

ANNOTATED MINUTES

Tuesday, July 24, 1990 - 9:30 AM
Multnomah County Courthouse, Room 602

INFORMAL BRIEFINGS

1. Briefing on Implementation of County Program Evaluation Plan - Presented by Merlin Reynolds and Members of County Program Evaluation Team

STAFF REQUESTED THAT BOARD BRIEFING BE DELAYED TO AUGUST, PENDING COMMITTEE RECONSIDERATION OF CERTAIN SUBSTANTIVE ISSUES.

2. Briefing on Planning Efforts Related to the Great Start Plan and Request for Directions for County Prevention Efforts - Presented by Members of the Prevention Committee of the Children and Youth Services Commission and Sharon McCluskey

MICHAEL MORRISSEY, DAVENE COHEN, DR. RAUL BANAGLE, SHARON McCLUSKEY, DIANE TUTCH AND CORNETTA SMITH DISCUSSED COMMITTEE RECOMMENDATIONS AND ASPIRATIONS.

3. Briefing on Regulating Neighborhood Relations of Residential Care Facilities Following Passage of the Federal Fair Housing Act and Oregon HB 2289 - Presented by Jim McConnell and Steve Balog

STAFF TO CONSULT WITH LEGAL COUNSEL REGARDING THE COUNTY'S ROLE IN PROVIDING RELATED PUBLIC INFORMATION. CHAIR McCOY EXPRESSED INTEREST IN CREATION OF A HANDBOOK FOR THE ELDERLY.

4. Briefing on Update of Multnomah County Administrative Rules for Adult Housing Program to Comply with State Requirements - Presented by Jim McConnell and Steve Balog

STAFF TO REVIEW RULE WHICH SENIOR OMBUDSMAN JOHN OLSON FELT MIGHT ALLOW QUESTIONABLY UNFIT FACILITIES TO RECEIVE CONDITIONAL LICENSES. STAFF ADVISED THAT DUANE ZUSSY WOULD SUBMIT AN AMENDED COUNTY ORDINANCE FOR CONSIDERATION.

Tuesday, July 24, 1990 - 1:30 PM
Multnomah County Courthouse, Room 602

INFORMAL BRIEFINGS

5. Briefing Regarding Metro's Solid Waste Reduction Plan and the Roles of the County and Cities in the Implementation of the Plan - Presented by Steve Kraten, Joanne Garnett, Linda Kotta, Bruce Walker (TIME CERTIN 1:30)

5. (continued)

VICE-CHAIR KAFOURY NOTED PLAN DID NOT ADDRESS SOURCE REDUCTION AND DISCUSSED NEED FOR AGGRESSIVE PUBLIC POLICIES. COMMISSIONER KELLEY EXPRESSED INTEREST IN SEEING THAT RESIDENTS OUTSIDE THE URBAN GROWTH BOUNDARY RECEIVE SAME RECYCLING OPPORTUNITIES AS METRO AREA RESIDENTS.

6. Update on Cooperative Project with Tri-Met to Encourage Use of Mass Transit and Alternative Activities to Cruising - Presented by Carolyn Marks Bax

STAFF ADVISED THAT FREE ONE-WAY TRI-MET PASSES AND VARIOUS DISCOUNT COUPONS WILL BE AVAILABLE FOR TEENS. CHAIR MCCOY TO SHARE YOUTH ACTIVITY INFORMATION WITH MS. MARKS BAX

7. Informal Review of Formal Agenda of July 26, 1990

C-1 STAFF ADVISED OF VARIOUS MEDIA ACTIVITIES SCHEDULED TO PROMOTE THE 6 COUNTY PROGRAMS RECEIVING NATIONAL RECOGNITION.

C-3 CHAIR MCCOY ADVISED THAT BECAUSE BRUCE WARD IS UNABLE TO SERVE ON THE LIBRARY ADVISORY BOARD, ANOTHER NAME WILL BE SUBMITTED THURSDAY.

C-6 CHAIR MCCOY ADVISED OF A SUPPLEMENTAL AGENDA ITEM SUBMITTED FOR UNANIMOUS CONSENT CONSIDERATION THURSDAY.

R-1 STAFF ADVISED THAT AGENDA SHOULD INCLUDE THE FOLLOWING PROPERTY AND DESCRIPTION: RAILROAD SHOPS ADDITION TAX LOT #16, OF LOTS 1 & 2, BLOCK 3, AN UNBUILDABLE STRIP OF LAND APPROXIMATELY 7 X 50 FEET, ACQUIRED IN 1986 AND WITH A CURRENT MARKET VALUE OF \$700.00.

R-7 STAFF DIRECTED TO LOOK INTO POSSIBILITY OF TAKING CERTAIN REVENUE GENERATING CLIENTS INTO PUBLIC GUARDIAN PROGRAM.

* CHAIR MCCOY ADVISED THAT AT FORMAL MEETINGS BEGINNING IN AUGUST, THE BOARD CLERK WILL READ AGENDA TITLES INTO THE RECORD PRIOR TO COMMISSIONER LIAISON EXPLANATION AND/OR ACTION.

* CHAIR MCCOY ADVISED THAT AN ANNEXATION BRIEFING WOULD BE SCHEDULED ON BOARD AGENDA AS SOON AS POSSIBLE.

* CHAIR MCCOY ADVISED COUNTY COUNSEL HAS DETERMINED THAT BOARD DISCUSSION CONCERNING THE FUTURE REVENUE ANALYSIS ISSUE BE READDRESSSED AT A FORMAL BOARD MEETING.

FORMAL MEETING

CONSENT CALENDAR

- C-1 Presentation of 1990 National Association of Counties Achievement Awards

RECOGNITION GIVEN TO INDIVIDUAL EMPLOYEES, VOLUNTEERS AND CORPORATE SPONSORS PARTICIPATING IN THE FOLLOWING PROGRAMS: INTENSIVE PROBATION SUPERVISION MODEL FOR DRUNKEN DRIVER OFFENDERS; LOW INCOME DENTAL CLINIC; SALMON FESTIVAL AT OXBOW PARK; WILLAMETTE RIVER BRIDGE CAPITAL AND PREVENTIVE MAINTENANCE PROGRAM; ENHANCING SERVICES TO MINORITY ELDERLY; AND THE ACUPUNCTURE DETOXIFICATION PROJECT.

- C-2 Presentation of Service Award Certificates to County Employees with 15, 20, 25, 30 and 35 Years of Service

AWARD CERTIFICATES AND PINS WERE PRESENTED TO SUSAN CLARK, LARRY HARDING, JOHN MILLER, ROBERT POTTS, PHILIP SOBER, JAMES STEGMILLER, MARILUISE ALLEN, SUSAN AYERS, LUCILLE BEIGHLEY, LYNNE GASKA, SHARON HOFFMANN, MARGARET ROSE JOHNSON, HENRY LAWSON, MURIEL STOECKER, ROBIN KIRKMAN, JIM LYNCH, JOHN REYNOLDS, JOSEPH ALLISON, MERLYN BRUNKOW, EDMOND DILLEY, JOHN EDGAR, IRVING EWEN, LAWRENCE FLETCHER, GILBERT GREELEY, VELDA HOWELL, GENE LANDIS, PENNY MALMQUIST, EUGENE RAMSEY, KENNETH ROUSETT, AND HAROLD STANKEY.

- C-3 In the Matter of Appointments of Bill Naito, Don Barney, Felicia Trader, Jolinda Osborne, Karen Hinsdale, Rebecca Halverson, William Failing, Yvonne Williams, Evelyn Crowell, Cliff Carlsen, Ursula LeGuin, Paul Millius, Floy Pepper and Juan Prats to the Library Advisory Board

THE CAPTIONED APPOINTMENTS WERE APPROVED. APPOINTEES WERE PRESENT TO RECEIVE COUNTY ACKNOWLEDGEMENT AND APPRECIATION. MR. NAITO ADVISED THIS IS THE BEGINNING OF A POSITIVE NEW ERA, AND THAT THE LIBRARY BOARD WOULD BE WORKING TOWARDS INTELLECTUAL FREEDOM AND INCREASED LIBRARY SERVICES.

- C-4 In the Matter of Appointments of J.A. (Rocky) Rodriques, Tom Mason, Joelle M. Gelao, Richard Orazetti and Dr. Ann Marie Collins to the Council on Chemical Dependency - Terms Expire 6/92

APPROVED.

- C-5 In the Matter of Appointment of Dr. William MacFarlane to the DUII Advisory Board - Term Expires 6/92

APPROVED.

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-1 Request for Hearing to Consider Bids for Purchase of Tax Foreclosed Properties by Private Sale as Provided by ORS 275.200: Woodlawn Tax Lot #2, of Block 3 & 4, a Parcel of Land Approximately 9522 sq. ft., Acquired in 1985 and with a Current Market Value of \$2,000.00; and Railroad Shops Addition Tax Lot #16, of Lots 1 & 2, Block 3, a Parcel of Land Approximately 7 x 50 ft., Acquired in 1986 and with a Current Market Value of \$700.00.

PRIVATE SALE OF ABOVE CAPTIONED PROPERTIES
APPROVED.

DEPARTMENT OF HUMAN SERVICES

HEALTH AND SOCIAL SERVICES DIVISIONS

- R-2 Ratification of an Intergovernmental Agreement with Oregon Health Sciences University and Multnomah County, Health Division, for Support of the Cleve Allen Dental Center in the Delivery of Dental Care for Low Income County Residents

APPROVED.

- R-3 Ratification of an Intergovernmental Agreement with Oregon State Public Health Laboratory and Multnomah County, Health Division, for Testing and Reporting Sera from Hepatitis Clients on an As-Needed Basis

APPROVED.

- R-4 Ratification of Annual Renewal Intergovernmental Revenue Agreement with the City of Portland and Multnomah County, Social Services Division, for Burnside Projects Homeless Shelter for the Youth Program Office

APPROVED.

- R-5 Ratification of Intergovernmental Revenue Agreement with the City of Portland and Multnomah County, Social Services Division, to Help Fund Homeless Shelter for Chronically Mentally Ill Clients for FY 90/91

APPROVED.

AGING SERVICES AND JUVENILE JUSTICE DIVISIONS

- R-6 Ratification of Intergovernmental Agreement between State Senior and Disabled Services Division and Multnomah County, Aging Services Division, Implementing the Adult Transfer Authorized by Senate Bill 875 and Board Resolution 90-85

APPROVED.

R-7 Resolution In the Matter of Approving Policies and Operations for the Public Guardian's Office

RESOLUTION 90-111 APPROVED.

JUSTICE SERVICES

SHERIFF'S OFFICE

R-8 Budget Modification MCSO #1 Requesting Transfer of \$25,000 from Corrections Professional Services to Personal Services and Materials and Services to Cover the Cost of Hiring .60 FTE Corrections Officer to Monitor Compliance with a Federal Court Order

APPROVED.

UNANIMOUS CONSENT ITEM

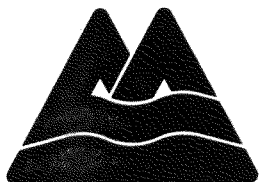
C-6 In the Matter of Appointing David Boyer as Administrator of the Multnomah County Library Pension Plan

APPROVED.

* MR. JIM WEAVER APPRISED THE BOARD OF PROBLEMS HE HAS ENCOUNTERED WITH LAW ENFORCEMENT OFFICERS. VICE-CHAIR KAFOURY SUGGESTED MR. WEAVER CONTACT HER OFFICE STAFF FOR ASSISTANCE IN SEEING THAT HIS CONCERNS ARE BROUGHT TO THE ATTENTION OF THE CITY/COUNTY SECONDHAND DEALERS TASKFORCE.

* CHAIR McCOY AND COUNTY COUNSEL LARRY KRESSEL DISCUSSED WHETHER THE FUTURE REVENUE ANALYSIS ISSUE NEEDS TO BE READDRESSSED IN A FORMAL SESSION.

0037C/1-5/dr
7/26/90



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • CHAIR • 248-3308
PAULINE ANDERSON • DISTRICT 1 • 248-5220
GRETCHEN KAFOURY • DISTRICT 2 • 248-5219
RICK BAUMAN • DISTRICT 3 • 248-5217
SHARRON KELLEY • DISTRICT 4 • 248-5213
JANE McGARVIN • Clerk • 248-3277

AGENDA

MEETINGS OF THE MULTNOMAH COUNTY BOARD OF COMMISSIONERS

FOR THE WEEK OF

July 23 - 27, 1990

Tuesday, July 24, 1990 - 9:30 AM - Informal Briefings. . . .Page 2
Tuesday, July 24, 1990 - 1:30 PM - Informal Briefings. . . .Page 2
Thursday, July 26, 1990 - 9:30 AM - Formal MeetingPage 3

Thursday Meetings of the Multnomah County Board of Commissioners are recorded and can be seen at the following times:

Thursday, 10:00 PM, Channel 11 for East and West side subscribers

Friday, 6:00 PM, Channel 27 for Paragon Cable (Multnomah East) subscribers

Saturday 12:00 PM, Channel 21 for East Portland and East County subscribers

Tuesday, July 24, 1990 - 9:30 AM

Multnomah County Courthouse, Room 602

INFORMAL BRIEFINGS

1. Briefing on implementation of County Program Evaluation Plan - Presented by Merlin Reynolds and members of County Program Evaluation Team
 2. Briefing on planning efforts related to the Great Start Plan and request for directions for County Prevention efforts - Presented by members of the Prevention Committee of the Children and Youth Services Commission and Sharon McCluskey
 3. Briefing on Regulating Neighborhood Relations of Residential Care Facilities following passage of the Federal Fair Housing Act and Oregon H.B. 2289 - Presented by Jim McConnell and Steve Balog
 4. Briefing on update of Multnomah County Administrative Rules for Adult Housing Program to comply with State requirements - Presented by Jim McConnell and Steve Balog
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Tuesday, July 24, 1990 - 1:30 PM

Multnomah County Courthouse, Room 602

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5. Briefing regarding Metro's Solid Waste Reduction Plan and the roles of the County and cities in the implementation of the plan - Presented by Steve Kräfen, Joanne Garnett, Linda Kotta, Bruce Walker - TIME CERTIN 1:30
6. Update on cooperative project with Tri-Met to encourage use of mass transit and alternative activities to cruising - Presented by Carolyn Marks Bax
7. Informal Review of Formal Agenda of July 26, 1990

PUBLIC TESTIMONY WILL NOT BE TAKEN AT INFORMAL MEETINGS

Thursday, July 26, 1990 - 9:30 AM

Multnomah County Courthouse, Room 602

FORMAL MEETING

CONSENT CALENDAR

- C-1 Presentation of 1990 National Association of Counties Achievement Awards
- C-2 Presentation of Service Award Certificates to County employees with 15, 20, 25, 30 and 35 years of service
- C-3 In the Matter of Appointments of Bill Naito, ~~Bruce Ward~~, Don Barney, Felicia Trader, Jolinda Osborne, Karen Hinsdale, Rebecca Halverson, William Failing, Yvonne Williams, Evelyn Crowell, Cliff Carlsen, Ursula LeGuin, Paul Millius, Floy Pepper and Juan Prats to the Library Advisory Board
- C-4 In the Matter of Appointments of J.A. (Rocky) Rodriques, Tom Mason, Joelle M. Gelao, Richard Orazetti and Dr. Ann Marie Collins to the Council on Chemical Dependency - Terms expire 6/92
- C-5 In the Matter of Appointment of Dr. William MacFarlane to the DUII Advisory Board - Term expires 6/92

DEPARTMENT OF ENVIRONMENTAL SERVICES

- R-1 Request for hearing to consider bids for purchase of tax foreclosed property by private sale as provided by ORS 275.200: Woodlawn Tax Lot #2, of Block 3 & 4, a parcel of land approximately 9522 sq. ft., acquired in 1985 and with a current market value of \$2,000.00

DEPARTMENT OF HUMAN SERVICES

Health and Social Services Divisions

- R-2 Ratification of an Intergovernmental Agreement with Oregon Health Sciences University and Multnomah County, Health Division, for support of the Cleve Allen Dental Center in the delivery of dental care for low income County Residents
- R-3 Ratification of an Intergovernmental Agreement with Oregon State Public Health Laboratory and Multnomah County, Health Division, for testing and reporting sera from hepatitis clients on an as-needed basis
- R-4 Ratification of annual renewal Intergovernmental Revenue Agreement with the City of Portland and Multnomah County, Social Services Division, for Burnside Projects Homeless Shelter for the Youth Program Office

ADD
* * RAILROAD SHOPS
PROPERTY

Health and Social Services (continued)

- R-5 Ratification of Intergovernmental Revenue Agreement with the City of Portland and Multnomah County, Social Services Division, to help fund homeless shelter for chronically mentally ill clients for FY 90/91

Aging Services and Juvenile Justice Divisions

- R-6 Ratification of Intergovernmental Agreement between State Senior and Disabled Services Division and Multnomah County, Aging Services Division, implementing the Adult Transfer authorized by Senate Bill 875 and Board Resolution 90-85
- R-7 Resolution In the Matter of Approving Policies and Operations for the Public Guardian's Office

JUSTICE SERVICES

SHERIFF'S OFFICE

- R-8 Budget Modification MCSO #1 requesting transfer of \$25,000 from Corrections Professional Services to Personal Services and Materials and Services to cover the cost of hiring .60 FTE Corrections Officer to monitor compliance with a federal court order

0702C/17-20
7/19/90
cap



MULTNOMAH COUNTY OREGON

BOARD OF COUNTY COMMISSIONERS
ROOM 605, COUNTY COURTHOUSE
1021 S.W. FOURTH AVENUE
PORTLAND, OREGON 97204

GLADYS McCOY • CHAIR • 248-3308
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JANE McGARVIN • Clerk • 248-3277

NOTICE OF JUVENILE JUSTICE FACILITY

PUBLIC HEARING

JULY 31, 1990

The Multnomah County Board of Commissioners will hold a public hearing for the purpose of taking testimony and public input on issuance of general obligation bonds of Multnomah County. The bond will finance construction of a new Juvenile Justice Facility including juvenile detention, juvenile justice administration, district attorney and counselors offices, and courtroom space.

