I) All staff unable to produce documentation of a test in the previous twelve (12) months shall undergo the 2-step method of PPD Mantoux tuberculin testing. This 2-step process shall be initiated prior to contact with the residents.
 - II) In the event of a positive result of a PPD Mantoux test, evidence of a chest x-ray and/or other appropriate follow-up shall be required.
- (b) All staff testing negative and having any contact with the residents or the community residential home shall be retested with the PPD Mantoux test for tuberculosis on an annual basis. The results of such tests, including the measure of induration, shall be maintained in a central registry in the community residential home's or the service agency's main office.

5.3 PERSONNEL TRAINING

- (a) The governing body shall establish and implement requirements for initial orientation and on-going staff training of a scope that ensures all duties and responsibilities are carried out competently. Such requirements shall include but not be limited to:
 - I) extent and type of orientation for all new employees prior to unsupervised contact with residents;
 - II) job training specific to the needs of the residents for each staff person. Such training shall be related to the health, safety, and services for the resident. Such training shall include, but not be limited to, resident rights, individual resident's care issues, abuse and neglect prevention, and the community residential home's policies and procedures to be completed in the first ninety (90) days of employment.
 - III) all staff training and inservices shall be documented.
- (b) The administrator shall document that orientation and training in emergency procedures has been provided for each new staff member and each newly admitted resident capable of self-preservation. Training shall occur within seven (7) working days of employment or admission to the community residential home.

6 EMERGENCY PLANS AND PROCEDURES

6.1 EMERGENCY PLANS AND PROCEDURES

- (a) The governing body shall develop written emergency plans and procedures for fire, serious illness, severe weather, disruption of essential utility services, and missing persons. Such plans shall include but not be limited to:
 - I) assignments of staff and residents to specific tasks and responsibilities;
 - II) instruction relating to the use of alarm systems and signals;
 - III) instruction on appropriate methods of fire containment;

- IV) plans for the overnight or short-term resettlement or relocation of residents; and
- V) procedures for notification of appropriate persons in emergencies.

- (b) Staff and residents shall have training on, and practices of, emergency plans and procedures, in addition to fire drills, at intervals throughout the year. All such practices and training shall be documented. Such documentation shall include any difficulties encountered and any needed adaptations to the plan. Such adaptations shall be implemented immediately upon identification.

6.2 First aid equipment shall be available on the premises in a readily accessible location and staff shall be instructed in its use.

7 DIETARY

7.1 GENERAL

- (a) All food shall be procured, stored, and prepared safely. At least a three day supply of food shall be available in the community residential home in case of an emergency.
- (b) Meals shall be planned in advance in a manner which incorporates resident involvement and provides a nutritionally adequate diet for all residents.
- (c) Meals shall vary daily and shall be adjusted for seasonal changes and holidays.
- (d) Residents shall have reasonable access to food supplies.
- (e) Staff support shall be assured to all residents who need assistance during meals.
- (f) Records of meals prepared including available options shall be kept by community residential home staff and shall be available for review for a period of thirty (30) days.
- (g) The community residential home shall provide for the special dietary needs of the residents.

7.2 SPECIAL DIETS

- (a) The prescription of therapeutic diets shall be documented and such information shall be made available to staff preparing meals.
- (b) The community residential home shall establish procedures for informing all staff, including volunteers and temporary staff, of any resident's food allergies and/or special dietary requirements.

8 MEDICATIONS AND MEDICAL SERVICES

8.1 MEDICATIONS. Unless otherwise specified, medications refers to all non-prescription (over the counter) and prescription drugs as defined in 12-22-102 C.R.S.

- (a) The governing body shall establish, and the administrator shall implement, policies and procedures which ensure the appropriate procurement, storage, and administration of medications to include but not be limited to:
 - l) administration and storage of medications, including the use of locked storage areas and refrigeration;

- II) documentation of medication administration to residents, including time and dosage given, documentation of staff administering, or medication refusal by resident;
 - III) reporting medication errors and refusals to program or consulting nurse and/or physician;
 - IV) administration and transport of medications to facilitate community integration and other activities such as day programs, vacation, and home visits; and
 - V) the proper disposal and documentation of discontinued, out-dated, or expired medications.
- (b) Unless self-administered by residents capable of self-administration, medications shall be administered only by qualified medication administration staff members.
- I) For residents who are independent in the administration of medications, the community residential home staff shall provide at least quarterly monitoring or review of medications to determine that medications are taken properly.
- (c) Medications shall be administered only upon the written order of a licensed physician or other licensed authorized practitioner.
- (d) Prescription medications shall be administered from containers or packages that are lawfully labeled.
- I) Any drug container or package having a damaged label shall be returned to the issuing pharmacy for relabeling.
 - II) The contents of any drug container or package having no label, or with an illegible label, shall be immediately removed from use and destroyed.
- (e) Non-prescription (over the counter) medications administered to a resident shall meet the following conditions:
- I) the medication has been ordered by a physician or other licensed authorized practitioner;
 - II) the medication is maintained in the original container; and
 - III) the medication is labeled with a single resident's full name in a way that does not obscure the original label.
- (f) Non-prescription (over the counter) medications may be purchased by residents capable of self-administration.
- (g) Medications shall be reviewed annually or more frequently as necessary by the primary care physician or other licensed authorized practitioner designated to coordinate resident's care.
- (h) If authorized by the physician or other licensed authorized practitioner, medications belonging to a resident shall be given to his or her legal guardian, or to a qualified medication administration staff at the new residence at the time of discharge or transfer. Such authorization shall be documented in the resident's record

