

PROGRAM POLICY - ICF/DD-H

1 Administrative Policies/Procedures

- 1.1 It is the intent of the OPTIONS Board of Directors, management and staff to comply with all rules and regulations as set forth in the Federal ICF/DD-H Conditions of Participation, the State of California Department of Health Services regulations, the Department of Developmental Services requirements, laws of the State of California, local laws, and such other rules as may be applicable to the proper and safe functioning of OPTIONS ICF/DD-H facilities.
- 1.2 ICF/DD-H policies and procedures will be reviewed at least once annually by the OPTIONS Steering Committee and/or its designees, and recommendations for changes will be submitted to the Board of Directors for approval.

2 Advertising

- 2.1 OPTIONS will not falsely advertise or make or disseminate false information or misleading statements.
- 2.2 Advertising material for the ICF/DD-H will be designed to convey to both the general public and referral/funding agencies that the ICF/DD-H provides quality supported person care and services; however, the material will not contain such statements as "Approved by the California Department of Health Services" or any words giving the impression of approval by the Department.

3 Licensing Visit Reports

- 3.1 The most recent Department of Health Licensing visit report, with all related follow-up plans of correction, will be posted in a prominent location at each ICF/DD-H.
- 3.2 The ICF/DD-H will retain a copy of the licensing reports for administrative use and will document all follow-up action taken to correct deficiencies.
- 3.3 The licensee will file with the Department of Health Licensing the address of the licensee to whom all citations and notices concerning Class "A" and Class "B" violations will be mailed by the Department. The licensee will designate one or more persons authorized to accept on the licensee's behalf any citation served by any representative of the Department.

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4 Non-Discrimination Policies

- 4.1 Persons will be admitted to OPTIONS ICF/DD-H facilities without discrimination based on race, color, creed, sex, marital status, sexual orientation, age, religion, ancestry or national origin. The supported person's needs will be considered and no supported person will be admitted for whom services cannot be provided. No supported person discharge will be made based on race, color, creed, sex, marital status, sexual orientation, age, religion, ancestry or national origin.
- 4.2 If a language or communication barrier exists between ICF/DD-H staff and any given supported persons, arrangements will be made for use of an interpreter or other resource to ensure effective communication between the supported person and ICF/DD-H personnel.
- 4.3 All ICF/DD-H staff will be employed without regard to race, color, creed, sex, marital status, sexual orientation, age, religion, ancestry, national origin, or disability. The background, education, skills, experience and work history of candidates for employment will be the basis for all hiring decisions.
- 4.4 Anti-discrimination Complaint Procedure
 - 4.4.1 Any supported person, employee, visitor, or member of the general public having evidence of discrimination against any supported person, employee, visitor, or member of the general public in regard to admission or services and based on race, color, creed, sex, marital status, sexual orientation, age, religion, ancestry or national origin will report all pertinent facts and circumstances directly to OPTIONS Chief Executive Officer.
 - 4.4.2 The Chief Executive Officer will conduct a comprehensive investigation into the allegations of discrimination and will report his/her findings to the complainant within a reasonable length of time.

5 Reporting of Communicable Disease Outbreaks and Unusual Incidents

- 5.1 See Policy No. 200.2.4
- 5.2 Unusual /Occurrences/Incidents
 - 5.3.1 See Policy No. 200.5.1

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- 5.4 Accident Reports
 - 5.4.1 The Safety Committee will review all accident reports monthly. Recommendations for correcting the conditions causing the accident will be discussed and implemented.
- 6 Use of Outside Resources
 - 6.1 See Policy No. 200.1.4.
- 7 Licenses
 - 7.1 See Policy No. 200.1.2
- 8 Supported person Identification
 - 8.1 Each supported person will be positively identified by a photograph kept in the supported person's record file. Photographs will be updated at each Annual ISP Review.
 - 8.2 The name of the supported person, the date the photo was taken, and the ICF/DD-H facility in which the supported person resides will be written on the margin or back of the photograph.
 - 8.3 An Identification and Emergency Information Form will be kept in the supported person file and updated at each Annual ISP Review.
- 9 Employee Identification
 - 9.1 Personnel serving Persons in public areas will carry business cards identifying them as OPTIONS employees.
- 10 Annual Reports
 - 10.1 OPTIONS will complete annual reports as required by the Office of Statewide Health Planning and Development. Reports will be completed prior to the 15th of February of each year, and will be composed on forms submitted by OSHPD.
- 11 Visitors Accompanying Evaluators During Surveys or Visits to the ICF/DD-H
 - 11.1 Any person wishing to accompany a licensing or accreditation evaluator on a survey of a OPTIONS ICF/DD-H must submit a formal request to the California State Department of Health Licensing and Certification.