The public hearing will begin with an update by the County's Departmental staff followed by public testimony on:

TUESDAY, JULY 31, 1990
at 9:30 A.M.
MULTNOMAH COUNTY COURTHOUSE
1021 S.W. 4th. Avenue, Room 602
Portland, Oregon

At the conclusion of the public hearing the Multnomah County Board of Commissioners will determine whether to submit the question of issuing and selling general obligation bonds not to exceed \$23.8 million to the voters at the September 18, 1990 election.

All interested persons may attend the hearing and will be given a reasonable opportunity to be heard.



MULTNOMAH COUNTY OREGON

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ROOM 605, COUNTY COURTHOUSE
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SUPPLEMENTAL AGENDA

Thursday, July 26, 1990 - 9:30 AM

Multnomah County Courthouse, Room 602

UNANIMOUS CONSENT

C-6 In the Matter of Appointing David Boyer as Administrator
of the Multnomah County Library Pension Plan

0702C/21
7/23/90
cap

Meeting Date: JUL 24 1990

Agenda No.: Imp. #1 Am

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

SUBJECT: County Program Evaluation Plan Briefing

BCC Informal 7/24/90 BCC Formal _____
(date) (date)

DEPARTMENT Nondepartmental DIVISION County Chair's Office

CONTACT Merlin Reynolds TELEPHONE 248-3308

PERSON(S) MAKING PRESENTATION Merlin Reynolds and Evaluation Team Members

ACTION REQUESTED:

☒ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☐ APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 20 minutes

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: _____

BRIEF SUMMARY (include statement of rationale for action requested,
as well as personnel and fiscal/budgetary impacts, if applicable):

Briefing on implementation of County Program Evaluation Plan

(If space is inadequate, please use other side)

SIGNATURES:

ELECTED OFFICIAL Madys McCoy

Or

DEPARTMENT MANAGER _____

(All accompanying documents must have required signatures)

Meeting Date: JUL 24 1990

Agenda No.: Inf. #2 Am

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

SUBJECT: Great Start Planning

BCC Informal 7-24-90 or ASAP BCC Formal _____
(date) (date)

DEPARTMENT Human Services DIVISION SSD/YPO

CONTACT Michael Morrissey TELEPHONE x 2601
Davene Cohen

PERSON(S) MAKING PRESENTATION Sharon McCluskey and members of the
Prevention Committee

ACTION REQUESTED:

☒ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☐ APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 20 minutes

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: _____

BRIEF SUMMARY (include statement of rationale for action requested,
as well as personnel and fiscal/budgetary impacts, if applicable):

The Prevention Committee of the Children and Youth Services Commission request
thes opportunity to brief the Board of County Commissioners about their planning
efforts related to the Great Start Plan and to engage in a dialogue about
directions for County Prevention efforts

(If space is inadequate, please use other side)

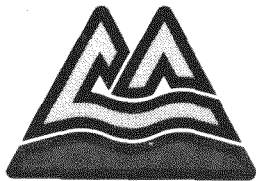
SIGNATURES:

ELECTED OFFICIAL _____

Or

DEPARTMENT MANAGER Deane Zussy (ac)

(All accompanying documents must have required signatures)



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
YOUTH PROGRAM OFFICE
426 S.W. STARK ST., SIXTH FLOOR
PORTLAND, OREGON 97204
(503) 248-3565
FAX NUMBER 248-3379

CHILDREN AND
YOUTH SERVICES
COMMISSION

MEMORANDUM

TO: Gladys McCoy, Chair

VIA: Duane Zussy, Director *Duane Zussy (cc)*
Department of Human Services

FROM: Gary Smith, Director *GWS*
Social Services Division

DATE: July 11, 1990

SUBJECT: Board briefing by the Prevention Committee of the Children and Youth Services Commission

BACKGROUND: The Prevention Committee of the Children and Youth Services Commission (CYSC) has been meeting since February 23, 1990 to develop the components of the Great Start Plan. Planning has included soliciting consumer input, inventorying existing programs and resources, and identifying priorities for the immediate funding period.

At the CYSC meeting of July 10th service concepts were approved targeting the age group of prenatal through thirty (30) months. These services cover:

1. Two Parent-Child Development Centers to be designed in partnership with a steering committee from the Prevention Committee. The intent is to develop a prototype model for Multnomah County.
2. Programs and On-going Services and One-time only funding to address access to entitlement services, expansion of the resource base for infant/toddler care, parent development, trainings, and a marketing campaign to promote the community's investment in young children.

The Prevention Committee requests this opportunity to brief the Board about their efforts, and to engage in a dialogue about directions for County Prevention efforts. The full Great Start Plan will be coming to the Board at a later date for approval.

0706y

PREVENTION COMMITTEE

MISSION: "To promote the healthy growth and development of all children and youth in Multnomah County through strengthening and supporting families and developing responsive community systems."

SERVICE COMPONENTS IN THE PREVENTION CONTINUUM:

Promotion: the enhancement of opportunities in the home and community which support the healthy and successful development of children.

Protection: the preservation of basic rights for the well-being of children and their families (health, safety, shelter, food, self-esteem, freedom from abuse, etc.)

Identification: the recognition and response to potential or emerging problems that impact successful development of children.

Four major elements required by all children regardless of culture, setting, etc:

Competent Adults (parent/s, caregivers, teachers)
Basic Needs met (food, shelter, clothing);
Health services
Developmental Opportunities (physical, cognitive, social, emotional)

Major emphasis for the 1990-91 period:

- o service system development prenatal through thirty months of age.
- o parent/child service centers

GUIDING PRINCIPLES FOR GREAT START PLANNING/FUNDING:

1. Great Start is for all children, prenatal to six years of age.
2. Great Start services should focus on strengthening the ability of the community to support families and prevent problems from emerging.
3. Children must be seen in the context of the family and surrounding community.
4. The establishment of basic core services consistent across the county and assured ongoing funding is essential.
5. Local decision making and community collaboration are essential to the success of Great Start.
6. Services must be appropriate to the stage of development of the child/family.
7. Services must be culturally sensitive.

PREVENTION COMMITTEE'S GREAT START RECOMMENDATIONS:

BACKGROUND: At the May Children and Youth Services Commission meeting the emphasis for the coming funding period was approved: Parent Child Development Centers and Service System Development Prenatal through 30 months.

The June CYSC meeting approved the Prevention Committee recommendation for the issuance of Great Start RFP's. The recommendations were based on the results of the Parent Survey and cumulative planning reports:

1. Two Parent-Child Development Centers . . . \$293,356
(figure represents 8 mos. of service)

PCDC start-up costs 50,000

TOTAL \$343,356

Parent-Child Development Centers are comprehensive, neighborhood-based programs. The purpose during this funding period will be to develop the prototype model for Multnomah County. Conceptual design includes five required Core Services with Optional services encouraged. Preference will be given to projects that are incorporated within a larger community effort (such as neighborhood restoration or revitalization) or who partner with a major project (such as Steps to Success/Welfare Reform).

2. Programs and On-going Services \$168,524
Special Projects/Program Start-up. 332,695

TOTAL \$501,219

The RFP requests programs that address access to entitlement services and prenatal and well-baby care; projects which expand the resource base for infant/toddler child care; and Projects which address parent development in the on-going service category.

Special projects (one time only funding) are requested for training events, child care database, new parent information packets and a marketing campaign to promote community's investment in young children.

DATE SUBMITTED _____

(For Clerk's Use)
Meeting Date JUL 24 1990
Agenda No. Inf. # 3 Am

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Regulating Neighborhood Relations of Residential Care Facilities

→ Informal Only* _____
(Date)

Formal Only _____
(Date)

DEPARTMENT Human Services DIVISION Aging Services/Adult Housing Program

CONTACT Jim McConnell/Steve Balog TELEPHONE 248-3000

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Jim McConnell/Steve Balog

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

In June, 1987, the Portland City Council passed an Ordinance repealing Chapter 8.80 of the Portland City Code. Multnomah County agreed to take over the regulating of neighborhood relations and licensing of some of these residential care facilities. Because of the passage of the Federal Fair Housing Act and Oregon H.B. 2289, and after review by County Counsel, it is recommended that Multnomah County should not be involved in the regulating or siting of these facilities.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☒ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT:

PERSONNEL

☐ FISCAL/BUDGETARY

☐ General Fund

Other _____

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Duane Zussay (ac)

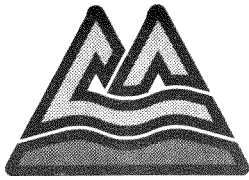
BUDGET / PERSONNEL /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) [Signature]

OTHER _____

(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION (503) 248-3646
ADULT HOUSING PROGRAM (503) 248-3000
421 S.W. 5TH, 2ND FLOOR
PORTLAND, OREGON 97204-2221

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Gladys McCoy, Chair of the Board

FROM: Duane Zussy, Director *Duane Zussy (cc)*
Department of Human Services

VIA: Jim McConnell, Director *Jim McConnell*
Aging Services Department

DATE: July 11, 1990

Subject: Regulating/Siting of Residential Care Homes

RECOMMENDATION: That Multnomah County not be involved in the regulating of neighborhood relations or the siting of any facilities for protected classes of residents specified in the Federal Fair Housing Act or Oregon H.B 2289.

BACKGROUND: In June, 1987, the Portland City Council passed an Ordinance repealing Chapter 8.80 of the Portland City Code. This dealt with the City's licensing and regulating of residential care facilities. Multnomah County was to assume responsibility including notifying affected neighborhood residents and associations. Multnomah County was to be involved in the siting and neighborhood relations of these facilities.

Several proposals and procedures were drafted by Multnomah County during the past months. County staff also worked to coordinate these procedures with City Planning and Zoning staff who have been involved in a substantial revision of their zoning codes and procedures. Meanwhile, an opinion of Diane L. Brissenden, Assistant Attorney General, State of Oregon, was brought to our attention. She stated in this opinion that a similar attempt by the City of Salem to regulate such facilities violated the Federal Fair Housing Act and Oregon HB 2289.

After further investigation and discussion, a meeting was held with Multnomah County Legal Counsel, Mr. Chip Lazenby, Mike Sava, City of Portland Planning Department, Sandra Lippman, from Kevin Concannon's office, State of Oregon; Don

Keister and Steve Balog, Aging Services, Multnomah County; Cecile Pitts, Community Development, Multnomah County; and Terry Anderson, Commissioner Kaufoury's office. It was the opinion of this group that it would be against the Federal Fair Housing Act and House Bill 2289 for Multnomah County to attempt to regulate the neighborhood relations or siting of any homes for the handicapped or disabled. Questions about zoning remain under the jurisdiction of the City. (Please see the attached summary of the Federal Fair Housing Act and Oregon H.B. 2289.)

ANALYSIS:

Multnomah County may not become involved in any regulation of neighborhood relations or siting of any facilities for protected class of residents specified in the Federal Fair Housing Act or H.B. 2289. Multnomah County will examine its legal options to fairly and legally respond to any valid concerns of its citizens while recognizing that some concerns such as noise abatement, parking and other issues still remain the primary concern of the City of Portland and/or other incorporated jurisdictions in Multnomah County.

SUMMARY OF LEGISLATION

FEDERAL FAIR HOUSING ACT--March 12, 1989

Brings people with disabilities under the protection of the federal fair housing law.

The new law will have a sweeping impact on land-use regulations.

Many government-imposed restrictions on the ability to open group homes for people with disabilities will be a violation of federal law.

Special use-permit requirements and restrictive covenants will no longer be enforceable if they limit the ability of people with disabilities to live where they wish.

A key in deciding whether a particular regulation of land use is discriminatory is whether the same rules apply to families of similar size.

The Act makes irrelevant any expressions of discomfort or opinions by neighborhood residents that people with disabilities are incompatible with other residents of the neighborhood.

OREGON H.B. 2289--May 25, 1989

Declares the State's policy to promote nondiscriminatory living arrangements for disabled and elderly persons. Elderly and disabled persons should not be excluded from communities because their disabilities or age requires them to live in groups.

Establishes residential facilities and residential homes as permitted use in certain residential and commercial zones. They shall be considered a residential use of property for zoning purposes.

Requires amending of zoning ordinances to comply with parts of this Act.

A city or county shall not impose any zoning requirement more restrictive than a zoning requirement imposed on a single-family dwelling in the same zone.

DATE SUBMITTED _____

(For Clerk's Use) JUL 24 1990
Meeting Date _____
Agenda No. Inf. # 9 Am

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Adult Housing Program Administrative Rules

→ Informal Only* _____
(Date)

Formal Only _____
(Date)

DEPARTMENT Human Services DIVISION Aging Services/Adult Housing Program

CONTACT Jim McConnell/Steve Balog TELEPHONE 248-3000

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD Jim McConnell/Steve Balog

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Multnomah County has its own licensing ordinance for Adult Care Homes (8.90). Multnomah County is an exempt County and may have its own ordinance and administrative rules as long as they are equal to or superior to State requirements (ORS 443.780). The State recently revised their rules. Multnomah County must update its rules to comply with this requirement.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☒ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA _____

IMPACT: No impact.

PERSONNEL

☐ FISCAL/BUDGETARY

☐ General Fund

Other _____

SIGNATURES:

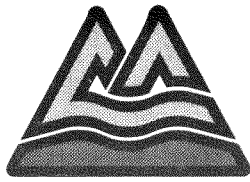
DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Duane Zussing (ac)

BUDGET / PERSONNEL /

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) [Signature]

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on _____



MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION (503) 248-3646
ADULT HOUSING PROGRAM (503) 248-3000
421 S.W. 5TH, 2ND FLOOR
PORTLAND, OREGON 97204-2221

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
RICK BAUMAN • DISTRICT 3 COMMISSIONER
SHARRON KELLEY • DISTRICT 4 COMMISSIONER

MEMORANDUM

TO: Gladys McCoy, Chair of the Board

FROM: Duane Zussy, Director *Duane Zussy (ac)*
Department of Human Services

VIA: Jim McConnell, Director *Jim McConnell*
Aging Services Department

DATE: July 11, 1990

Subject: New Adult Housing Administrative Rules - Informal Review By Board
of County Commissioners

RECOMMENDATION: That the attached Draft Revised Rules for the Adult Housing Licensing Program be scheduled for informal review by the Board of County Commissioners.

BACKGROUND: The State of Oregon Senior and Disabled Services Division adopted new rules in November, 1988. Multnomah County is an exempt area and may have its own ordinance and administrative rules for Adult Care Homes as long as these are equal to or superior to the state requirements. (ORS 443.780) The new rules presented here for signature will meet this requirement and will now be equal to or superior to the State's revised rules. These rules incorporate the changes found in the State's rules. They also represent a reorganization and consolidation of Multnomah County's current rules. These rules have been reviewed by the Adult Housing Advisory Board. They were also written in collaboration with the County Counsel office and have been reviewed and signed by Mr. H. H. Lazenby, Assistant County Counsel.

Attachment A details the process for the public review of these proposed rules prior to adoption. Attachment B lists the major changes to the current rules.

ATTACHMENT A

PROCESS FOR REVIEW AND ADOPTION OF PROPOSED RULES

(8.90.160-8.90.260)

1. Informal review by Board of County Commissioners.
2. File with Clerk of the Board
3. Write Notice of Intent to Adopt; publish in newspaper and post at County Courthouse.
4. Public is given 15 days from date of Notice to Adopt to submit comments.
5. Department will sponsor a public meeting to solicit input from the public. This is not required by Ordinance.
6. Close of 15 days comment period.
 - A. No request for a postponement of rules or for a public hearing.
 - Within 10 days, the Director reviews comments and adopt or rejects or adopts with modifications the rules. If rules are adopted by the Director he files them with the Clerk of the Board.
 - B. Request for a postponement.
 - Director judges whether the request for a postponement has merit. If so, he postpones adoption of the rules for no less than 10 days and no more than 60 days to allow person time to submit arguments.
 - C. Ten (10) or more persons request a public hearing, then the Director should schedule a public hearing.
 - After public hearing, Director shall adopt, reject or ammend the proposed rules, then file with Clerk of the Board. This begins 10 day appeals period.
 - After public hearing is held, any interested party may appeal to the Board of County Commissioners.

6/6/90

SUMMARY OF PROPOSED RULE CHANGES
ADULT HOUSING PROGRAM

INTRODUCTION:

The draft copy of the proposed revised rules is coded and notes all changes as follows:

[] = delete
_____ underline = new, required State language
CAPS = Multnomah County changes.

The following is a summary of the major changes to the current Multnomah County Rules:

1. Pages 18-19. Classification of Homes.
Each home will be classified into Class I, II, and III homes depending on the training, skills and experience of the operator. Class I homes may take residents with no dependencies but who need assistance in some activities of daily living. Class II homes may take residents with dependencies in up to three activities of daily living (ADLs). Class III homes may provide care to residents who are dependent in activities of daily living except they may have only one bed-care resident. All new homes will be classified when they are licensed. All current homes will be classified when their license is renewed.
2. Pages 25-26. Training for operators and resident managers.
This section deals with the new requirements for training. Currently, new operators must take the 3 hours of orientation and 6 hours of annual in service training. In addition to this, the new rules require that new operators and resident managers must take 18 hours of approved training within 90 days of being licensed. Those who currently are already licensed must take the 18 hours of training within 12 months after the training becomes available.
3. Homes for MED and DD residents
The new State rules are written by the State Senior and Disabled Services Division for homes for the elderly. Multnomah County Rules have also applied, where appropriate, to all adult care homes including homes for mentally and emotionally disturbed (MED) and for the developmentally disabled (DD) residents. The revised Multnomah County Rules will also apply to all Adult Care Homes.
4. Page 37-45. Clarification of Nursing Care in Adult Care Homes.
Oregon SB 612 allows for the delegation of nursing tasks in Foster Homes under certain conditions. This section is revised to conform with this bill and with the changes the State has made in their rules.
5. Page 64. Character references

Multnomah County will now require operators renewing their license to include references from current or former residents or their relatives.