8.2 MEDICAL SERVICES

- (a) Prescribed medical services shall be provided.
- (b) Each resident shall have a primary care physician or other licensed authorized practitioner designated to coordinate resident's care.
- (c) Each resident shall be assisted in obtaining a dental examination at least annually.
- (d) Other medical, dental, and therapeutic assessments, services, and follow-up shall be obtained as the need for such services is identified by the physician or other authorized practitioner.
- (e) The community residential home shall arrange for a medical evaluation by a physician or other licensed authorized practitioner of the resident annually unless a greater or lesser frequency is specified by the primary care physician or other licensed authorized practitioner designated to coordinate resident's care. If it is determined an annual evaluation is not needed, a medical evaluation shall be conducted no less frequently than every two (2) years. Results of such evaluations shall be documented and include any follow-up services required.
- (f) There shall be a record of any specialized care or treatment therapies prescribed by a physician or other authorized practitioner and carried out by community residential home staff. Such records shall include a list of staff members trained for such care.
- (g) All therapeutic and health services utilized by residents shall be provided by persons or facilities licensed, certified, or otherwise authorized by law to provide such services.
- (h) Residents who use wheelchairs or other assistive technology services shall receive professional reviews, at a prescribed or recommended frequency, to ensure the continued applicability and fitness of such devices.
- (i) Wheelchairs and other assistive technology devices shall be maintained in good repair.
- (j) Changes in resident's physical condition that could affect his/her health shall be reported to the program or consulting nurse and/or physician, or other licensed authorized practitioner.
- (k) The governing body shall develop, and the community residential home shall implement, a policy for monitoring each resident's weight, except all residents under 22 years of age shall have height and weight measurements every quarter.

9 RESIDENT RECORDS

9.1 INITIAL RECORD REQUIREMENTS

- (a) The following minimum information shall be recorded in the resident's program or medical record upon admission to the community residential home:
 - I) name, previous address, and birth date;
 - II) name, address, and phone number of legal guardian (if any), person to contact in an emergency; physician, dentist, and case manager; and

- III) special needs, allergies, and current medication. If a resident has an allergy to any substance, a notice shall be placed in a conspicuous place on the resident's record.
- (b) To the extent possible, the following shall also be obtained:
- I) the results of assessments conducted within the previous 12 months;
 - II) all Individual Service and Support Plans (I.S.S.P.) developed within the previous 12 months;
 - III) record of prescriptions of medications within the previous 12 months;
 - IV) dates and descriptions of illnesses, accidents, treatments thereof, and immunizations for the previous 12 months;
 - V) summary of hospitalizations for the previous 12 months, to include recommendations for follow-up and treatment; and
 - VI) any other information relevant to the health of the resident.

9.2 CONTINUING RECORD REQUIREMENTS

- (a) The community residential home shall maintain program and medical records for each resident which also contain the following:
- I) all information contained in subparagraph (a) and (b) of this section;
 - II) a record of the use of the resident's funds, if such use is supervised by the administrator;
 - III) Current Individualized Plan (I.P.) And Individual Service and Support Plans (I.S.S.P.);
 - IV) current photo of resident;
 - V) general physical characteristics;
 - VI) general description of personality characteristics;
 - VII) quarterly weight and height measurement of residents under twenty-two years of age;
 - VIII) records of prescriptions ordered and medication administered in the previous twelve (12) months; and
 - IX) when applicable, date, time, and circumstances of resident's death.
- (b) All entries in any resident record shall be dated and authenticated. Acceptable authentication shall be the staffs written signature, identifiable initials, computer key, or other appropriate technological means.
- (c) All records specifically required by these standards shall be made available to the Colorado Department of Public Health and Environment for purposes of enforcing these regulations.

9.3 MEDICAL RECORD RETENTION. Medical records are those records pertaining to the health status and related medical services and treatments of the resident. Such records do not include documents involving services and programs.

- (a) All medical records for adults (persons eighteen (18) years of age or older) shall be retained for no less than ten (10) years after the last date of service or discharge from the community residential home. All medical records for minors shall be retained after the last date of service or discharge from the community residential home for the period of minority plus ten (10) years.