# Adult and Family Care Homes

AN OVERVIEW

# What's the difference?

- Adult Care Homes – licensed for more than 6 residents
- Family Care Homes – licensed for 2-6 residents
- Types of licensure – ambulatory means residents are able to get out on their own if there is an emergency
- Non-ambulatory – residents  need assistance getting out if there is an emergency
- Homes can be licensed for a certain number of ambulatory vs. non ambulatory residents (for instance 3 ambulatory beds/3 non-ambulatory beds
- Special Care units (ex. Memory care)

Adult and Family Care Homes are for disabled adults who may need 24 hour supervision and assistance with activities of daily living.

Adult Care Homes shall NOT care for individuals with any of the following conditions or needs:

1. Ventilator dependent
2. Individuals requiring continuous licensed nursing care.
3. Individuals whose physicians certify that ACH level of care is not appropriate
4. Individuals whose health care needs cannot be met in the adult care home as determined by the residence

# Which facilities does the local DSS monitor?

- Local DSS monitors only those adult and family care homes licensed by DHSR -Department of Health Service Regulation
- Local DSS does NOT monitor nursing homes, although we do investigate APS complaints in nursing homes
- Local DSS role is to monitor facilities for rule compliance quarterly, as well as complete complaint investigations in facilities and provide technical assistance to staff
- Complaints on nursing homes, mental health facilities, other group homes should be made by calling the DHSR complaint intake unit
- Complaint Hotline: **1-800-624-3004 (within N.C.) or 919-855-4500**
- Complaint Hotline Hours: 8:30 a.m. - 4:00 p.m. weekdays, except holidays.

# Who investigates unlicensed facilities?

- Reports on unlicensed facilities are made to DHSR – they will then instruct the county DSS to investigate these facilities if there is suspicion they are providing the same services as a licensed facility.
- Ex: unlicensed facility is administering medications to residents; facility is assisting with ADL tasks such as bathing, grooming, toileting
- Local DSS reports findings back to DHSR who will advise if there is a need to contact family members, assist in placing residents, etc.
- Fines and legal action can be imposed by DHSR in some instances.
- Multi-Unit Assisted Housing with Services- registered but not licensed by DHSR

# RULES AND REGULATIONS

# LINK TO WEBSITE FOR DHSR RULES

- https://info.ncdhhs.gov/dhsr/testrules.htm
- Subchapter F is for Adult Care Homes (7 plus residents)
- Subchapter G is for Family Care Homes (6 and fewer residents)

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|---|---|
| Adult Care Homes | 10A NCAC<br>Chapter 13<br>Subchapter F<br>Subchapter G |

# What Do We Monitor?

Starting in 2021 DHSR requires county DSS to monitor specific rule areas each quarter:

Areas for this year (through June 30, 2022) have been the following:

1. Physical Plant
2. Staff Qualifications, Training and Competency
3. Staffing Requirements
4. Personal Funds

However, rule areas are looked at during complaints and an adult home specialist may monitor other rule areas if it is determined there is a need to do so.

# 10A NCAC 13F/G .0902(b) Health Care

## Routine Health Care Needs

- Lab Work
- Medical Appointments
- Referrals:
  - Mental Health
  - Therapy Services (Occupational, speech, Physical)
  - Podiatry

## Acute Health Care Needs

- Active but short-term treatment:
  - for a severe injury or episode of illness
  - an urgent medical condition
  - or during recovery from surgery.

# Review of Health Care

There is a system in place to assure:

- Care plans are current and reflect resident needs.
- Identify residents requiring lab work.
- Lab work is drawn.
- Follow-up appointments are kept.
- Receive and carry out new orders.
- Treatments are done as ordered.
- Weights are done as ordered.

# Food Supply

# 10a NCAC 13 F/G .0904 Nutrition and Food Service

(a) (4) There shall be at least a three-day supply of perishable food and a five-day supply of non-perishable food in the facility based on the menus, for both regular and therapeutic diets

- (d) (2) Foods and beverages that are **appropriate to residents diets** shall be offered or made available to all residents as **snacks** between each meal for a **total of three snacks** per day and shown on the menu as snacks.