6. Page 76. Attorney Fees

Multnomah County Legal Counsel requested that this paragraph be inserted. It allows the County to request attorney fees if the County prevails at a contested hearing or litigation.

NOTE

There has been an attempt to consolidate several sections of the current rules. Some topics in the current rules are dealt with in different sections of the rules. These sections have simply been consolidated and hopefully simplified. This was done upon the advice of the Office of County Counsel.



Adult Care Home Licensing Program

OVERVIEW



MULTNOMAH COUNTY

Adult Housing Program

421 SW 5th, 2nd Floor

Portland, OR 97204

(503) 248-3000

MULTNOMAH COUNTY
offers Equal Opportunity in Employment and Services

- Bedrooms on the ground level if residents are unable to walk;
- A bathroom for every six occupants of the care home;
- Adequate communal living space, such as living rooms, recreation rooms, dining rooms;
- Fire safety equipment and evacuation procedures.

Before you purchase or lease a new home for use as an Adult Care Home, or renovate your current home, you should call the office and ask to be sent a set of rules and standards so that you can be sure the facility will meet all requirements. There are special rules regarding the use of basements for bedrooms, the size of bedroom window openings for escape and rescue purposes, the type of locks allowed on exterior and interior doors and many other rules your home will need to be in compliance with to be licensed.

What Does Adult Foster Classification Mean?

There are three (3) levels, or classes, of adult foster homes.

Class I adult foster homes provide light care to residents who are basically independent.

Class II homes provide moderate levels of care to people who need assistance with activities of daily living.

Class III homes provide heavy levels of care to people who are dependent or need lots of assistance with activities of daily living.

Each classification requires different amounts of training and experience.

What is a License, and Who Needs One?

A license is written, legal approval to operate an adult care home. It means that the adult care home and the operator have met basic standards. It identifies the classification of the home (for adult foster homes), maximum number of residents, address of the adult care home, and licensed operator and staff. No residents may be accepted

into a care home until a license has been issued.

A license is issued for both the building and the operator of the adult care home. If either the location or the operator changes, the license is void and a new application must be submitted. Resident managers and other staff providing care (known as caregivers) must also be approved and meet licensing standards before they work in the adult care home.

If you are caring **ONLY** for someone who is related to you by blood or marriage, you do not need to be licensed through Multnomah County.

How Do I Apply for a License?

All interested operators, resident managers, and caregivers must attend a 3-hour orientation, which is held monthly on the second Thursday of each month from 1:30 - 4:30 p.m. Please call the Adult Housing Program at 248-3000 to sign up for the next orientation.

After the orientation, you may call the Adult Housing Program office to request that an application packet be sent to you. After you have returned the completed application and required fees, inspections will be arranged by this office from the Sanitation Department, Bureau of Buildings of either the City of Portland or Gresham if you are within their city limits, and the Adult Housing Program. The AHP staff will also interview you and order a criminal history check. Sometimes renovation/repairs on the building or specific training may be required prior to license approval. Staff of the Adult Housing Program will help you through that process. When all is in order, the license will be issued. If no corrections are required, the application review process takes about four weeks.

Is There a Fee?

Multnomah County charges an annual \$20 licensing fee for each resident bed allowed in the home or facility, up to a maximum \$100. An extra \$10 processing fee is charged if resident managers or caregivers are changed during the year.

What Types of Services and Care are Provided?

The basic purpose of the licensing program is to ensure the health, welfare, and safety of people who are limited in carrying out, on their own, major life activities or activities of daily living and have sought help in a supervised, home-like living situation. Different adult care homes offer slightly different types of support for their residents. Most homes will provide a room, meals and general oversight of the resident's well being. Other common services include: medication monitoring, assistance with activities of daily living, and emotional support. No more than one resident in a home may be bed-bound and need total care.

Who Can Operate an Adult Care Home?

The operator and staff of an adult care home must be adults in good physical and mental health. They must have experience in working with dependent, elderly, or handicapped people. They cannot have been convicted of a crime against persons, property, or public safety and decency within the last ten (10) years. And, the operator must have enough income and savings to operate the care home for at least two months. The operator must also be at least 21 years old and be able to speak and read English.

Are There Facility Requirements?

The Administrative Rules are very specific about the requirements for the structure and physical environment of the adult care home. In general, an adult care home must have:

- Separate bedrooms for residents, with no more than two persons per bedroom;

What is an Adult Care Home?

An adult care home is a home or facility where unrelated dependent, elderly or handicapped persons age 18 and over live and receive services from a care home operator or caregiver. The majority of homes licensed by Multnomah County are those for 5 or fewer elderly persons needing care on a 24-hour basis. Multnomah County licenses the following as an adult care home:

- Adult foster homes providing residential care to 5 or fewer adults unrelated to the operator.
- Room and board facilities where dependent elderly, and/or handicapped persons live.
- Room and care facilities.
- Room and board and care facilities providing limited care to 6 or more adults on less than 24 hour basis.

The State of Oregon licenses residential facilities where care, treatment or training is provided to 6 or more residents on a 24 hour basis. State-licensed homes are exempt from Multnomah County's adult care home licensing program.

This booklet introduces the adult care home licensing program. The Adult Housing Program office is open from 8:00 a.m. to 5:00 p.m., Monday through Friday at:

421 SW 5th, 2nd Floor
Portland, OR 97204
(503) 248-3000

Multnomah County Code 8.90.020 requires all adult care homes in Multnomah County to be licensed.

Design & Layout
Multnomah County
Department of Human Services
GRAPHIC ARTS UNIT
Pam Cooley-Wheeler 7/90

NOTE:

[] = delete

_____ underline = new State language

CAPS = Multnomah County changes

March 1, 1990

[Effective September 28, 1987] Revised 11/15/89

**MULTNOMAH COUNTY
ADMINISTRATIVE RULES FOR
LICENSURE OF ADULT CARE HOMES**

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MULTNOMAH COUNTY
ADMINISTRATIVE RULES FOR
LICENSURE OF ADULT CARE HOMES

PART I AUTHORITY AND DEFINITIONS
MCAR 890-005-100 THROUGH 890-015-100

890-005-100 Statutory Authority and Area of Application [(all County language)]

005-110 These rules are authorized by MCC 8.90.020, pursuant to the procedures set forth in MCC 8.90.160 through 8.90.260.

005-120 These rules are necessary for the administration and enforcement of the Multnomah County Adult Care Homes Licensure Ordinance, found in Chapter 8.90 of Title 8 of the Multnomah County Code, Section 5.700 of Chapter 5 of the Code of the City of Gresham, Chapter 8.95 of Title 8 of the Code of the City of Portland, and Chapter 7.020-7.040 of Title 7 of the Code of the City of Troutdale.

005-130 These rules shall apply uniformly within the unincorporated boundaries of Multnomah County and within the incorporated boundaries of the City of Fairview, the City of Gresham, the City of Maywood Park, the City of Portland WITHIN MULTNOMAH COUNTY, the City of Troutdale, and the City of Wood Village.

890-010-100 Purpose AND SCOPE OF RULES[(all County language)]

010-110 PURPOSE OF RULES

[010-110] These rules prescribe the procedures for the administration and enforcement of the Multnomah County Adult Care Homes Licensure Ordinance.
(a)

[010-120] These rules prescribe the Standards governing Adult Care Homes such as are necessary to protect the health, safety and welfare of the residents of Adult Care Homes in Multnomah County, but which are not inconsistent with the residential nature of the living accommodations, including: Standards for operators, resident managers, and other caregivers; Standards for training; Standards for practices[; standards for] AND care; and Standards for facilities[;].
(b)

[010-130] These rules also prescribe additional Standards and procedures governing adult foster homes which contract with the State Senior and Disabled Services Division or State Mental Health and Developmental Disability Division.
(c)

- [890-040-100] Scope of Rules: License Required [(all County language)]
- 010-120 Refer to MCC 8.90.040 (A)
- (a) A LICENSE IS REQUIRED FOR ALL OPERATORS OF ADULT CARE HOMES IN ACCORDANCE WITH MULTNOMAH COUNTY ADULT CARE HOME LICENSURE ORDINANCE AND THESE RULES.
- [040-110] A LICENSE IS REQUIRED FOR ALL HOMES OR FACILITIES THAT [Persons who] provide room and board and care, or room and board, or room and care for compensation to one or more elderly, handicapped, or dependent person(s) over the age of 18 who are not related to the operator by blood or marriage, [in a home which is owned, rented or leased by the operator and] which [is] ARE located in Multnomah County[,] or in the incorporated boundaries of the City of Portland [which] THAT extend beyond Multnomah County, [shall be licensed as an Adult Care Home,] except as provided for in MCAR 890-015-150.
- [040-120] MULTNOMAH COUNTY SHALL LICENSE ALL ADULT CARE HOMES WITH FIVE OR FEWER RESIDENTS, AS WELL AS [F]facilities providing room and board and care to six or more residents on less than a 24-hour basis, AND FACILITIES [or] providing ONLY room and board or ONLY room and care [only] to six or more residents [shall be licensed as Adult Care Homes] in accordance with the Multnomah County Adult Care Homes Ordinance and these rules. THE STATE OF OREGON SHALL LICENSE Residential Facilities THAT [, including Residential Care Facilities] provide[ing] care on a 24-hour basis to six or more residents, including Residential Care Facilities, and Residential Treatment Facilities/Homes and Residential Training/Homes providing care and treatment on a 24 hour basis in accordance with ORS 443.400 to 443.455.
- [040-130] No person shall be placed in an Adult Care Home that is not licensed. Failure to be licensed by the Director prior to accepting placement of residents constitutes a violation of the Adult Care Homes Licensure Ordinance[;] AND THESE RULES. F(f)or homes which provide residential care to five or fewer residents, failure to be licensed [further] also constitutes a violation of ORS 443.705-443.[775] 825. [Such violations]FAILURE TO COMPLY WITH THIS REQUIREMENT constitutes grounds for administrative sanctions[, including fines of up to \$1000 per violation,] and/or grounds for institution of legal proceedings. [by the Department, including initiation of a court order, injunction and/or a criminal complaint.]
- [040-140] The Director shall develop and implement procedures for identification of [any] Adult Care Homes in Multnomah County which are operating without a valid license and shall take appropriate actions to ensure that such homes either come into compliance with the Adult Care Homes Licensure Ordinance and these rules or cease to operate.
- (e)

- 890-015-100 Definitions [(underlined is County language)]
As used in these rules unless the context requires otherwise:
- 015-110 "Abandonment" means desertion or willful forsaking of a resident(s) or the withdrawal of duties and obligations toward a resident(s) by an operator, resident manager or other caregiver.
- 015-120 "Abuse" means any physical or verbal action or mistreatment which causes or threatens to cause pain, injury or discomfort, and which is inconsistent with resident needs or prescribed resident care. Abuse includes but is not limited to:
- (a) Physical assault such as hitting, kicking, scratching, pinching, choking, or pushing, or any willful infliction of physical pain, injury, or act of unreasonable force by an operator or other caregiver or household member towards a resident, visitor in the home, staff or other occupant.
 - (b) Any physical injury caused by other than accidental means, or which appears to be at variance with the explanation given of the injury.
 - (c) Any punishment of a resident, or [denying] denial of meals, clothes or aids to physical functioning, including wheelchairs, walkers, eyeglasses and hearing aides;
 - (d) Verbal abuse, including unnecessary yelling at a resident, visitor in the home, staff or other occupant, or use of derogatory or inappropriate names, phrases, profanity, cursing, ridicule, harassment, coercion, threats, menacing behavior, or intimidation;
 - (e) Placing unreasonable restrictions on residents['][freedom of movement, by restricting residents to an area of the home, requiring residents to remain in bedrooms or other areas for unreasonable periods of time, or restricting residents from access to the common living areas or ordinarily accessible areas of the home, unless otherwise specifically stated in the house rules or arranged for and agreed to in a resident's care plan] which violate the resident Bill of Rights in MCC 8.90.120; and
 - (f) Using restraints, except (A) with written physician's orders, and a review by the resident's physician, or an RN and the resident's case manager (if any) at established intervals; or [except] (B) when a resident's actions present an imminent danger to himself or herself or to others, and only until appropriate action is taken by medical, emergency, or police personnel. [It is the responsibility of the caregiver to call for such emergency help immediately;] See MCAR 890-020-560(d).
- 015-125 "Activities of Daily Living (ADL)" means those personal functional activities required by an individual for continued well-being including eating/nutrition, dressing, personal hygiene, mobility, toileting, and behavior management.

- (a) "Independent" means the resident can perform the ADL without help;
- (b) "Assistance" means the resident is able to help with some part of an activity, but cannot do it entirely alone;
- (c) "Dependence" means the resident is unable to do any part of an activity; it must be done entirely by someone else.

- 015-130 "Administration of medications" means the process in which a single dose of a prescribed drug or biological is given to a resident in accordance with all laws and regulations. This process, as conducted by a physician or licensed nurse, includes but is not limited to: determining whether the resident's condition permits the administration of the drug; observing the resident for side effects of the drug; and taking appropriate steps to remedy or eliminate complications resulting from the drug.
- 015-135 "Administrative Conference" means a meeting between the Director and the operator, at either the Department's direction or the operator's request, to review identified problems, violations and deficiencies, to review an administrative sanction, and/or to review means for achieving satisfactory and timely compliance.
- 015-140 "Administrative Sanction" means an action of the Department resulting in denial, revocation or suspension of a license to operate an Adult Care Home, in attachment of conditions to a license, or in imposition of a fine of up to \$1,000 per violation. Administrative sanctions may require the suspension of admissions and/or the relocation of residents.
- 015-150 "Adult Care Home (ACH)" means any home or other facility which provides room and board and care, or room and board, or room and care for compensation, regardless of the source of compensation, to one or more elderly, handicapped, or dependent person(s) over the age of 18, who are not related to the owner or operator by blood or marriage within the fourth degree as determined by civil law. Adult Care Homes include [room and board] facilities THAT PROVIDE ROOM AND 24 HOUR CARE, LESS THAN 24 HOUR CARE, OR [and rooming facilities where] assistance with major life activities. [is provided to elderly, handicapped or dependent persons.] Adult Care Homes include room and board facilities where no care is provided, but where elderly, handicapped, or dependent persons reside who are limited in one or more major life activities.

[For the purpose of these rules, Adult Care Homes include:]

- [(a) Facilities which provide room, board, and 24 hour care;
- (b) Facilities which provide room, board, and less than 24 hour care;
- (c) Facilities which provide room and board only;
- (d) Facilities which provide room and 24 hour care; and]

- [(e) Facilities which provide room and less than 24 hour care.]
- [For the purpose of these rules,] Adult Care Homes do not include:
- (a) Facilities licensed as Residential Facilities by the State of Oregon;
 - (b) Facilities licensed as Long-Term Care Facilities by the State of Oregon;
 - (c) Any Specialized Living Facility for physically handicapped persons where the Senior Services Division provides payment for personal care services TO A PERSON, ORGANIZATION, OR BUSINESS other than an Adult Care Home operator.
- [(c)] Any house, institution, hotel or other similar living situation
- (d) that supplies room only, and where no elderly, handicapped, or dependent persons reside who are provided any element of care for compensation to the operator, regardless of the source of compensation.
- [(d)] Any other facility which the Director may determine should not
- (e) be licensed as an Adult Care Home. THIS DETERMINATION SHALL BE BASED upon good and sufficient cause AND A SHOWING [shown] that this action is in keeping with the intent and purpose of the Adult Care Homes Licensure Ordinance and these rules. When such a determination is made, the Director shall provide written documentation for it.
- 015-160 "Adult Foster Home" (AFH) is a subgroup of Adult Care Homes and means any family home or other facility which provides residential care, including room, board, supervision and services, for compensation to five or fewer elderly or disabled person(s) who are 18 years of age or older and are not related to the operator by blood or marriage.
- 015-170 "Applicant" means any person who completes an application for a license who is also the owner or operator of the business.
- 015-180 "Bill of Rights" means civil, legal or human rights afforded to Adult Care Home residents, which are in accord with those rights afforded to all other U.S. citizens, including but not limited to those rights delineated in the Adult Care Home Residents' Bill of Rights found in MCC 8.90.120.
- 015-190 "Board" means the provision of meals on a predictable and/or regular basis.
- 015-195 "Board of Nursing Rules" means the standards for Registered Nurse Teaching and Delegation to Unlicensed Persons according to the statutes and rules of the Oregon State Board of Nursing, ORS 678.010 to 678.445 and OAR 851-45-011, et seq.
- 015-200 "Capacity" means the maximum number of residents and other care recipients who will be permitted to reside in and/or to be provided care in an Adult Care Home, as determined by the Director. [Care recipients include all nonrelated and related

persons receiving room and board, care, respite care or day care. An adult family member receiving ongoing care will be included, and the care needs of any children will be considered, in determining the maximum capacity of the Adult Care Home.]