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- 11.1.1 The request must include the reason for the visit.
- 11.1.2 The request must be received by the Department of Health Licensing and Certification at least four days in advance of proposed visit.
- 11.1.3 OPTIONS reserves the right to refuse permission to any requesting party.
- 11.1.4 OPTIONS reserves the right to have personnel present during the visit.
- 11.1.5 A requesting party will not be permitted to visit unless he/she has received written permission from the OPTIONS Chief Executive Officer.
- 11.1.6 Copies of any notes or reports made by the visitor must be sent to both the Department of Health Licensing and Certification District Office and the OPTIONS Chief Executive Officer.

12 Notification of Governmental Agencies

- 12.1 OPTIONS Chief Executive Officer will notify the Department of Health Services Licensing and Certification in writing within ten days of any of the following occurrences:
 - 12.1.1 Change in ownership, including stock holdings of 10% or more in the corporation.
 - 12.1.2 Any decrease in licensed bed capacity of a OPTIONS ICF/DD-H.
 - 12.1.3 Change in the principal officer (Chief Executive Officer) of the corporation.
 - 12.1.4 Change in address of the corporate offices.
 - 12.1.5 Change in QMRP of an ICF/DD-H.
 - 12.1.6 Change of name and/or licensee of the ICF/DD-H to whom all citations and notices can be sent concerning any "Class A" or "Class B" violations.

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- 12.1.7 Change in name, title and address of any person authorized to accept on the licensee's behalf any citations served by representatives of the Department of Health Services.
- 12.2 The OPTIONS Chief Executive Officer will telephone the Department of Health Services immediately if there exists an intent to disrupt or discontinue services; upon the threat of a walkout of a significant number of employees; and of any earthquake, fire, power outage or other damage to the ICF/DD-H which threatens the safety or welfare of supported Persons.
- 12.3 If an OPTIONS ICF/DD-H ceases operation, the Department of Health Services will be informed by the licensee within three (3) business days of cessation of operations of the arrangements made for the safe preservation of supported person records.
- 12.4 If any supported person record is defaced or destroyed before termination of the required retention period, the Department of Health Services will be notified in writing of the damage or destruction within three (3) business days of its occurrence. Notification will include an evaluation of the cause of the damage or destruction and a plan of correction to prevent recurrence.
- 12.5 If the ownership of any OPTIONS ICF/DD-H changes, both the licensee and the applicant for the new license will, prior to the change of ownership, provide the Department of Health Services with the following written documentation
- 12.5.1 Statement of assurance that the new licensee will have custody of the supported person records and that these records or copies thereof will be available to the former licensee, the new licensee and any other authorized persons; or
- 12.5.2 Statement of assurance that other arrangements have been made by the licensee for the safe preservation of supported person records, the location of such records, and their availability to the former licensee, the new licensee and any other authorized persons; or
- 12.5.3 Reason for unavailability of supported person records.
- 12.6 If the ownership of any OPTIONS ICF/DD-H changes, the licensee and the applicant for the new license will, prior to the change of ownership,

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notify the Department of Health Services of the following information regarding supported person records:

- 12.6.1 Provisions for access to supported person records.
 - 12.6.2 Address of ICF/DD-H or supported person record storage facility.
 - 12.6.3 Description of security precautions.
 - 12.6.4 Names and phone numbers of individuals responsible for access to and security of supported person records.
- 12.7 The Department of Health Services will be notified in writing by the licensee of any construction, remodeling or alterations to the ICF/DD-H. Notification will be made within five days of the commencement of the project.
- 13 Display of Licenses, Permits and Guiding Principles
- 13.1 All required licenses and permits will be displayed in locations that do not interfere with normalization. Inspection reports by governmental agencies will be kept on file at each ICF/DD-H location. Any actions taken to comply with recommendations will be noted and retained in these files.
 - 13.2 The most recent survey report, non-discrimination poster, and non-profit statement will be posted at each ICF/DD-H location.
 - 13.3 Supported person Rights and Responsibilities will be posted at each ICF/DD-H location and reviewed annually with ICF/DD-H Persons.
 - 13.4 The OPTIONS Personnel Director will verify the validity of the Registered Nurse Consultant's license.
 - 13.5 The OPTIONS Chief Executive Officer will either verify or assure verification of all other licenses.
 - 13.6 The OPTIONS Board of Directors is responsible for the verification of the Chief Executive Officer's credentials.
- 14 Absence of Chief Executive Officer
- 14.1 If the OPTIONS Chief Executive Officer is absent for more than 45 consecutive days, the licensee will appoint another licensed administrator to carry out the responsibilities of ICF/DD-H facilities operated by OPTIONS.
 - 14.2 The QMRP will be in charge of case management for all Persons served

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in OPTIONS ICF/DD-H facilities.