# Substitutions
# 10A NCAC 13F/G .0904 (c)(3)

Any substitutions made in the menu shall be of equal nutritional value, appropriate for therapeutic diets and documented to indicate the foods actually served to residents.

**Substitutions must:**

- Stay in the same food group
- Examples:
  - Only citrus fruit or juice is a substitute for citrus fruit or juice
  - Orange juice – substitute – grapefruit juice
  - Collard greens – substitute – turnip greens
  - Oatmeal – substitute - grits

# A therapeutic diet is the same as a medication order

# 10A NCAC 13F.0400 Staff Qualifications – Adult Care Home

- Administrator
  - Certified by DHSR
  - 120-hour AIT program
  - 30 hours of CE biennially
- Administrator-In-Charge
  - Responsible to the administrator for carrying out the program in an ACH in the absence of the administrator
  - 21 years or older
  - High School Graduate or passed G.E.D. program
  - 6 months training/experience or be a licensed health professional, licensed nursing home administrator or certified assisted living administrator
  - 12 hours of CE annually
- Medication Staff (Medication Aides)
  - Must complete clinical skills validation (includes staff that directly supervise administration of medications)
  - Pass written exam 60 days from the above
  - 6 hours of CE annually
- Activity Director
  - High School Graduate or passed G.E.D. program
  - Must complete within 9 months from hire/assignment to the position the basic activity director course
- Food Service Supervisor
  - Should be experienced in food service and willing to accept consultation from a registered dietician.
  - Complete food service orientation within 30 days of hire.

# 10A NCAC 13G .0400 Staff Qualifications – Family Care Home

- Administrator
  - Approved by DHSR
  - 21 years or older
  - High School Graduate or passed G.E.D. program
  - 20-hour AIT program
  - 100 hours of on-the-job training in AL facility
  - Pass written exam
  - 30 hours of CE biennially
- Qualifications of Supervisor-In-Charge
  - Responsible to the administrator for carrying out the program in an ACH in the absence of the administrator
  - High School Graduate or passed G.E.D. program
  - 12 hours a year of CE annually
- Medication Staff (Medication Aides)
  - Must complete clinical skills validation (includes staff that directly supervise administration of medications)
  - Pass written exam 60 days from the above
  - 6 hours of CE annually
- Activity Director
  - High School Graduate or passed G.E.D. program
  - Must complete within 9 months from hire/assignment to the position the basic activity director course

# Medications

# Medication

## How should a facility respond to medication refusals by residents?

This is not a "one-answer-fits-all" question. A specific response depends on such factors as the medication refused and the resident's current physical and/or mental condition. What is clear is that rule 10A NCAC 13F .1211 and rule 10A NCAC 13G .1211 require development of written policies and procedures of medication administration in compliance with applicable rules, including when medications are not administered such as refusals. Development of medication policies and procedures are to be in conjunction with a licensed health professional who is authorized to administer or dispense medications. For a facility with a special care unit, policies and procedures for methods of behavior management regarding appropriate medication administration are to be developed (10A NCAC 13F .1305).

Policies and procedures for medication administration ensure systems are in place for the health and safety of residents. Policies such as those for refusals guide staff and help ensure physician notification. It is not possible for a facility's policy and procedure to address every scenario/situation/issue; therefore, the resident's physician or prescribing physician should be contacted if there are any questions or direction needed when a medication is not administered. Issues of refusals by residents with cognitive impairment such as dementia or Alzheimer's should also include the involvement and direction of the resident's family/significant other/responsible party or legal representative. The facility's policy of physician notification and involvement of other parties does not take precedence over the facility's responsibility of ensuring a resident's health care needs are met.