- 015-210 "Care" means the provision of supervision (IN ACCORDANCE WITH MCAR 890-015-940), SERVICES (IN ACCORDANCE WITH MCAR 890-015-920); and/or [the provision of services that assist the resident in personal care activities, such as] assistance with [bathing, dressing, grooming, eating,] activities of daily living[;], [and/or the provision of services that assist the resident in activities of daily living, such as assistance with getting in or out of bed, ambulation, communication, meal preparation, medication supervision, laundry, room cleaning, money management, shopping, phone use, letter writing, appointment scheduling, education, recreation, socialization, transportation or employment, and/or the administration of noninjectable medications or the provision of nursing care.] Care includes provision of social and recreational activities and assistance with money management as needed. Care is directed toward helping residents to improve or maintain their level of functioning.
- 015-220 "Caregiver" means any person responsible for providing supervision, CARE or services to residents of an Adult Care Home, including the operator, the resident manager(s), and any temporary, substitute or supplemental staff [hired] or other person designated to provide supervision, CARE, or services to residents.
- 015-230 "Care Plan" means the operator's written description of a resident's needs and capabilities, including by whom, when, and how often CARE, services and/or supervision will be provided.
- 015-240 "Case Management" means integrating social and health care options for or with a person receiving a service. Access is provided to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system.
- 015-250 "Case Manager" means an employee of the Department, a community mental health program subcontractor, or a similar public or private social service agency, who provides case management.
- 015-255 "Classification" means a designation of license assigned to an operator based on the operator's qualifications.
- 015-260 "Client" means a resident in an Adult Care Home for whom the State Senior Services Division or the State Mental Health Division or their designees, or similar agencies, authorizes service payments for care or otherwise provides case management services.
- 015-270 "Community Mental Health Program" means the organization of all services for persons with mental or emotional disturbances, drug abuse problems, mental retardation or other developmental disabilities, and alcoholism and alcohol abuse problems, operated by or contractually affiliated with a local mental

health authority, and operated in a specific geographic area of the state under an intergovernmental agreement or direct contract with the State Mental Health Division.

- 015-280 "Compensation" means payments in cash, in-kind, or in labor, by or on behalf of a resident to an operator or common fund in exchange for room and board and care, room and board, or room and care, including any supervision, CARE, and services specified in the care plan. Compensation does not generally include the voluntary sharing of expenses between or among roommates.
- 015-290 "Compliance" means meeting the requirements of applicable laws, codes and rules, including abatement of any violations, resolution of noted problems, correction of cited deficiencies and/or meeting identified conditions imposed by the Director.
- 015-300 "Contract" means a written agreement between an operator and a resident or guardian for an operator to provide room and board and care, room and board, or room and care, including any supervision and other services specified in a care plan, to a resident of an Adult Care Home who is private paying, or who receives public assistance but no service payments. The contract specifies the monthly compensation to be paid to the operator for room, board, and/or care.
- 015-310 "Contract Foster Home" means an Adult Care Home which has been approved by and has a contract with the State Senior Services Division, State Mental Health Division or a similar agency to provide residential care to residents who receive service payments for supervision, CARE, and services.
- 015-320 "Criminal Offender Information" means records and related data, including fingerprints, received, compiled, and disseminated by the Oregon State Police and other law enforcement agencies for purposes of identifying criminal offenders and alleged offenders and maintained as to such persons' records of arrest, the nature and disposition of criminal charges, sentencing, confinement and release, including the OSP computerized Criminal History System.
- 015-330 "Day Care" means supervision, CARE, and/or services provided in an Adult Care Home to a person who does not stay overnight. [In determining capacity, day care persons will be counted in the maximum allowable number of persons permitted to be provided care in the home, unless an exception is granted by the Director.]
- 015-340 "Department" means the Department of Human Services, Multnomah County, Oregon.
- 015-350 "Dependent Person" means any person who has a physical, mental or emotional dependency of permanent or temporary duration which for the individual constitutes or results in a functional limitation to one or more major life activities.

- 015-360 "Director" means the Director of the Department of Human Services of Multnomah County, Oregon, or his or her designee.
- 015-370 "Disabled", synonymous with handicapped person.
- 015-380 "Egress" means a place or a means of going out of a building. Specifically, in an Adult Care Home egress refers to the means (doors, windows, stairs, etc.) by which an occupant may depart an Adult Care Home to a point of safety at ground level outside the home. The means of egress must be such that it is within the ability of the occupant to make use of it in an emergency.
- 015-390 "Elderly Person" means any person over the age of 60 who, for the purpose of these rules, is also limited in one or more major life activities.
- 015-400 "Evacuation Capability" means the ability of all occupants individually and as a group, including residents, operator or resident manager, family members, and other persons residing or working in the home, to evacuate the building to a point of safety outside the home; or in sprinklered buildings to relocate to a point of safety beyond a fire barrier. Evacuation capability is measured in three levels: prompt, slow and impractical:
- (a) "Prompt" means an evacuation capability which is equivalent to that of the general population, with fire drill times of 3 minutes or less;
 - (b) "Slow" means an evacuation capability in which occupants require assistance to move to a point of safety, with fire drill times over 3 minutes but not in excess of 13 minutes; and
 - (c) "Impractical" means an evacuation capability in which occupants cannot reliably move to a point of safety in a timely manner, with fire drill times in excess of 13 minutes.
- 015-410 "Exception" means an exemption from enforcement of the specific requirement of a regulation, rule or Standard.
- 015-420 "Exempt Area" means a County which has been determined by the State Department of Human Resources to provide a program for licensing and inspection of adult foster homes that is equal or superior to requirements of ORS 443.705 to 443.825, and which has been exempted from the license, inspection, and fee provisions of ORS 443.705 to 443.825. Multnomah County has been designated as such an exempt area on the basis of the Adult Care Homes Licensure Ordinance and these rules.
- 015-430 "Exitway" means a continuous and unobstructed path of travel, separated from all other spaces of the building by a fire barrier or smoke barrier, through which a person can move to gain egress to the exterior of a building.

- 015-440 "Exploitation" means any act or absence of action that deprives or threatens to deprive the resident of sexual autonomy, personal resources or entitlements, and that is inconsistent with resident needs or prescribed resident care. Exploitation includes but is not limited to:
- (a) Sexual exploitation of residents, including : coercive or otherwise inappropriate physical contact between the operator or staff and a resident, of a nature to arouse or satisfy a sexual desire; coercive or otherwise inappropriate physical contact between residents; failure of the operator or staff to discourage sexual advances of residents toward the operator or staff; and failure of the operator or staff to discourage coercive or otherwise inappropriate sexual advances of residents toward other residents; and
 - (b) Financial exploitation, including: charging excessive rates in relation to the physical circumstances of the home or the actual supervision, CARE, and services provided, as compared with the community standard of rates for such physical circumstances or supervision, CARE, and services; requirements for advance payments beyond 30 days; requesting or requiring private service payments for State clients in excess of State authorized service payment rates for care; unreasonable rate increases; borrowing from or loaning money to residents; witnessing wills in which a caregiver is beneficiary; adding a caregiver's name to resident bank accounts, property or legal contracts for the caregiver's personal benefit or gain; entering into inappropriate financial arrangements, selling caregiver's property to a resident, or appropriating residents' personal property for benefit or gain; expending resident's personal funds without authorization or otherwise borrowing from or pledging such funds; co-mingling a resident's funds [or deposits required to be held in a separate account] with a caregiver's or another resident's funds; or [creating a conflict of interest by] becoming a resident's guardian or conservator.
- 015-450 "Final Order" means an order of the Director or of a designated hearings officer which becomes final by not being appealed in a timely manner as required by MCC 8.90.090 and these rules, or an order of the Board of County Commissioners.
- 015-460 "Fire barrier" means a continuous surface, such as a wall, ceiling or floor, designed to limit the spread of fire and restrict smoke movement, including doors which are at least tight fitting, 1 3/8" solid core wood, and which are equipped with a closing device such as spring loaded hinges.
- 015-470 "Flame spread rating" means a measure of how fast flames will move across the surface of a material, which is dependent on composition and finish; measured in three levels: Class A 0-25, Class B 26-75 and Class C 76-200.

- 015-480 "Handicapped Person" means any person who has a physical or mental impairment of permanent or temporary duration which for the individual constitutes or results in a functional limitation to one or more major life activities, activities of daily living, or personal care activities; synonymous with disabled.
- 015-490 "Hazardous Area" means any space that contains storage or fuel load conditions exceeding that of approved building construction, and which has the potential for a fully involved fire, including attached garages and utility rooms containing fuel fired water heaters, furnaces or clothes dryers. Other areas which may be hazardous include storage areas containing highly combustible products such as paints and thinners or accumulations of paper, furniture, wood, etc.
- 015-500 "Home" means the facility in which residents live; synonymous with Adult Care Home.
- 015-510 "Homelike" means a physical and social environment which promotes the comfort, security, and dignity of residents, through the provision of furnishings and interior decorations which are comfortable and encourage normal social interactions, and through the provision of personalized, care, services, and/or supervision which encourage independence, choice, and decision-making by residents.
- 015-520 "House Rules" means those written and posted rules governing house activities, including expected resident conduct and responsibilities and any restrictions, which are developed by the operator and approved by the Department. (See MCAR 890-020-420) [House rules may include but are not limited to expectations or restrictions on the use of the telephone, kitchen or television, on meal times, on frequency of bathing, on visiting hours, on smoking, on use of alcohol, or on pets.] (Moved to 890-020-420)
- 015-530 "Imminent Danger" means a danger which could reasonably be expected to cause death, or to cause harm to a person's physical or mental well-being as a result of abandonment, abuse, neglect, exploitation, hazardous conditions, or threatening behavior, or to pose a threat to the life, health, safety or welfare of residents, caregivers or other occupants in the immediate future, or before such danger could be eliminated through the regular enforcement procedures.
- 015-540 "Inspection" means an evaluation of the physical environment and related records of an Adult Care Home in order to determine whether the facility is in compliance with applicable laws, codes and rules prior to issuing or renewing a license; or in order to monitor ongoing compliance of the facility; or in order to determine the validity of a complaint.

- 015-550 "Interview" means an evaluation of the caregivers, occupants, social environment, operations, and related records of an Adult Care Home in order to determine whether the operator, resident manager(s) and other caregivers, and their training, practices, and care, are in compliance with applicable laws, codes and rules prior to issuing or renewing a license; or in order to monitor ongoing compliance of the caregivers and operations of the home; or in order to determine the validity of a complaint; or in order to determine if a resolution can be achieved without a hearing when a hearing has been requested to contest an involuntary termination of residency.
- 015-560 "Investigation" means conducting an inspection(s) and/or an interview(s) for an identified purpose.
- 015-570 "Law Enforcement Agency" means any city or municipal police bureau or department, the County Sheriff's office, the Oregon State Police, or the district attorney's office.
- 015-580 "Legal Representative" means an attorney at law, a person holding a general power of attorney, a guardian, conservator, or any person appointed by a court to manage the personal or financial affairs of a resident, or a person or agency legally responsible for the welfare or support of a resident.
- 015-590 "License" means an approval issued by the Director to applicants who meet the requirements of the Adult Care Homes Licensure Ordinance and these rules.
- 015-600 "Licensed Adult Care Home" means a facility which has been investigated and approved by the Director, upon application and payment of fees; this requires both an annual on-site inspection of the facility and a personal interview with the operator, resident manager(s) if any, and other caregivers if any, prior to issuing a license.
- 015-610 "Limited Mobility" means a restricted ability to access the home's facilities, requiring support or use of crutches, walker, or other devices, or the use of a wheelchair on a temporary or occasional basis.
- 015-620 "Major Life Activities" means self-care, ambulation, communication, transportation, education, socialization, employment, and the ability to acquire and maintain adequate, safe, and decent shelter.
- 015-630 "Mental or Emotional Disturbances (MED)" means a disorder of emotional reactions, thought processes, or behavior that results in substantial subjective distress or impaired perceptions of reality or impaired ability to control or appreciate the consequences of the person's behavior and constitutes a substantial impairment of the person's social, educational, or economic functioning. Medical diagnosis and classification shall be consistent with the current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

015-640 "Mentally Retarded or Other Developmental Disability (MR/DD)" means a person with mental retardation or other developmental disability. Mental retardation means a person with significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period. Persons of borderline intelligence may be considered mentally retarded if there is also serious impairment of adaptive behavior. Definitions and classifications shall be consistent with the Manual on Terminology and Classification in Mental Retardation of the American Association of Mental Deficiency, 1977 Revision. Mental retardation is synonymous with mental deficiency.

For community case management and program purposes, mental retardation includes those persons of borderline intelligence who have a history of residency in a state training center.

- (a) "Adaptive Behavior" means the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected for age and cultural group.
- (b) "Developmental Period" means the period of time between birth and the 18th birthday.
- (c) "Intellectual Functioning" means functioning as assessed by one or more of the individually administered general intelligence tests developed for the purpose.
- (d) "Significantly Subaverage" means a score on a test of intellectual functioning that is two or more standard deviations below the mean for the test.

Developmental disability means a person with a disability which is attributed to mental retardation, cerebral palsy, epilepsy or other neurological handicapping condition which requires training similar to that required by persons with mental retardation, and the disability:

- (e) Originates before the person attains the age of 22 years, except that in case of mental retardation the condition must be manifested before the age of 18;
- (f) Has continued, or can be expected to continue indefinitely; and
- (g) Constitutes a substantial handicap to the person's ability to function in society.

015-650 "Multiple Home Operator" means an operator with the right or power of control over the operations or physical structure of two or more Adult Care Homes.

- 015-660 "Neglect" means any act or absence of action, whether intentional, careless, or due to ignorance, indifference, incompetence, poor health, or inadequate experience, training or skill, which causes or threatens to cause physical or mental harm to a resident, and that is inconsistent with resident needs or prescribed resident care. Neglect includes, but is not limited to:
- (a) Withholding or failure to provide adequate food, shelter, clothing, supervision, CARE, or services necessary to insure the health, safety and well-being of a resident, or failure to supply adequate staffing necessary to provide such food, shelter, clothing, supervision, CARE, or services;
 - (b) Failure to make a reasonable effort to discover what care is necessary to the well-being of a resident;
 - (c) Failure to provide a safe and sanitary environment or to supply adequate staffing necessary to provide such an environment;
 - (d) Recklessly endangering a resident's health, safety or welfare;
 - (e) Improper administration or supervision of medication(s);
 - (f) Withholding or failure to seek appropriate medical attention and care, or failure to direct staff or to provide adequate staffing necessary to seek appropriate medical attention and care;
 - (g) Inadequate changing of beds or clothes;
 - (h) Inadequate personal care of incontinent residents; or
 - (i) Failure to help with personal grooming.
- 015-670 "Nonambulatory" means unable to walk independently, requiring a wheelchair or similar device on a constant basis to facilitate movement.
- 015-680 "Noninjectable Medications" means all oral and topical medications and suppositories, except urethral suppositories, but including controlled substances. This is not meant to include moisturizing or body lotions, medicated shampoos, and bowel evacuation suppositories.
- 015-690 "Nurse" means a person who has been licensed to practice nursing by the Oregon State Board of Nursing as a Practical Nurse (LPN) or Registered Nurse (RN), or an RN certified as a Nurse Practitioner, under authority of ORS Chapter 678 in accordance with OAR Chapter 851.
- 015-700 "Nursing Assistant" means a person who assists licensed nursing personnel in the provision of nursing care, and who has been certified by an approved training program in accordance with rules adopted by the Oregon State Board of Nursing in OAR Chapter 851. Nursing assistants may be known as, but are not limited to, a nurses aide, home health aide, geriatric aide, or psychiatric aide.

- 015-710 "Nursing Care" means the practice of nursing by a licensed nurse, including tasks and functions relating to the provision of nursing care that are delegated under specified conditions by a registered nurse to persons other than licensed nursing personnel, which is governed by ORS Chapter 678 and rules adopted by the Oregon State Board of Nursing in OAR Chapter 851.
- 015-720 "Occupant" means any person residing in an Adult Care Home, including residents, operator, resident manager(s), other live-in caregivers or employees, caregivers' family members, caregivers' live-in friends, or other lodgers.
- 015-725 "Ombudsman" means the State Long Term Care Ombudsman or an individual designee appointed by the Ombudsman to serve as a representative of the Ombudsman Program in order to investigate and resolve complaints on behalf of Adult Care Home residents.
- 015-730 "Operator" means the owner, lessor, sublessor, corporate officer, director, or any other person with the right or power of control over the operations or physical structure of an Adult Care Home; also the person licensed to operate an Adult Care Home who has overall responsibility for the provision of room and board, room and board and care, or room and care, who meets the Standards outlined in these rules, and who has been approved by the Director. Applicant, provider, licensee, and operator are all synonymous terms.
- 015-740 "Owner" means any person with any legal or equitable interest in, and with the right or power of control over the operations or physical structure of an Adult Care Home.
- 015-750 "Party" means a person who is directly affected by the outcome of a proceeding or contested hearing and, unless such rights are waived, is entitled to participate in the hearing in the manner of area(s) specified by the hearings officer according to these rules. Parties include:
- a) Multnomah County, through the Department of Human Services;
 - b) The person(s) requesting the hearing and named respondents;
 - c) Residents of the involved Adult Care Home where vacation, closure or demolition of the home, or relocation of the residents, is a reasonable possible outcome of the proceeding or hearing.
- 015-760 "Physician" means a person who has been licensed to practice medicine by the Oregon State Board of Medical Examiners, under authority of ORS Chapter 677.
- 015-770 "Person" includes an individual, partnership, corporation, or organization.