- 14.3 Each ICF/DD-H will have a Program Supervisor who is knowledgeable in the policies and procedures of the licensee and will be responsible for the operation of the ICF/DD-H.
- 14.5 The Department of Health Services will be notified in writing of any temporary absence of the QMRP. The OPTIONS Chief Operating Officer will be responsible for supported person case management and/or ICF/DD-H operation in the temporary absence of the QMRP.
- 14.6 All the duties, responsibilities and acceptance of Licensing and Review agency reports and citations are vested in the person designated to act on behalf of the licensee.
 - 14.6.1 The QMRP will be designated to accept on the licensee's behalf any "Class A" or "Class B" citations served by any representative of the Department of Health Services.
 - 14.6.2 The QMRP may accept any Licensing Review Reports or other review agency reports on the licensee's behalf.
- 15 Review of Incident and Accident Reports
 - 15.1 The QMRP will review employee and supported person incident/accident reports to determine the existence of any health or safety hazards and will take corrective action as deemed necessary for the best interests of ICF/DD-H employees and supported Persons.
- 16 Notification To Physician
 - 16.1 Each supported person's attending physician will be notified promptly of any of the following:
 - 16.1.1 Admission of a supported person to the ICF/DD-H.
 - 16.1.2 Any sudden and/or marked adverse change in signs, symptoms, or behavior exhibited by a supported person.
 - 16.1.3 Any unusual occurrence involving epidemic outbreaks, poisonings, fires, major accidents, deaths from unusual causes or other catastrophes, or any other unusual occurrence that threatens the welfare, safety and health of a supported person.

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| 16.1.4 | Any significant change in a supported person's weight within a 30 day period, unless anticipated in physician's notes or orders. |
| 16.1.5 | Any negative response or reaction by a supported person to a medication or treatment. |
| 16.1.6 | Any error in the administration of a medication or treatment to a supported person that represents a risk to the supported person. |
| 16.1.7 | Inability to obtain or administer drugs, equipment, supplies or services as prescribed on a prompt and timely basis. |
| 16.2 | Any and all attempts to notify an attending physician, whether successful or not, of any of the above occurrences will be recorded in the supported person ID Notes maintained in the supported person record. The ID Notes will include the following information: |
| 16.2.1 | Date, time and method of notification or attempted notification. |
| 16.2.2 | Name of person contacted at physician's office. |
| 17 | Guardianship Responsibility |
| 17.1 | No licensee, owner, administrator, employee or representative thereof will act as guardian or conservator of any supported person or supported person estate. |
| 18 | Communicable Disease |
| | See Policy No. 200.2.4 |
| 19 | Supported person Brokerage |
| 19.1 | Per California Health and Safety Code Section 445 |
| 19.1.1 | "No person, firm, partnership, association or corporation, agent or employee thereof will refer or recommend a person for a fee to a physician, hospital, or health-related facility for any form of medical care or treatment. If a fee is charged it is assumed the recommendation was for profit." |
| 19.1.2 | "A physician, hospital, health-related facility or dispensary |

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will not enter into a contract or other agreement, to accept for medical care or treatment, any person referred or recommended for such care or treatment by a medical referral service business located in or doing business in another state if the medical referral service business would be prohibited under this part if the business were located or doing business in this state."

- 19.2 The ICF/DD-H will abide by the laws governing supported person brokerage and will have no part of fee for referrals.

- 20 The following information will be available at all times in an area that is easily accessible to ICF/DD-H Persons and staff:
 - 20.1 Emergency phone numbers including: medical emergency, OPTIONS staff support, police, fire, ambulance, and third party representatives.
 - 20.2 OPTIONS Emergency Plan
 - 20.3 Procedure for contacting On-call Beeper staff and RN Consultant
 - 20.4 Facility Evacuation Plan

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