# RESIDENTS' RIGHTS

# NORTH CAROLINA
# ADULT CARE HOME BILL OF RIGHTS
(condensed version)

## EVERY RESIDENT SHALL HAVE THE FOLLOWING RIGHTS:

1. To be treated with respect, consideration, dignity and full recognition of his or her individuality and right to privacy.
2. To receive care and services which are adequate, appropriate and in compliance with relevant federal and State laws and rules and regulations.
3. To receive upon admission and during his or her stay a written statement of the services provided by the facility and the charges for these services.
4. To be free of mental and physical abuse, neglect and exploitation.
5. Except in emergencies, to be free from chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical need.
6. To have his or her personal and medical record kept confidential and not disclosed without the written consent of the individual or guardian, which consent shall specify to whom disclosure may be made except as required by applicable state or federal statute or regulation or by third party contact.
7. To receive a reasonable response to his or her requests from the facility administrator and staff.
8. To associate and communicate privately and without restriction with people and groups of his or her own choice on his or her own initiative at any reasonable hour.
9. To have access at any reasonable hour to a telephone where he or she may speak privately.
10. To send and receive mail promptly and unopened, unless the resident requests that someone open and read mail, and to have access at his or her expense to writing instruments, stationery and postage.

11. To be encouraged to exercise his or her rights as a resident and citizen, and to be permitted to make complaints and suggestions without fear of coercion and retaliation.
12. To have and use his or her own possessions where reasonable and have an accessible lockable space provided for security of personal valuables. This space shall be accessible only to the residents and the administrator or supervisor in charge.
13. To manage his or her personal needs funds unless such authority has been delegated to another. If authority to manage personal needs funds has been delegated to the facility, the resident has the right to examine the account at any time.
14. To be notified when the facility is issued a provisional license by the North Carolina Department of Health and Human Services and the basis on which the provisional license was issued. The resident's responsible family member or guardian shall also be notified.
15. To have freedom to participate by choice in accessible community activities and in social, political, medical and religious resources and to have freedom to refuse such participation.
16. To receive upon admission to the facility a copy of this section.
17. To not be transferred or discharged from a facility except for medical reasons, their own or other residents' welfare, or nonpayment. Except in cases of immediate jeopardy to health or safety, residents shall be given at least 30 days advance notice of the transfer or discharge and their right to appeal.

Long Term Care Ombudsmen **assist residents of long term care facilities in exercising their rights and attempt to resolve grievances between residents, families and facilities**.

***The Ombudsman is an advocate for those who live in long term care facilities. For more information on residents' rights, call the Regional Long Term Care Ombudsman***.

Telephone: **(336) 294-4950 or (336) 761-2111**

North Carolina Department of Health and Human Services • Division of Aging
The Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

# Personal Funds $$$$$$$

- Resident must sign as receiving State/County SA allowance after cost of care received
- Facility can handle resident's funds with written consent from resident or resident's legal representative but must provide balance and record of transactions at resident or legal rep.'s request
- A record of each transaction using personal funds (can include pharmacy bill, etc) should be signed by resident, payee, or legal representative and witnessed by 2 signatures. Entry should show what funds are used for and amount used.
- Personal funds should not be comingled with facility funds and should be in non-interest bearing accounts.
- All personal funds should be available to resident or representative during office hours.

# 13F .0702/ 13 G .0705 Discharge of Residents

Reason for discharge: Facility initiated or resident initiated?

13F .0702 (b)(1)(2)(3)(4)(5)(6)(h)

13G .0705 (b)(1)(2)(3)(4)(5)(6)(h)

Facility can not met the resident needs per the residents physician

Health has improved no longer requiring services

Safety of self or others is endangered

Failure to pay

Facility has responsibility to help provide resident with a "SAFE AND ORDERLY DISCHARGE"

*Calling other places to assist in finding placement elsewhere

*Working with hospital, guardian, etc. to provide all needed paperwork to facilitate new placement

*Settlement of cost of care: Any Refund for advanced cost of care should be provided to the resident's appropriate financial representative within 14 days of the resident leaving the home

# ACTIVITIES

# Activities should promote the residents' active involvement with each other, their families, and communities.

Activity Calendar must be posted by the first of the month in a location accessible to all residents and updated immediately with any changes.

- There must be at least 14 hours of activities per week that are catered to the residents' interests and abilities
- Each resident shall have the opportunity to participate in at least 1 outing every other month
- Residents should be encouraged but cannot be made to participate in activities
- Activities should be evaluated every 6 months to determine continued interest and to get suggestions from residents.