- 015-780 "Point of Safety" means a location which is either exterior to and away from the building, or beyond a fire barrier and away from a fire area in a sprinklered building.
- 015-790 "Provide" means to furnish or make available room, board, supervision, CARE, or services to residents for compensation. An operator who advertises, including word-of-mouth advertising, to provide room and board and care, room and board, or room and care is deemed to operate an Adult Care Home for the purpose of these rules.
- 015-800 "Provider", synonymous with operator.
- 015-810 "Relative Foster Home" means a home which provides supervision, CARE, and services only to a relative(s), by blood or marriage, who is eligible for financial assistance from the State, and which is in substantial compliance with these rules. Relative foster homes are not subject to a licensure fee. A spouse is not eligible for compensation as a relative foster home provider. If services are provided to a relative without compensation from the State, the home is not [subject to these rules] required to be licensed.
- 015-820 "Resident" means any elderly person, or handicapped or dependent person age 18 or older not related to the provider by blood or marriage in the fourth degree as determined by civil law, who is or was at any relevant time residing in an Adult Care Home and receiving room and board and care, room and board, or room and care for compensation, regardless of the source of compensation.
- 015-830 "Resident Manager" means an employee of the operator who lives in the Adult Care Home part or full time, is directly responsible for the facility on a day-to-day basis, is directly responsible for the provision of room, board, and/or supervision, CARE, and services to the residents, who meets the Standards outlined in these rules, and who has been approved by the Director. If an employee has primary responsibility for any 24 hour period on a regular basis, that person is considered a resident manager for the purpose of these rules.
- 015-835 "RESIDENTIAL CARE" MEANS ANY CARE PROVIDED IN AN ADULT CARE HOME.
- 015-840 "Residential Facility" means a Residential Care Facility, Residential Treatment Facility/Home, or Residential Training Facility/Home which is licensed by the State of Oregon in accordance with ORS 443.400 to 443.455.
- 015-850 "Respite Care Resident" means a person who receives room, board, supervision, CARE, or services in an Adult Care Home for a period of up to 30 days. [Respite residents will be counted in the maximum allowable number of residents.]
- 015-855 "Restraints" means any physical device or chemical substance prescribed by a physician which restricts movement of a resident.

- 015-860 "Room" means the provision of a place to sleep on a predictable and/or regular basis.
- 015-870 "Room and Board" means the provision of a place to sleep and meals on a predictable and/or regular basis. For the purpose of these rules, it is expected that payment for room and board will entitle the resident to 3 meals a day, housekeeping, and facilities for laundry, unless the written contract between the operator and the resident or resident's guardian specifies otherwise.
- 015-880 "Room and Board and Care" means, in addition to the provision of room and board, the provision of CARE, services [that assist the resident in personal care activities or in activities of daily living], and/or [the provision of] supervision.
- 015-890 "Room and Care" means the provision of a place to sleep on a predictable and/or regular basis, and the provision of CARE, services [that assist the resident in personal care activities or in activities of daily living], and/or [the provision of] supervision. For the purpose of these rules, it is expected that payment for room will entitle the resident to housekeeping and facilities for laundry, unless the written contract between the operator and the resident or resident's guardian specifies otherwise.
- 015-900 "Service Payment" means a payment to a resident which allows the resident to purchase supervision, CARE, and services from an Adult Care Home operator. Service payments are authorized by the State Senior Services Division, the State Mental Health Division, local designees or their subcontractors, or by similar agencies.
- 015-910 "Service Plan" means a written plan developed and negotiated among the case manager, operator, the resident or the resident's legal representative, and others as appropriate, that identifies an individual resident's needs, and facilitates the provision and coordination of supervision and services to meet those needs.
- 015-920 "Services" means those activities provided in the Adult Care Home which help residents develop appropriate skills to increase or maintain their level of functioning, or which assist them to perform personal care or activities of daily living. Additional services available in the community and arranged for by the resident's case manager or by the operator or other caregiver may include: mental health services; habilitation services; rehabilitation services; social services; routine and emergency medical, dental, and other health care services; educational services; financial management services; legal services; vocational services; transportation, recreational and leisure activities; and other services required to meet a resident's needs.

- 015-930 "Smoke barrier" means a continuous surface such as a wall, ceiling or floor designed to restrict smoke movement but which may have limited fire resistive characteristics, including doors which are at least tight fitting hollow core or panel type and capable of resisting the passage of smoke.
- 015-940 "Supervision" means protective awareness of the residents' general whereabouts and functioning, including: monitoring the activities of the residents while on the premises of the home; generally ensuring residents' health, safety and welfare; and the ability and readiness to intervene on behalf of a resident if a crisis arises.
- 015-950 "Termination of Residency" means a written notice given by an operator to a resident or resident's guardian requiring that the resident vacate the Adult Care Home; similarly, a written notice given by a resident, resident's guardian or payor to an operator of intent to vacate an Adult Care Home.
- 015-960 "Twenty-four Hour Care" means the round-the-clock availability of caregivers on the premises when residents are present in the home, for the provision of supervision, CARE, and services on a 24 hour basis in response to resident needs.
- 015-970 "Type B Area Agency on Aging (AAA)" means an established public agency [operating] within a planning and service area designated [area to assess need and deliver services to older persons as described in a plan approved by the State Senior Services Division] under Section 305 of the Older Americans Act which has responsibility for local administration of State Senior Services Division programs. The Department's Aging Services Division is a designated Type B AAA through State contract.
- 015-980 "Variance" means an approval of alternative means or procedures for accomplishing specific requirements or objectives of a regulation, rule or Standard.
- 015-990 "Written Consent" means a written statement by a resident or resident's guardian following receipt of a notice of a termination of residency from an operator, whereby the resident or resident's guardian waives the right to his or her full period of notice as specified in these rules and agrees to move in a shorter period of time. Similarly, a written statement by an operator following receipt of a notice of a termination of residency from a resident, resident's guardian or payor, whereby the operator waives the right to his or her full period of notice as specified in these rules and agrees to allow the resident to move in a shorter period of time.

MULTNOMAH COUNTY
ADMINISTRATIVE RULES FOR
LICENSURE OF ADULT CARE HOMES

PART II STANDARDS FOR ADULT CARE HOMES
MCAR 890-020-100 THROUGH 890-020-800

890-020-100 Classification and Capacity

020-110 Classification of Adult Foster Homes

(a) The Director SHALL classify Adult Foster Homes as Class I, Class II, or Class III, based upon the qualifications of the operator (applicant) or the resident manager managing the home. THE CLASSIFICATION AFFECTS WHAT LEVEL OF RESIDENTS' CARE NEEDS MAY BE PROVIDED BY THE HOMES. THESE CLASSIFICATION PROVISIONS DO NOT PERTAIN TO ROOM AND BOARD FACILITIES WHERE NO CARE IS PROVIDED.

(A) A Class I license may be issued if the applicant or resident manager completes the training requirements outlined in Section 890-020-300.

(B) A Class II license may be issued if the applicant or resident manager completes the training requirements outlined in Section 890-020-300 and has two years' experience in providing direct care.

(C) A Class III license may be issued if the applicant or resident manager completes the training requirements outlined in Section 890-020-300, and:

(1) Is a health care professional such as a registered nurse, pharmacist, doctor, occupational therapist, or physical therapist; or

(2) Is a licensed practical nurse (LPN) under the supervision of a registered nurse; or

(3) Has three years' experience in providing direct care to persons who are dependent in four or more ADLs; and

(4) Can provide satisfactory references from at least two medical professionals, such as a physician and registered nurse, who have direct knowledge of the applicant's ability and past experience as a caregiver. FOR APPLICANTS OR RESIDENT MANAGERS IN FOSTER HOMES SERVING RESIDENTS WITH DEVELOPMENTAL DISABILITIES (DD) OR WITH AN EMOTIONAL DISTURBANCE (MED) THESE REFERENCES SHOULD BE FROM A PSYCHIATRIST, PSYCHIATRIC NURSE, OR OTHER PROFESSIONAL APPROVED BY THE DIRECTOR.

(b) An operator with a Class I license may only admit residents who need assistance in up to four activities of daily living (ADLs). No nursing tasks may be PROVIDED OR delegated except for routine maintenance of oral medications AND MEDICATION MONITORING. The resident must be in stable medical condition. ALL OCCUPANTS MUST BE AMBULATORY AND ABLE TO INDEPENDENTLY EVACUATE THE PREMISES TO A POINT OF SAFETY WITHIN THREE MINUTES. (REFER TO MCAR 890-020-882(h) FOR COMPENSATION FOR SLOW EVACUATIONS.)

- (c) An operator with a Class II license may provide care for residents who require assistance in all activities of daily living, but are not dependent in more than three activities of daily living. Routine nursing tasks (REFER TO APPENDIX A) may be delegated to the operator and qualified staff under the Board of Nursing Rules. ALL OCCUPANTS WILL BE CAPABLE OF VACATING THE PREMISES TO A POINT OF SAFETY WITHIN THREE MINUTES IF VERBAL OR VISUAL CUES OR PHYSICAL ASSISTANCE IN VACATING THE HOME IS PROVIDED. (Refer to MCAR 890-020-882(h) FOR COMPENSATION FOR SLOW EVACUATIONS.)
- (d) An operator with a Class III license may provide care for residents who are dependent in activities of daily living, except that no more than one bed-care or totally dependent person may be in residence at one time. Complex tasks (REFER TO APPENDIX A) will be performed by a registered nurse or may be delegated under the Board of Nursing Rules, with written justification by both physician and registered nurse and specific approval granted by the Director. ONE RESIDENT MAY BE DEPENDANT IN AMBULATION. ALL OCCUPANTS SHALL BE ABLE TO EVACUATE THE PREMISES TO A POINT OF SAFETY WITHIN THREE MINUTES INDEPENDENTLY, IF PROVIDED WITH VERBAL OR VISUAL CUES OR BY BEING BODILY REMOVED. (Refer to MCAR 890-020-882(h) FOR COMPENSATION FOR SLOW EVACUATIONS.)
- (e) If a resident's care needs change resulting in care requirements greater than the operator's license classification allows, the operator shall notify the Division and may request:
- (A) A reclassification of the operator's license; or
 - (B) An exception OR VARIANCE which allows the resident to remain in the adult foster home. An exception OR VARIANCE may be granted if:
 - (1) The best interests of the resident are served by remaining in the facility; and
 - (2) The operator is able to provide appropriate care of the resident; or
 - (3) Additional staff is hired to meet the additional care requirements; or
 - (4) Outside resources are available to meet the resident's care needs.

020-120 Capacity

- (a) The number of residents permitted to reside in an Adult Care Home SHALL be determined by the ability of the staff to meet the care needs of the residents, the fire safety standards for evacuation, and compliance with the physical structure standards of these rules.
- (b) The determination of maximum capacity SHALL consider total household composition, including ALL PERSONS RECEIVING ROOM,

BOARD, CARE, RESPITE CARE, OR DAY CARE IN ANY COMBINATION THEREOF, ALL ADULT FAMILY MEMBERS WHO ARE RECEIVING ONGOING CARE, AND children requiring care and supervision. (Note: County language combines language from existing 890-015-200 and 890-050-140).

- (c) THE MAXIMUM CAPACITY OF ADULT FOSTER HOMES IS FIVE ELDERLY, DISABLED, OR DEPENDENT PERSONS WHO ARE EIGHTEEN YEARS OF AGE OR OLDER AND ARE NOT RELATED BY BLOOD OR MARRIAGE TO THE OPERATOR. THIS LIMIT OF FIVE INCLUDES PERSONS RECEIVING DAY CARE AND RELATIVES OF THE OPERATOR OR RESIDENT MANAGER IF THE RELATIVES ARE RECEIVING CARE. Note: County language combines language from existing 890-105-160 and 890-015-330).
- (d) An exception may be granted for relatives and day care residents if the following criteria are met:

 - (A) The operator can demonstrate the ability to evacuate all residents within three minutes;
 - (B) The operator has adequate staff and has demonstrated the ability to provide appropriate care for all residents;
 - (C) There is an additional forty square feet of common living space for each person above the five residents;
 - (D) Bedrooms and bathrooms meet the requirements of these rules;
 - (E) The care needs of the additional persons are within the classification of the license and any conditions imposed on the license; and
 - (F) The well-being of the household, including any children or other family members, will not be jeopardized.
- (e) MAXIMUM CAPACITY OF THE ADULT CARE HOME SHALL BE DETERMINED BY THE DIRECTOR AT THE TIME OF THE INITIAL LICENSURE INVESTIGATION. IT SHALL BE REVIEWED IF THERE ARE INDICATIONS THAT THE HEALTH, SAFETY, OR WELFARE OF THE ADULT CARE HOME OCCUPANTS IS THREATENED. CHANGES IN THE APPROVED MAXIMUM CAPACITY MAY OCCUR IF:

 - (A) THERE ARE SUBSTANTIATED COMPLAINTS OF ABANDONMENT, ABUSE, EXPLOITATION, NEGLECT;
 - (B) THE OPERATOR IS UNABLE TO DEMONSTRATE PROMPT (WITHIN 3 MINUTES) EVACUATION OF ALL OCCUPANTS TO A POINT OF SAFETY;
 - (C) THE CARE NEEDS OF RESIDENTS CHANGE;
 - (D) THE TRAINING AND EXPERTISE OF THE OPERATOR/STAFF CHANGES;
 - (E) THE CARE NEEDS OF CHILDREN OR OTHER HOUSEHOLD MEMBERS CHANGE; OR
 - (F) THERE ARE OTHER FACTORS THAT COULD THREATEN THE HEALTH, SAFETY, AND WELFARE OF THE RESIDENTS.

890-020-200 Standards for Adult Care Home Operators, Resident Managers,
and Other Caregivers [(underlined is County language)]

In order to qualify for and to maintain a license, an Adult Care Home operator, resident manager, or other caregiver shall meet the following requirements:

020-210 Age

- (a) Operators and resident managers shall be at least 21 years of age.
- (b) Other caregivers must be at least 18 years of age.
- (c) A caregiver who is 18 to 21 years of age shall not have sole responsibility for resident services, care, and/or supervision for a period of longer than two hours.

020-220 Background

- (a) Operators and resident managers shall provide evidence satisfactory to the Department regarding education, experience, training, or knowledge related to the population to be served, as required for the classification level of the home, and regarding interest and concern in operating, managing or providing care in a home for the elderly, for physically, mentally or emotionally handicapped adults, or for alcohol or drug dependent or other dependent adults. Such evidence may include, but not be limited to, one or more of the following: certified nurse's aide training; adult care home, group home, nursing home, hospital or institutional work experience; Licensed Practical Nurse or Registered Nurse training and experience; satisfactory completion of approved adult care home training programs; experience in caring for frail elderly, handicapped or dependent adults at home; and home management skills.
- (b) Operators and resident managers shall possess physical and mental health and ability determined necessary by the Department to provide room, board, supervision, care, and/or services to adults who are elderly, handicapped or dependent, and provide a statement from a physician or nurse practitioner to this effect on a form provided by the Department. Applicants with [a] documented history or substantiated complaints of substance abuse or mental illness must provide evidence satisfactory to the Department that they have received treatment/rehabilitation or provide references regarding their current condition AND are currently capable of operating, managing or providing care in a home for elderly, handicapped or dependent adults.
- (c) Operators and resident managers shall possess good personal character determined necessary by the Department in order to provide room, board, supervision, CARE, and/or services to adults who are elderly, handicapped or dependent, and provide the names of at least three nonrelative character references, to be contacted by the Department, who can attest to the applicant's character.

- (d) All other caregivers, or other persons who work, live or spend significant periods of time in the household, may be subject to the same inquiries or investigations described above. Such persons may also be required to provide satisfactory evidence, if requested, that their presence in the household does not jeopardize residents.
- (e) A resident shall not provide supervision, CARE, or services, or act as a resident manager or other regular or substitute caregiver, unless employed for appropriate compensation, and approved by the Department pursuant to these rules.

020-230 Criminal History [Record Clearance]

- [050-220] Persons who have been convicted of one or more crimes within the last ten years which are substantially related to the qualifications, functions or duties of an operator, manager, other caregiver, other employee or other household member in an Adult Care Home shall be prohibited from operating, working in, or being in an Adult Care Home on a regular basis.
 - (a)
- [050-240] Persons who have been charged with or arrested for one or more crimes which are substantially related to the qualifications, functions, and duties of an operator, manager, other caregiver, other employee, or other household member in an Adult Care Home with final disposition of the charge or arrest not yet reached may be prohibited from operating, working in or being in an Adult Care Home on a regular basis. Appropriate administrative sanctions may be imposed by the Director pending final disposition of the charge or arrest, if the Director determines that the health, safety, or welfare of residents of an Adult Care Home would be jeopardized or compromised in the interim period.
 - (b)
- [050-230] Such related crimes include, but are not limited to the following: [offenses against children (]child abuse, child neglect[);]_ [offenses against family (]incest, abandonment of a child or dependent person[);]_ [offenses against persons (]homicide, assault, kidnapping[);]_ sexual offenses and offenses against public health and decency (prostitution, offenses involving narcotics, alcohol abuse and dangerous drugs)[;]_ and crimes against property (arson, burglary, forgery, theft, embezzlement or obtaining property under false pretenses).
 - (c)
- [(a)] In order to protect the health, safety and welfare of residents, all operators, resident managers, other caregivers, and household members age 16 and over other than residents receiving care are subject to an annual criminal record clearance; other persons over 16 who are in the home on a regular basis also may be subject to such a clearance. Identified individuals are required to complete and to sign a criminal record release authorization form giving name, aliases, birthdate, social security number, and drivers license number, and to provide information regarding any criminal history.
 - (d)

- [(b)] A criminal record release authorization form for new resident
(e) managers or caregivers shall be provided to the Department prior to or at the time of employment. Such a new employee may be hired only on a probationary basis pending completion of the criminal record check.
- [(c)] The Department will verify information regarding criminal
(f) history to ascertain whether identified individuals have been convicted of a crime, other than a minor traffic violation, which is substantially related to the [responsibilities] QUALIFICATIONS, FUNCTIONS, AND DUTIES of caregivers, [or] operators, MANAGERS OR OTHER EMPLOYEES. In the case of other persons who reside in the home on a regular basis, the Department will ascertain whether the individuals have been convicted of a crime which may jeopardize the health, safety or welfare of residents.
- [050-210] A person who is found to have a criminal history shall be
(g) required to provide the Department with an official copy of his or her criminal record, obtained from a law enforcement agency, prior to processing his or her application. The applicant shall bear any costs associated with obtaining such a copy.
- [(d)] The criminal offender information records of applicants shall be
(h) carefully evaluated in determining approval of a home or person(s) for a license.
- [050-250] A person who is found to have a criminal history shall be given
(i) an opportunity for a personal interview or administrative conference to review his or her record and any intervening circumstances prior to any final action by the Department.
- [050-260] Factors to be considered in evaluating intervening circumstances
(j) and relevant background information shall include the following:
- [(a)] (A) Type of crime and number of offenses;
- [(b)] (B) Passage of time since the crime was committed;
- [(c)] (C) Circumstances surrounding the commission of the crime which would demonstrate that repetition is unlikely;
- [(d)] (D) Activities since conviction or arrest such as employment, participation in therapy or education that indicate changes in behavior; and
- [(e)] (E) Character references.
- [(e)] Criminal offender information will not be used for any purpose
(k) other than THAT for which it was obtained, or given to unauthorized persons or agencies. This information can only be used as a reference to identify the source of original record or in direct discussion with the person concerned.

- [(f)] Criminal record information cannot be shared with persons other than the individual involved. Without written authorization, the Department may only notify an operator whether current or potential employees or household members are approved or denied, or whether conditions are imposed, on the basis of such criminal offender information.
- (1)

020-240 Financial Resources

- (a) Operators shall provide a projected annual budget for household operations and provide evidence of sufficient financial resources to [carry out] operate an Adult Care Home for at least two months which meets the requirements of these rules, if requested to do so by the Department. A credit reference check may be required.
- (b) Operators shall compensate nonrelated resident managers and other caregivers, including respite and substitute caregivers, as necessary to maintain a stable environment and to provide quality care in the home. Operators shall be in compliance with all applicable provisions of Federal and State wage and hour laws.

020-250 [Basic Skills and Knowledge] Communication Skills

- (a) Operators, [and] resident managers, and other caregivers shall be capable of speaking and reading English, unless the language spoken and written by the operator or manager is also the language spoken by all residents in the home and their physician(s), and unless there is 24-hour bilingual back-up for translation in an emergency.
- (b) Operators, resident managers and other caregivers shall be capable of understanding and communicating with residents, physicians, families, guardians, and case managers.
- (c) At all times, operators, resident managers and other caregivers shall be able to respond appropriately to emergency situations and to communicate with persons providing emergency medical, police, fire or other assistance.
- [(d)] [Operators and resident managers shall attend orientations and training required by MCAR 890-020-300.]
- [(e)] [Operators shall make these rules available to all caregivers in the home.] (Moved to 890-020-260)

020-260 Cooperation

- (a) Operators, resident managers, other caregivers and other household members shall cooperate with Department personnel or designees in application procedures, inspections, interviews, complaint investigation procedures, planning for client care, and other necessary activities, and shall allow full access of Department personnel or designees to the Adult Care Home facility, to its caregivers, residents and other occupants, and to its records concerning residents or pertaining to the operations of the Adult Care Home.

- (b) Operators, resident managers, other caregivers and other household members shall abide by the terms of these administrative rules and Standards.
- (c) Operators shall not hire or continue to employ a resident manager or other caregiver who does not meet the Standards of MCAR 890-020-200 or abide by the terms of these rules.
- (d) Operators shall make these rules available to all caregivers in the home. (Copied from 890-020-250)

890-020-300 Standards for Training Adult Care Home Operators, Resident Managers, and Other Caregivers [(underlined is County language)]

020-310 Orientations Required

- (a) New applicants and potential resident managers shall attend an orientation conducted by the Department prior to being licensed.
- (b) Licensed operators and resident managers may be required by the Department to attend orientations concerning major rule or program changes.
- (c) The Department may require attendance of other caregivers in the home at such orientations.

020-320 Training Required

- (a) Operators and resident managers are required to certify successful completion of Level A CPR training on an annual basis.
- (b) Upon availability of the MULTNOMAH COUNTY-approved 18 hour Basic Training Course, all new operators and resident managers licensed as of that date will be required to successfully complete this course. New applicants must complete the course within 90 days of being licensed, or sooner if required as a condition of being licensed. Operators licensed prior to the date the training becomes available must complete the course within a year of that date. OPERATORS WILL BE GIVEN WRITTEN NOTICE WHEN THE TRAINING BECOMES AVAILABLE. OPERATORS OF ADULT CARE HOMES FOR RESIDENTS WITH DEVELOPMENTAL DISABILITIES (DD) OR WITH AN EMOTIONAL DISTURBANCE (MED), OR OTHER SPECIAL NEEDS POPULATIONS SHALL BE REQUIRED TO TAKE THE APPROVED 18 HOUR BASIC TRAINING COURSE RELATING TO THE CARE OF THE POPULATION THEY SERVE WHEN IT BECOMES AVAILABLE. NEW AND CURRENT OPERATORS OF THESE HOMES WILL COMPLETE THE BASIC TRAINING COURSE APPROVED FOR THEM WITHIN THE SAME TIME LIMITS NOTED ABOVE EXCEPT NEW OPERATORS MAY HAVE UP TO 180 DAYS AFTER LICENSING TO COMPLETE THE COURSE IF THE DIRECTOR JUDGES THIS NECESSARY.
- (c) Each subsequent year following the Basic Training Course, the operator and resident manager are required to take at least six

hours of APPROVED ongoing training related to care of elderly and disabled persons, IN ADDITION TO ANY REQUIRED ORIENTATIONS AND CPR TRAINING. OPERATORS AND RESIDENT MANAGERS OF HOMES SERVING RESIDENTS WITH DEVELOPMENTAL DISABILITIES (DD) OR WITH A MENTAL OR EMOTIONAL DISTURBANCE (MED) WILL BE REQUIRED TO TAKE AT LEAST 6 HOURS OF APPROVED ONGOING TRAINING RELATED TO THE CARE OF THE SPECIAL POPULATION THEY SERVE.

- [(c)] The Department may require other caregivers in a home to attend
(d) up to six hours of training annually, and/or CPR training.
- [(d)] If an operator, resident manager or other caregiver is not in
(e) compliance with these rules, the Department may require additional training in the deficient area, whether or not the six hour annual training requirement has already been met.
- [(e)] Training shall be recorded on a form provided by the Department
(f) and supported by certificates, attendance records or other documentation.

[020-330 Training Approval]

- [(a)] Training courses must be approved by the Director in order to
(g) apply toward the training requirement.

- [(b)] Suggested training areas include, but are not limited to, coverage of the following areas:]

- [(A)] Development and implementation of the contract and/or care plan;

- (B) Characteristics of resident disabilities including problems of aging, of the mentally ill, of the mentally retarded and developmentally disabled, of the physically disabled, or of the alcohol and drug dependent adult.

- (C) Recognition of resident health care and mental health needs;

- (D) Management of behavior problems;

- (E) Identification and use of community resources;

- (F) Social and recreational activities;

- (G) Nutrition, basic hygiene, and dental care;

- (H) First aid;

- (I) Administration and/or management of medications;

- (J) Home management, administration, and recordkeeping;

- (K) Maintenance of the home in a safe and sanitary manner;

- (L) Resident rights, including management of resident funds and awareness of Federal and State laws prohibiting discrimination.]

890-020-400 Standards for Practices in [all] Adult Care Homes [(underlined
is County language)]

In order to qualify for and to maintain a license, the following practices must be observed by operators, resident managers, other caregivers, and other household members:

020-410 Resident Rights

Operators, resident managers, other caregivers, other employees, and other household members shall:

- (a) Allow residents to exercise all civil and human rights accorded to other citizens[;].
- (b) Comply with all provisions of the Residents' Bill of Rights as required by MCC 8.90.120[;].
- (c) Permit representatives of community legal services programs, and similar non-profit community service or advocacy organizations which render service without charge, to have access to any and all residents of the facility during reasonable visiting hours in order to make services available to residents, to distribute educational materials regarding resident rights and entitlements, and to assist residents in claiming their rights and entitlements. A resident has the right to refuse contact by any individual or organization having access to the facility under this section.

[(a)] [Operators, resident managers, and other caregivers shall]
(d) E[er]ercise reasonable precautions against any conditions which could threaten the health, safety, or welfare of residents.
(Moved from 890-020-460).

[(d)] Not discriminate against residents with regard to race, color,
(e) creed, sexual orientation, or national origin[; and].

[(e)] Not inflict, allow to be inflicted, or expose residents to:
(f) abandonment; physical, verbal or emotional abuse; punishment;
sexual or financial exploitation; hazardous conditions; neglect.

[(f)] Not comingle, borrow from, or pledge any funds of a resident.
(g) Personal Incidental Funds (PIF) for clients of the Senior Services Division are to be used at the discretion of the client for such things as clothing, tobacco, and snacks that are not part of the daily diet.

020-415 Residents' Bill of Rights

The Residents' Bill of Rights shall be explained to residents or their guardians, and to their families if involved, prior to admission. A copy shall be provided to residents upon arrival.
The Bill of Rights states each resident has the right to:

- (a) Be treated as an adult with respect and dignity.
- (b) Be encouraged and assisted to exercise constitutional and legal rights as a citizen including the right to vote.
- (c) Receive appropriate care and services and prompt medical care as needed.
- (d) Associate and communicate privately with any person of choice and send and receive personal mail unopened.
- (e) Have access to and participate in activities of social, religious, and community groups.
- (f) Be able to keep and use personal clothing and possessions as space permits.
- (g) Be free from chemical and physical restraints except as ordered by a physician.
- (h) Be free of discrimination in regard to race, color, national origin, sex, SEXUAL ORIENTATION, or religion.
- (i) Manage own financial affairs unless legally restricted.
- (j) A safe and secure environment.
- (k) Written notices prior to rate increases and evictions.
- (l) A written agreement regarding services to be provided and agreed upon rates.
- (m) Voice grievances without fear of retaliation.

020-420 House Rules

- (a) Written house rules shall be developed and posted by the operator governing expected resident conduct and responsibilities and regarding any restrictions on residents. House rules may include but are not limited to expectations or restrictions on the use of the telephone, kitchen or television, on meal times, on frequency of bathing, on visiting hours, on smoking, on use of alcohol, or on pets. (Moved from 890-015-520)
- (b) If smoking is permitted in the home, house rules shall state that smoking is prohibited in sleeping areas and allowed only in designated smoking areas, in accordance with MCAR 890-020-[871] 810.
- (c) House rules are subject to review by the Department, and shall be approved prior to issuance or renewal of a license.
- (d) Rules and a schedule of monthly rates shall be discussed with residents or their guardians, and with residents' families if involved, prior to admission. A copy of the rules shall be signed by the resident or guardian upon arrival.

(a) Operators [who provide room and board or room and care to] OF ADULT CARE HOMES WITH private paying residents, or [to] with residents who receive public assistance but no service payments, shall enter into a signed contract with the resident or guardian. This contract shall be reviewed at the time of admission and at least annually thereafter, updated whenever there is a change of rates or care needs, and signed by the operator and resident or guardian. This contract shall include, but not be limited to: a statement of the resident's condition at the time of placement by the responsible party making the placement; whether the room to be provided is private or shared; whether board is to be provided and with what frequency; [and] the home's monthly charges[.] and conditions under which the rates can be changed.

(b) There shall be specific language in the contract to cover the policy on refunds when a resident leaves unexpectedly. Situations addressed shall include: when a resident is admitted to the hospital; requires a heavier care setting; does not comply with other conditions of the contract; dies before the end of the month; must be immediately moved for the health, safety or welfare of the resident, other residents, the operator, staff, or other household members. Under such circumstances the resident may be charged, on a prorated basis, for no more than seven (7) days following the date on which the resident dies or notifies the operator that he/she is permanently vacating the home. Any monies owed the resident must be refunded within thirty (30) days of that date.

[(a)] FOR ADULT CARE HOMES WHERE CARE AND/OR SERVICES ARE PROVIDED,
(c) [T]here shall be specific language in the contract to explain the level of care and services which can be provided in the home, any limits on the home's capacity to provide care and services, the specific CARE AND services which will be provided to the resident, and the costs for those services AND CARE ACTIVITIES.

[(b)] The CARE AND/OR SERVICES contract shall address: who shall be
(d) responsible for arranging for nursing care services if the resident has or develops nursing care needs while in the home; who would/will supervise the operator and other caregivers if the administration of noninjectable medications and/or any nursing care tasks and functions are delegated under authority of ORS 678.150 (9) and these rules; and who would/will be responsible for payment for such nursing care services and supervision.

- [(c)] Operators shall not require advance payments for room, board and
(e) care beyond one month, and shall not routinely require deposits for cleaning or damages. If the condition or past behavior of a resident indicates the potential for more than normal wear and tear, a reasonable damage deposit may be collected. Such a deposit shall be retained in an interest bearing account separate from funds of the operator. The resident's contract shall address both the justification for this damage deposit and the mechanism for determining any charges against this account when the resident leaves or dies.
- [(d)] Thirty days' prior written notification of any modifications to
(f) rates charged shall be given by the operator to private paying residents or their guardians, [or] and to residents who receive public assistance but no service payments, and to their families if involved.
- [(e)] If a resident's care needs change significantly, the operator
(g) may seek to renegotiate a higher rate to become effective in less than thirty (30) days, but such rates shall apply only if, following the change in condition, the resident or guardian voluntarily agrees to the increase. Operators may not require residents or guardians to waive their rights to a thirty (30) day notice of rate increases in signing the contract, except for pre-established rate schedules for specified care needs.

020-435 CONTRACTS AND RATES FOR CLIENTS WITH SERVICE PAYMENTS

- [(f)] Operators caring for clients who receive service payments must
(a) enter into a contract with the State Senior Services Division, State Mental Health Division, or other public agency, and must follow agency rules governing reimbursement for services and refunds. State contract foster homes must comply with additional requirements for Senior Services Division/County Aging Services Division Contract Foster Homes (MCAR 890-020-600), or for Mental Health Division Contract Foster Homes (MCAR 890-020-700).
- [(g)] A home may not request, accept, or require private service
(b) payments from or on behalf of State clients in excess of State authorized service payment rates for care. Such charges constitute exploitation and are a violation of Federal law.

020-440 Termination of Residency

- (a) The operator's contract with the resident or guardian may provide [that within] FOR A TRIAL PERIOD FOR the first two weeks of occupancy, DURING WHICH TIME either the operator or the resident or guardian may terminate a residency by providing two weeks written notice of termination of residency[, but the same period must apply to both parties]. Prior to admission and upon arrival operators shall notify residents or guardians, and family members and case managers, of this CONTRACT provision [for a trial period].

- (b) UPON RESIDENCY, OR [A]after the [first] two week[s] TRIAL PERIOD, IF THAT IS INCLUDED IN THE CONTRACT, [of occupancy,] NEITHER private paying NOR [and] publicly funded residents SHALL [not] be evicted, transferred or discharged unless the operator has provided THIRTY (30) days written notice of termination of residency to the resident or guardian, with a copy provided to the resident's family and case manager, if any. The notice shall state reasons for termination, the resident's right to object, and the resident's right to request a hearing. (See also MCAR 890-090-210.)
- (c) With approval of the Department in extenuating circumstances, residents may be involuntarily terminated and relocated with less than the required period of notice, or may move over the objection of the operator with less than the required period of notice. Approval requires a finding by the Director, in accordance with the factors in MCAR 890-090-370 through 890-090-390, that there is an imminent danger, or that delay would jeopardize the life, health, safety, or welfare of the resident, other residents, the operator, employees, or other household members. The Director's findings and approval shall be documented. Residents who vacate a home under such circumstances shall have a right to a prorated refund in accordance with MCAR 890-020-430.
- (d) If an operator has more than one licensed home, residents cannot be transferred or shifted from one house to another house without THIRTY (30) days written notice, unless prior written consent is given by the resident or the resident's guardian, or unless approval is given by the Department in extenuating circumstances.
- (e) Operators shall notify the Department prior to a closure, and shall give residents or guardians, and families and case managers, THIRTY (30) days' written notice, except with the approval of the Department in extenuating circumstances.
- (f) Eviction procedures shall be consistent with the Residential Landlord and Tenant Act for residents covered by that Act; residents to whom care is provided who are involuntarily terminated shall have a right, upon request, to an investigation by the Department and to a hearing, in accordance with MCC 8.90.090 (C) [to] and (D) AND THESE RULES.
- (g) The operator's contract with the resident or guardian may [provide that after the first two weeks of occupancy,] REQUIRE a resident or the resident's guardian [shall] to give a THIRTY (30) day written notice of termination of residency to the operator[,]. THE THIRTY (30) DAY NOTICE SHALL START AFTER THE TWO-WEEK TRIAL PERIOD IN ACCORDANCE WITH 890-020-440(a), IF THE TRIAL PERIOD IS INCLUDED IN THE CONTRACT. [but no more than 30 days.] THE CONTRACT SHALL NOT REQUIRE A NOTICE PERIOD WHICH EXCEEDS THIRTY (30) DAYS. However, residents receiving service payments from the State may terminate residency with 14 days notice to the operator from the County Aging Services Division, or the County Social Services Division or its subcontractor.

(h) At any time following receipt of a notice of termination of residency from an operator, but not as part of an admission agreement or contract, a resident or the resident's guardian may waive the right to the full period of notice guaranteed by these rules, by voluntarily granting informed written consent to move in a shorter period of time. At any time following receipt of a notice of a termination of residency from a resident or resident's guardian, the operator may waive the right to the full period of notice guaranteed by these rules, by granting informed written consent to allow the resident to move in a shorter period of time. Such written consent shall specify the amount of payment due the operator if any, or the amount of refund due the resident if any, as well as to whom and by what date such funds are to be paid.

[(i)] If a resident or a person acting on a resident's behalf requests a hearing to contest an involuntary termination of residency, the Director or a designated hearings officer has the authority to approve, conditionally approve, or disapprove the termination, in accordance with MCC 8.90.090 and these rules. If the involuntary termination of residency is disapproved and the operator is ordered to retain the resident in the home, the operator has the right to appeal the decision or order to a hearing or to the Board of County Commissioners, also in accordance with MCC 8.90.090 and these rules.]