# TRANSPORTATION

(a) Transportation. The administrator must assure the provision of transportation for the residents to necessary resources and activities, including transportation to the nearest appropriate health facilities, social services agencies, shopping and recreational facilities, and religious activities of the resident's choice. The resident is not to be charged any additional fee for this service. Sources of transportation may include community resources, public systems, volunteer programs, family members as well as facility vehicles.

# Personal care and supervision

WHAT CAN I EXPECT?

*Family and Adult Care Home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves.

*Staffing should be adequate to insure resident needs are met- ex: only 1 staff required for a certain number of residents but due to the level of need, there needs to be 2 staff members and the facility is responsible for providing the additional staff to meet resident needs.

# What to do if you have concerns about a FCH/ACH

- Talk to the administrator as many things can be resolved with some communication.  Bringing in the ombudsman for some RR issues is also appropriate.
- Contact the local DSS in the county where the facility is located to make a facility complaint. You can also contact DHSR, but it will take longer for the report to get to the county.
- Reporter information is always kept confidential.
- Reports are screened with the following timeframes: immediate, 24, 48 hours or 2 weeks based on the following criteria from G.S.131 D-26:
- Immediate: Complaint alleges life threatening situation
- 24 hour: Complaint alleges abuse
- 48 hour: Complaint alleges neglect
- 2 weeks: any other situation

# NOW What?


*A SW will make an in person visit to the facility

*SW will let administrator know a complaint has been made

*SW will pull a sample of residents (including any listed in complaint) and will interview them for each rule area alleged in complaint

*SW will pull each resident's records in the sample to review such as MARs (medication administration records), FL2, care plan, etc.

*SW will conduct collateral interviews with physicians, guardians, and anyone with information related to the investigation.

*The complaint investigation must be completed within 60 days and sent to DHSR.

*Reporter is entitled to a notice about outcome if they desire one at end of investigation.

*If an investigation is substantiated, a CAR (Corrective Action Report) will be written by the Adult Home Specialist.

*A CAR is a report about the rule area that is not in compliance and includes specifics about how the facility is out of compliance.

*CARs are public information and can be requested of the county DSS.

*When the state (DHSR) writes a corrective action report it is known as an SOD (Statement of Deficiencies). SODs can be found on the DHSR website for each facility.

*CARs are sent to DHSR. If  Level A or Unabated B violations are present, then DHSR determines any penalties.

# STANDARD DEFICIENCY

- Noncompliance with any single requirement or several requirements within a particular rule.
- Doesn't substantially limit a facility's capacity to furnish adequate care, or doesn't jeopardize the health or safety of patients if the deficient practice recurred.
- **Does not** require a written *Plan of Protection*.
- **Does** require a *Plan of Correction*.

# TYPE B VIOLATIONS

- **Type B Violation:**
  - Detrimental to the health, safety, or welfare of any client or patient, but does not result in substantial risk that death or serious physical harm, abuse, neglect, or exploitation will occur.
  - Requires a written *Plan of Protection*.
  - Requires a *Plan of Correction*.

# TYPE A1 & A2 VIOLATIONS

- **Type A1 Violation**:
  - Results in death or serious physical harm, abuse neglect, or exploitation.
  - Requires a written *Plan of Protection*.
  - Requires a *Plan of Correction*.
- **Type A2 Violation:**
  - Results in substantial risk that death or serious physical harm abuse, neglect, or exploitation will occur.
  - *"substantial risk"* – the risk of an outcome that is substantially certain to materialize if immediate action is not taken.
  - Requires a written *Plan of Protection*.
  - Requires a *Plan of Correction*.


FINANCIAL PENALTY

# How much??

- ONLY DHSR has the ability to impose penalties on facilities
- For a type A violation, the penalty in a FCH can be from $500-$10,000 per violation; in ACH from $2,000 to $20,000 per violation
- For an unabated B violation (was not corrected during the specified time frame), penalty can be up to $400 a day
- For an unabated A violation, penalty can be up to $1,000 a day
- Facilities can make payment plans to pay violations
- Facilities can also appeal any Type A violation or Unabated B prior to penalties being imposed
- Other actions: Suspension of Admissions, License Revocation; Provisional License, Summary Suspensions


FINISH