[(j)] A resident or the resident's guardian and family or case manager
(i) [are] is to have any personal belongings, medicines or other property returned within 7 days after the resident vacates the home or dies. The affected parties are to have any deposits or other monies due refunded within 30 days after the resident vacates the home or dies.

[(k)] If a resident or the resident's guardian, family or case manager
(j) does not claim personal belongings within 7 days after a resident vacates the home or dies, the operator shall send a notice to the resident or the resident's guardian, family, or case manager allowing 30 days to claim the items. After 30 days, the operator may dispose of these belongings; however, approval of the State Estate Administration is required prior to disposal of unclaimed items belonging to clients of the State.

020-450 Client Records

- (a) Resident records maintained by the operator shall be accessible to representatives of the Department conducting inspections, interviews or other investigations, as well as to residents, their guardian or legal representative, or other authorized persons. The operator shall be responsible for informing residents or guardians and resident families about this requirement[;].
- (b) The operator shall keep resident records, KEEP THEM current, and [shall] store [these records] them on the premises.
- (c) Individual resident records shall contain at least the following items:
 - (A) Resident's personal, social, medical, and emergency information, covering: names, addresses and telephone

numbers of relatives, guardian, significant other persons, and/or case managers; physician's and other medical and dental providers' names and addresses and telephone numbers; transportation arrangements for hospitalization; name and claim number of medical insurance; any pertinent medical information on hospitalizations, accidents, or injury affecting the health, safety, or emotional well-being of the resident; and any other emergency contacts or information.

- (B) Inventory of personal effects;
- (C) Contract or admission agreement between the operator and the resident or guardian (if resident is private paying, or is receiving public assistance but no service payments);
- (D) A copy of written house rules discussed with and signed by the resident or guardian;
- (E) Incident reports on falls, injuries, absences, medical emergencies or similar occurrences; [and]
- (F) Any other information or correspondence pertaining to the resident.

(d) FOR RESIDENTS RECEIVING CARE AND/OR SERVICES, THE [I]individual resident records shall ALSO contain at least the following items in addition to those listed [in MCAR 890-020-450:] ABOVE:

- (A) Resident's [personal, social, medical, and emergency information, covering:] physical, emotional, and medical problems; social behavior; special diets, care and current medications prescribed by a physician, including copies of physicians' orders when applicable; date of admission and prior living facility; preferred mortuary.
- (B) The resident's care plan. The care plan is to be developed by the operator in conjunction with the resident and the resident's guardian, case manager, other legal representative, family member(s), physician, nurse, or other persons as appropriate. The resident or guardian shall have the right to include or exclude any persons in the development of the care plan, with the exception of the case manager of publicly funded residents. The care plan shall be agreed to at the time of or within thirty (30) days of admission, and shall be renewed and updated on a regular basis, [and no less than] at least semi-annually, and whenever the resident's condition changes to reflect changes in the condition and care needs of the resident. The service plan developed by representatives of the Department of its subcontractors may serve as the care plan for residents receiving State service payments [;].

The case plan will include an assessment of the medical, dietary, activity, and social needs of the resident and a

description of how these needs will be met. Specific information will include:

- (1) The ADLs the resident is able to do without assistance;
 - (2) The ADLs the resident needs help with;
 - (3) The ADLs the resident may be able to do more independently with encouragement and training;
 - (4) Any medical or health problems relevant to care or services needed by the resident;
 - (5) Any mental or physical disabilities or impairments relevant to care or services needed by the resident;
 - (6) Other problems or needs requiring care or services;
 - (7) The ability of the resident to exit from the facility in an emergency and the time required to exit;
 - (8) Instruction and documentation of tasks delegated to the operator/resident manager/other caregivers by the registered nurse, with the name and license number of the delegating registered nurse; and
 - (9) Date of review and signature of person preparing the plan.
- (C) Medication records, logs, or charts of medications administered by the operator and other caregivers[;].
- (D) Reports or notes on resident's care or progress written no less often than every 30 days[;].
- (E) A resident account record, (if the resident's care plan specifies that the operator is to manage or handle the resident's money) which will record amounts and sources of funds received and issued to, or on behalf of, the resident, and which shall be available for review upon request. Purchases costing \$5.00 or more made on behalf of residents will be documented by receipts. For lump sum or regular income payments to such residents, the operator shall set up a checking or savings account separate from those of the operator or other residents, which is held in trust and in which the operator has no ownership interest. For clients of the Aging Services Division, the State's Financial Planning sheets (form SDSP 512) will also be included in the residents' record, if pertinent. (Moved from 890-020-520).

- [(d)] Information related to residents shall be kept confidential,
- (e) except as may be necessary in the provision of care or medical treatment, or as may be related to an inspection, interview or investigation conducted under these rules[;].

- [(e)] Records shall be kept for a period of three years. If a
(f) resident moves, copies of pertinent information shall be transferred to the resident's new place of residence upon obtaining the written consent of the resident or guardian[;].
- [(f)] In all other matters pertaining to confidential records and
(g) release of information, operators shall be guided by the principles and definitions described in OAR 411-05-000 to 411-05-065, ORS 179.505 through 179.507 and ORS 192.500 (2)(b), and in Federal Law 42CFR, Part 2. A copy of these rules and statutes will be made available upon request to the State Senior Services Division or State Mental Health Division.

020-460 [Staff Responsibilities] Staff Coverage

- [(b)] At all times that one or more residents are present in the Adult
(a) Care Home, the operator or a qualified employee shall be on-call and capable of responding to emergencies.
- [(c)] If necessitated by the age or condition of the residents, the
(b) Department may require that a resident manager(s), other caregiver(s) or other employee(s) be employed in an Adult Care Home in order to provide appropriate supervision as necessary to protect the health, safety, and welfare of residents. (Moved from 890-020-530).
- [(b)] If 24 hour care is provided[,] or [if its provision] is required
(c) as specified in [020-550 (B) above] 890-020-490(c):
- (A) The operator shall live in the Adult Care Home, or shall hire a resident manager(s) to live in the home in order to provide 24 hour, 7 day-a-week coverage. Resident managers include caregivers who work one or more 24-hour periods a week, and caregivers who work in shifts to provide 24-hour coverage; and
- (B) The operator, manager(s) or other caregiver shall be on the premises in all times that residents are present. (Moved from 890-020-550).
- [(c)] In the absence of the operator or resident manager(s), any
(d) substitute caregivers shall be qualified to provide supervision, CARE, and services as required by the age and condition of the residents. For absences beyond 72 hours, the Department must be notified of the name of such a substitute caregiver. (Moved from 890-020-540).

020-470 Requirements for Board/Meals

- (a) If board is provided, three nutritious and well balanced meals a day appropriate to the age and activity levels of residents, including food from the four basic food groups, pasteurized fresh milk, fresh fruit and fresh vegetables, will be served unless otherwise specified in writing by the resident's physician or in the contract between the operator and the

resident. There shall be no longer than a 14-hour span between the evening meal and breakfast[, unless]. S[s]upplemental snacks and liquids [are]shall be served as needed. Consideration shall be given to cultural and ethnic background of residents in menu preparation[;].

- (b) Special diets are to be followed by caregivers in the preparation of meals, as prescribed in writing by the resident's physician[;].
- (c) An Adult Care Home is intended to provide a homelike environment for residents. Consequently, meals shall be prepared and served in the home where residents live; however, normal eating out such as restaurant meals, take-out meals, picnics and potlucks are permitted. Payment for meals eaten away from home for the convenience of the operator is the responsibility of the operator; payment for meals and snacks eaten during an individual outing is the responsibility of the resident.
- (d) If an operator maintains two or more facilities, food service may not be centralized unless appropriate permits have been obtained to install commercial kitchen equipment as required by the local building bureau or department, a final inspection and approval by the local building inspector has taken place, appropriate sanitation practices are observed if food is to be transported, and the Department has granted approval.

[(f)] Residents shall not be served raw milk, home preserved meats or fish (excluding frozen), or home canned foods other than fruits and jams properly sealed in sterile jars[.] and processed according to the latest guidelines of the Extension Service.
(e) Wild game such as deer, bear, elk may not be served unless inspected and approved by the U.S. Department of Fish and Wildlife.

020-480 Telephone

- (a) A telephone, available and accessible to residents for incoming and outgoing calls, shall be provided in the home where residents live, and shall not be locked or otherwise rendered inoperable[;].
- (b) Emergency telephone numbers shall be posted at all telephones, including an emergency number to reach a caregiver who does not live in the home[;]. Telephone numbers for making complaints to the Ombudsman and the Department must also be posted[; and].
- (c) Limitations on the use of the telephone by residents are to be specified in the written house rules. If individual restrictions are agreed to by a resident or approved by a resident's guardian, such restrictions must be specified in the resident's care plan.

020-[540] Basic Care

490

- (a) Supervision, CARE, and services shall be provided to a resident as verbally agreed, or specified in writing in the care plan developed with the resident or resident's guardian and the resident's physician, family and/or case manager[;].
- (b) Supervision, CARE, and services shall be provided in a homelike atmosphere, and shall be appropriate to the age and condition of the individual residents, and shall be appropriate to the qualifications and training of the operator, resident manager(s) and other caregivers[; and].

[(a)] Twenty four care is required under the following circumstances:

(c)

- (A) If the provision of 24 hour care or assistance with major life activities on a 24 hour basis is advertised, represented, verbally agreed to, or specified in a written contract or care plan developed with the resident or the resident's guardian and the resident's physician, family, and/or case manager; or
- (B) If, in the documented judgment of a physician, registered nurse or the Director, the age and/or condition of any resident requires 24 hour care.

[(c)] A home which does not provide 24 hour care shall not continue to provide care to residents who require such care. If 24 hour care is not provided, [in accordance with MCAR 890-020-440 (c),] the Department may require that a resident needing 24 hour care be moved to a home providing such a level of care[.], in accordance with MCAR 890-020-440(c). (Moved from above)

020-[560] Health Care In Homes Providing Care

500

- (a) The operator shall ensure that a resident's guardian, physician or nurse, and the family or case manager are informed of changes in the health status of the resident. The operator shall promptly seek competent assessment of a resident's medical and/or nursing care needs and promptly seek appropriate medical and/or nursing care, if such assessment or care is not obtained in a timely manner by the resident, guardian, resident's family or case manager.
- (b) If the resident's care plan includes a medical and/or nursing regimen, the operator shall cooperate with the regimen and ensure that these orders and orders of other medical professionals are followed and implemented as instructed. There must be a written physician's order for any medications, treatments, therapies, and use of restraints. If a caregiver believes that any such orders or plans may be harmful or injurious to the resident, in order to protect the resident the operator shall promptly notify the resident or the resident's guardian, and the family or case manager.

- (c) Residents who are bedbound and unable to reposition themselves shall be repositioned according to a physician's or RN's orders, but no less than every two (2) hours.
- (d) Hard restraints shall not be used in Adult Care Homes. Soft restraints or geri-chairs may be used only with a physician's order[.] and delegated to a Class II or III home under procedures outlined in the Board of Nursing Rules. Residents who are in soft restraints shall be repositioned according to a physician's or RN's orders, but no less than every two (2) hours, and released from restraints for a period of 15 minutes[.], exercised, and given fluids. If residents are restrained in bed at night, the same procedure of releasing and repositioning shall be followed and documented. If restraints are necessary to protect the resident or others, they may only be used until appropriate action is taken by emergency personnel. It is the responsibility of the provider to call for emergency help immediately. The use of soft restraints shall be reviewed by the resident's physician or registered nurse and the case manager at least once every 60 days.
- (e) Noninjectable medications, including over-the counter medicines, directly administered by the caregiver shall be given only as prescribed by a physician or nurse practitioner, and only in accordance with the procedures contained in MCAR 890-020-[570]510. Injectable medications administered by a physician, nurse or other person shall be given only as prescribed and only in accordance with the procedures contained in MCAR 890-020-[580]520. Changes shall not be made without a physician's or nurse practitioner's order.
- (f) Subcutaneous injections may be self-administered by the resident or administered by a relative of the resident, a currently licensed registered nurse, an LPN under registered nurse supervision, or a Class II or Class III operator who has been delegated and trained by a registered nurse under provision of the Board of Nursing Rules. Intramuscular injections may not be delegated.
- [(f)] A written record of medications, or medication chart, shall be kept of any medications, including over the counter medicines, directly administered by a caregiver in the home. The chart shall indicate name of medication, dosage, route, and time given, and shall be immediately initialed by the person giving it. Treatments and therapies must be immediately documented on the medication chart showing times given, type of treatment or therapy, and initials of the person giving it. Operators shall be responsible for insuring that narcotics and other controlled substances prescribed for residents are fully accounted for and used only by the resident.
- [(g)] The operator shall consult with the guardian if any, and with the physician or nurse, and with the family or case manager of a resident who self medicates to ensure that the resident is capable of self medication. Such consultation shall be documented in the resident's file.
- (h)

- (i) Unused, outdated, or recalled medications shall not be kept in the home and shall be disposed of according to the pharmacist's recommendations.

020-[570] Administration of NonInjectable Medications

510

- (a) Noninjectable medications may be administered in Adult Care Homes by any currently licensed physician or nurse.
- (b) Any persons other than licensed personnel, except immediate family members of a resident, are prohibited from administering noninjectable medications unless specific tasks and functions relating to the administration of noninjectable medications to a specific resident have been explicitly delegated to such persons in accordance with this section and ORS 678.150 (9). Certified nursing assistants are included in this prohibition.
- (c) A currently licensed physician or registered nurse may delegate the various tasks and functions relating to the administration of noninjectable medications, including administration of controlled substances, to persons other than licensed nursing personnel provided the following conditions are met: (A) Such delegation must occur under the procedural guidance, initial direction, and periodic inspection and evaluation of the physician or registered nurse[.], where:
- (B) "Procedural guidance" means a written plan for the administration of noninjectable medications, signed by the physician or registered nurse and on file in the home.
- (C) "Initial direction" means explicit instructions regarding medication, dose, time, route, method of administration, documentation, and patient observation.
- (D) "Periodic inspection and evaluation" means that the registered nurse or physician will, at regular intervals, assess and evaluate the condition of the patient, and review the procedures and directions established in the facility for the administration of noninjectable medications by unlicensed persons. The interval will be determined by the registered nurse or physician based on the condition of the patient and the type and amount of medication administered.
- (E) "Various tasks and functions for the administration of medications" means removal of an individual dose from a previously dispensed properly labeled container (including a unit dose container), verifying the dosage with the physician's or nurse practitioner's order, administering the individual dose to the proper patient at the proper time, by the proper route, and promptly recording the time and dose given.
- (d) Determining the appropriateness of delegation of the various tasks and functions relating to the administration of

noninjectable medications, including administration of controlled substances, shall remain with the physician or the registered nurse.

- (e) Notwithstanding any other provision of this section, delegation of various tasks and functions relating to the administration of noninjectable medications shall be governed by rules adopted by the State Board of Nursing pursuant to ORS 678.150 (9).

020-[580] Provision of Nursing Care
520

- (a) Nursing care may be provided in Class II and Class III Adult Care Homes by any currently licensed nurse, in accordance with OAR 851-45-000 to OAR 854-45-025, "Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse".
- (b) The need for skilled or continuous nursing care shall be determined by a registered nurse. For the purpose of these rules, such needs may include, but are not limited to, the following tasks and functions:
 - (A) Intravenous or intramuscular injections, medications or feedings, or blood sample drawings;
 - (B) Levine tube, nasogastric tube, Hickman catheter or gastrostomy feedings;
 - (C) Nasopharyngeal and tracheostomy aspiration;
 - (D) Insertion and sterile irrigation and replacement of catheters;
 - (E) Ileostomy and colostomy irrigation and postoperative care;
 - (F) Application of dressing involving prescription medications and sterile techniques;
 - (G) Treatment of extensive decubitus ulcers or other widespread skin disorders;
 - (H) Care of nonhealing deep or infected wounds requiring irrigation and debridement;
 - (I) New tracheostomy care with nasopharyngeal and tracheostomy suctioning;
 - (J) Heat treatments ordered by a physician and requiring skilled supervision;
 - (K) New respirator patients and initial phases of a regimen involving administration of medical gasses;
 - (L) Skilled evaluation, training, or supervision of therapeutic exercises or activities;

- (M) Administration of medication or other procedures prescribed by a physician on an as needed (PNR) basis which requires professional judgment to determine need or amount, or skilled observation of side effects;
- (N) Other nursing tasks and functions requiring skill and judgement.
- (O) Skilled supervision and management of a complicated or extensive plan of care, or of a combination of services which separately would not necessarily be skilled procedures.

[(b)] A practical nurse shall function only under the direction and orders of a registered nurse or licensed physician, and only under appropriate direct or minimal supervision as determined by the registered nurse or physician on the basis of the condition of the resident.

(c)

[(c)] Any persons other than licensed nursing personnel, except immediate family members of a resident, are prohibited from providing nursing care, including the administration of injectable insulin and other injectable medications, unless specific tasks and functions relating to the provision of nursing care have been explicitly delegated by a registered nurse to such persons for the care of a specific resident in accordance with this section and ORS 678.150 (9). Certified nursing assistants are included in this prohibition.

(d)

[(d)] A currently licensed registered nurse may delegate the various tasks and functions relating to the provision of nursing care, including administration of subcutaneous injectable medications to persons other than licensed nursing personnel provided the following conditions are met:

(e)

(A) [Such delegation must occur under the procedural guidance, initial direction, and periodic inspection and evaluation by the registered nurse.] There is a physician's order.

(B) The registered nurse has assessed the resident's condition to determine there is not a significant risk to the resident if the unlicensed person performs the task(s) or function(s).

(C) The registered nurse has determined that the unlicensed person is capable of performing the task(s) or function(s), and the task(s) or function(s) is within the limitations of the operator's classification.

[(B)] The registered nurse has taught the delegated task(s) and function(s) to the unlicensed person, and that person has demonstrated to the registered nurse the ability to perform the delegated task(s) and function(s) safely and accurately.

(D)

[(C)] The unlicensed person has written directions from the registered nurse for performing the delegated task(s) and function(s).

(E)

(F) The registered nurse determines how frequently the resident's condition shall be reassessed to determine the appropriateness of the continued delegation of the task to an unlicensed person.

[(D)] The registered nurse shall determine the level of
(G) supervision needed, either minimal or direct, [after evaluating all factors involved. These include:] and the frequency for monitoring, but no less often than every 60 days.

[(1) Condition of the resident;

(2) Nature of the task(s) and function(s) being delegated;

(3) Capability and training of the person to whom the delegation is being made.]

(H) The unlicensed person has been instructed that the task(s) or functions(s) is delegated for this specific person only and is not transferable to other residents or taught to other care providers.

(I) The registered nurse documents a nursing plan for the resident's care plan, including delegation procedures, frequency of RN follow-up visits, and signature and license number of the registered nurse doing the delegating.

[(E) "Procedural guidance" means a written plan for the provision of nursing care, signed by the registered nurse and on file in the home.]

[(F) "Initial direction" means explicit instructions regarding task(s) and function(s) to be performed, procedures, times, and patient observation.]

[(G) "Periodic inspection and evaluation" means that the registered nurse will, at regular intervals, assess and evaluate the condition of the resident, the written plan of care, and the performance of the person(s) to whom the various tasks and functions relating to the provision of nursing care have been delegated. The RN also will review the procedures and directions established in the facility for the provision of nursing care by unlicensed persons. The interval will be determined by the registered nurse based on the condition of the resident and the nature of the task(s) and function(s) being delegated, but shall not exceed 60 days.]

(f) For the purposes of these Administrative Rules:

[(H)] "Direct supervision" means that a registered nurse is
(A) physically present in the area where the resident is being provided nursing care.

[(I)] "Minimal supervision" means that a registered nurse is
(B) physically present on the premises where the resident is
being cared for or readily available by telephone and
within 30 minutes travel time of the resident.

[(e)] Determining the appropriateness of the delegation of the various
(g) tasks and functions relating to the provision of nursing care
and determining the level of supervision required shall remain
with the registered nurse.

[(f)] Notwithstanding any other provision of this section, delegation
(h) of the various tasks and functions relating to provision of
nursing care to persons other than licensed nursing personnel
shall be governed by rules adopted by the State Board of Nursing
pursuant to ORS 678.150 (9).

020-[590] Limitations on Level of Care Provided
530

(a) Class II and Class III Adult Care Homes may house one occupant
requiring skilled or continuous nursing care, but only under the
following conditions:

- (A) All nursing care is provided in accordance with MCAR
890-020-[570]510 and 890-020-[580]520.
- (B) A registered nurse has periodically assessed the level of
nursing care needed by other occupants of the facility to
ensure that no other persons have needs for skilled or
continuous nursing care. The interval of assessment shall
be determined by the registered nurse, but shall not exceed
60 days. Such assessments shall be documented.

(b) Adult care homes are prohibited from housing more than one
occupant requiring skilled or continuous nursing care, unless
specific approval has been given by the Department. Such
approval may be given only under the following conditions:

- (A) All nursing care is provided in accordance with MCAR
890-020-[570]510 and 890-020-[520];
- (B) A registered nurse has periodically assessed the level of
nursing care needed by other occupants of the facility to
ensure that no other persons have needs for skilled or
continuous nursing care. The interval of assessment shall
be determined by the registered nurse, but shall not exceed
60 days. Such assessments shall be documented.
- (C) The operator has notified the Department of the name(s) and
license number(s) of the registered nurse(s) designated by
the facility to delegate various tasks and functions
relating to the provision of nursing care, if such tasks or
functions have been delegated to persons other than
licensed nursing personnel.
- (D) Overall staffing in the facility is sufficient to provide
nursing care, other services, and supervision appropriate
to the age and condition of all occupants.

- (c) For the purpose of these rules, the prohibition on housing more than one resident with needs for skilled or continuous nursing care does not include occupants who only require periodic treatments such as insulin injections or catheter changes, so long as such treatments are provided in accordance with MCAR 890-020-[580]520, and these occupants are not in need of other skilled or continuous nursing care. However, this limit does include occupants who require lifting and transferring as a total bed patient, regardless of other nursing care needs.
- (e) In the course of an investigation, the Director may require that
- (d) an RN conduct an assessment of the nursing care needs of any occupant(s) of an Adult Care Home to evaluate the level of nursing care required by the occupant(s), and/or the classification of the operator/home, and/or the appropriate level of personnel to be providing such nursing care.
- (f) As a result of an investigation, the Director may require as a
- (e) condition of licensure that an operator notify the Department whenever accepting a resident with skilled or continuous nursing care needs, or whenever an occupant develops such needs.
- (g) If one or more occupants of an Adult Care Home have nursing care
- (f) needs, the Director may require as a condition of licensure that an operator contract with an registered nurse:
- (A) To directly provide the needed nursing care; or
 - (B) To provide appropriate supervision to a practical nurse; or
 - (C) To teach and delegate the provision of nursing care to a nursing assistant or other unlicensed person; and
 - (D) To periodically assess the care needs of residents, and to develop and review nursing care plans.
- (h) The Director may require as a condition of licensure that an
- (g) occupant(s) with nursing care needs be relocated from an Adult Care Home, in accordance with MCAR 890-020-440 (c), or may invoke other administrative sanctions upon a finding that:
- (A) The health, safety or welfare of the occupant(s) is jeopardized by the level of care provided; or
 - (B) Noninjectable medications are being administered by a person(s) other than licensed nursing personnel without delegation by a registered nurse or physician in accordance with MCAR 890-020-[570]510; or
 - (C) An LPN is providing nursing care without required supervision; or

- (D) Nursing care is being provided by a person(s) other than licensed nursing personnel without delegation by a registered nurse in accordance with MCAR 890-020-[580]520; or
- (E) Two or more occupants have needs for skilled or continuous nursing care and are being cared for without Department approval[.], or
- (F) THE CLASSIFICATION OF THE OPERATOR AND HOME DOES NOT ALLOW FOR THE PROVISION OF NURSING CARE AT THE LEVEL NEEDED BY THE RESIDENT.

890-020-600 Additional Standards for State Senior and Disabled Services Division/ County Aging Services Division Contract Foster Homes [(underlined is County language)]

If an Adult Care Home has a contract with the State Senior and Disabled Services Division to provide foster care services to elderly or physically disabled persons who are clients of the Multnomah County Aging Services Division, the following additional Standards shall apply:

- 020-610 A home may not admit clients of the State Mental Health Division without express permission of the County Aging Services Division.
- 020-620 A home must have written approval from all involved public agencies prior to the mixed placement or admission of State-paid children in the same home with disabled and/or elderly residents.
- 020-630 When administrative sanctions have been imposed on a home which has a contract with the State Senior Services Division, service payments to residents may be withheld by the State until there has been satisfactory compliance with the order of the Director or a final order.

890-020-700 Additional Standards for State Mental Health and Developmental Disability Services Division Contract Foster Homes [(underlined is County language)]

If an Adult Care Home has a contract with the State Mental Health and Developmental Disability Services Division to provide foster care services to residents with mental retardation or other developmental disabilities (MRDD) or with a mental or emotional disturbance (MED) who are clients of the Multnomah County Social Services Division or its subcontractors, the following additional Standards shall apply:

020-710 Admission/Placement and Termination of Residents

- (a) No provider shall accept a resident into his/her home without a referral from, or the prior written approval of, the community mental health program or County Social Services Division. The provider may accept a private-paying resident(s), with the approval of the community mental health program subcontractor or County Social Services Division. The provider shall retain the right to deny placement of any person if he/she

believes the person cannot be managed effectively in the home, or for any other reason not specifically prohibited by this rule. State Mental Health Division contract foster homes shall not 1) be used as a site for foster care for children, 2) be used as a site for foster care for adults from other agencies, 3) be used for any type of shelter or day care, or 4) admit clients of the Senior Services Division, without written approval of the community mental health program subcontractor or the County Social Services Division.

- (b) A provider may terminate the admission of a resident with the written approval of the community mental health program subcontractor or County Social Services Division. The provider shall give at least thirty (30) days written notice to a resident before termination of residency. All relevant provisions of MCAR 890-020-440 shall apply.
- (c) The provider shall promptly notify the community mental health program subcontractor or County Social Services Division if a resident gives notice or plans to leave the home or if a resident leaves unexpectedly.
- (d) The provider shall promptly inform the resident's case manager if the resident has a significant change in his/her medical status, when the resident has an unexplained or unanticipated absence from the home, if the resident has a major behavioral incident, accident, illness, or if the resident dies.
- (e) Providers shall be responsible for requesting complete information about the case history of a resident, as it relates to behavior, skill level, medical status, or other relevant information, from the case manager.

020-720 Service or Care Plan, Supportive Services, and Resident Rights

- (a) Adult foster care providers shall participate and cooperate with the case manager and other appropriate persons in the development of a plan for each resident on at least an annual basis as determined by the community mental health program subcontractor or the County Social Services Division. The service plan includes:
 - (A) A description of a resident's specific strengths and limitations in performing daily living activities;
 - (B) A description of any medical or health problems which are relevant to the services needed by the resident;
 - (C) A description of any mental or physical disabilities or impairments which are relevant to the services needed by the resident;
 - (D) A description of other problems or needs which are relevant to the services needed by the resident;

- (E) A specification of the supervision and services that will be provided to meet the resident's needs. How often and how frequently services will be provided will be noted on the plan. A review date will note when a review of particular services or training will occur;
 - (F) Documentation of agreement for money management services if provided;
 - (G) Documentation that a resident can react appropriately to emergencies and independently evacuate in case of fire if the resident is left unsupervised at any time;
 - (H) The monthly compensation to be paid to the provider for room, board, supervision, and services;
 - (I) Any behavior or management program designed to alter the resident's behavior; and
 - (J) The signatures of the resident or the resident's guardian, of the case manager, and of the foster care provider indicating agreement with the plan.
- (b) The goal of adult foster care is to optimize the independence of residents. To realize this goal residents shall be assisted and encouraged to:
- (A) Provide their own recreation and to occupy their leisure time. Within available resources, the home shall schedule and make available appropriate recreational and leisure time activities, both in the home and in the community, for residents who do not adequately obtain those services for themselves;
 - (B) Utilize the community outside the home. Residents who require supervision or protection while in the community shall have these services provided, or arranged for, by the provider;
 - (C) Prepare food and use appropriate dining skills. Residents who do not have adequate skills shall have assistance provided; and
 - (D) Provide for their own personal needs. Residents who do not adequately provide for these needs shall have assistance with, or provision of, these services by the provider, including (but not limited to):
 - (i) Bathing;
 - (ii) Brushing and flossing teeth;
 - (iii) Shaving;
 - (iv) Shampooing hair;
 - (v) Cleaning and clipping nails;
 - (vi) Menstrual needs;
 - (vii) Combing and brushing hair;
 - (iii) Cleaning bedding and linens;

- (ix) Clothing care;
- (x) Mending clothing;
- (xi) Dressing in appropriate clothing; and
- (xii) Bedmaking.

(c) Resident rights shall be protected and addressed by foster care providers including:

- (A) Visits to and from family members, friends, advocates, and legal, social services, and medical professionals;
- (B) Confidential communication including personal mail and telephone conversations;
- (C) Personal property and the exercise of the highest degree of personal control and freedom over that property as possible;
- (D) Adequate personal privacy and privacy for visiting;
- (E) Freedom from involuntary training, treatment, chemical or physical restraints except as agreed to, in writing, in a resident's service or care plan;
- (F) Observation of personal religious practices;
- (G) The right to vote;
- (H) Access and opportunities to use community resources away from the home including recreation, employment, and day programs;
- (I) Allowing and encouraging residents to learn new skills, to act on their own behalf to their maximum ability, and to relate to residents in an age appropriate manner;
- (J) Opportunity to exercise choices including such areas as food selection, personal spending, friends, schedule, leisure activities, and place of residence;
- (K) Freedom from punishment. Behavior intervention programs must be approved by the case manager in writing on the resident's service or care plan;
- (L) Freedom from harm and exploitation;
- (M) The provision of a secure and stable environment;
- (N) The opportunity to contribute to the maintenance and normal activities of the household; and
- (O) Access and opportunity to interact with persons without disabilities in addition to individuals with disabilities.

020-730 Adjustment, Suspension, or Termination of a Service Payment

- (a) The community mental health program subcontractor or County Social Services Division may adjust, suspend, or terminate a service payment(s) when any of the following conditions occur:
 - (A) The provider's Adult Care Home License is revoked, suspended, or terminated, or until there is satisfactory compliance with the Director's order if other administrative sanctions have been imposed by the Director;
 - (B) Upon a finding that the provider is failing to deliver any service as agreed to in the resident's service/care plan; or
 - (C) With 30 days notice, when possible, if funding, laws, regulations, or the priorities of the community mental health program subcontractor or County Social Services Division change such that funding is no longer available, redirected to other purposes, or reduced.
- (b) The community mental health program subcontractor or County Social Services Division may adjust, suspend, or terminate a service payment when any of the following conditions occur:
 - (A) The resident's service needs are reduced;
 - (B) The resident moves from the home;
 - (C) The resident is determined to be ineligible for services;
 - (D) The resident is absent without providing notice to the provider for five or more consecutive days;
- (c) The community mental health program subcontractor or County Social Services Division is under no obligation to maintain the home at its licensed capacity or to provide service payments to potential providers.
- (d) Residents have a right to appeal any suspension, termination or readjustment of their service payment to the community mental health program subcontractor or County Social Services Division.

890-020-800 Standards for Adult Care Home Facilities

In order to qualify for or to maintain a license, an Adult Care Home shall meet the following requirements:

020-810 General Conditions

- (a) Each Adult Care Home shall meet applicable business license, zoning, building, mechanical, and housing codes, and state and local fire and safety regulations. It is the responsibility of the Adult Care Home operator to check with local governments to ensure that all applicable local codes have been met[;].

(A) The home shall be inspected using these rules and Standards for fire safety by an inspector designated by the Department or by the local fire department. Any additional Standards recommended by the State Fire Marshal for adult foster care facilities housing one to five persons shall also be utilized and enforced[;].

(B) Recommendations by representatives of the State Fire Marshal, local fire bureau or local fire department regarding fire safety in a specific Adult Care Home which exceed these Standards shall be enforced as conditions for qualifying for or maintaining a license. These Standards shall supercede any recommendations of such representatives which are less restrictive, unless a variance or exception is granted by the Director.

[(a)] Buildings will be of sound construction.

(b)

[(b)] All interior walls shall be at least equivalent to a smoke barrier design.

(c)

[(c)] Wall and ceiling flame spread rates shall be at least substantially comparable to wood lath and plaster or better. The highest allowable flame spread rating shall of 200. If more than ten percent of combined wall and ceiling areas in a sleeping room or exitway is composed of readily combustible acoustical tile or wood paneling, such material must be treated with an approved intumescent surface coating[;].

(d)

[(d)] Mobile home units must have been built since 1976 and designed for use as a home rather than a travel trailer. The units shall have a manufacturer's label permanently affixed on the taillight end of the unit itself which states it meets the requirements of the Department of Housing and Urban Development. The required label shall read as follows:

(e)

"As evidence by this label No. ABC000001, the manufacturer certifies to the best of the manufacturer's knowledge and belief that this mobile home has been inspected in accordance with the requirements of the Department of Housing and Urban Development and is constructed in conformance with the Federal Mobile Home Construction and Safety Standards in effect on the date of manufacture. See data plate."

[(e)] If such a label is not evident on a mobile home unit, and the operator believes his/her unit meets the required specifications, he/she must take the necessary steps to secure verification of compliance from [a reliable source] the manufacturer[;].

(f)

[(b)] The house address shall be readily visible from the street[;].

(g)

- [(c)] The building and furnishings shall be clean and in good repair .
(h) and grounds shall be maintained[;].
- [(d)] Walls, ceilings, and floors shall be of such character to permit
(i) frequent washing, cleaning, or painting[;].
- [(g)] Stairways and exterior steps shall be provided with handrails;
(j) yard shall be accessible to residents; stairs shall have a
(l) maximum rise of 8 inches and minimum run of 9 inches[;].
- [(h)] A functioning light shall be provided in each room, stairway,
(k) and exitway; incandescent light bulbs shall be protected with appropriate covers[;].
- (j) There shall be at least 150 square feet of common living space,
(l) other than in bedrooms, kitchen, basement, or garage, and sufficient furniture in the home to accommodate the recreational and socialization needs of all the occupants at one time. Common space shall not be located in the basement or garage unless such space was originally constructed for that purpose, or has otherwise been legalized under permit for such use. Additional space shall be required if wheelchairs are to be accommodated[;]. An additional 40 square feet of common living space will be required for each day care person or relative who exceeds the limit of five residents. All common use areas of the house and exitways must be barrier-free.
- (m) Smoking shall be prohibited in sleeping rooms. If smoking is permitted in the home, it shall only be allowed in designated smoking areas.

020-820 Health and Sanitation

- (a) A public water supply shall be utilized if available. If a nonmunicipal water source is used, there shall be an initial chemical analysis to ensure potability. Subsequently, it shall be tested for coliform bacteria quarterly by a certified agent. If necessary, corrective actions shall be taken immediately to maintain potability. Records of testing shall be retained for two years.
- (b) If a nonmunicipal sewage disposal system is used, it shall be in good working order[;].
- (c) There shall be no accumulation of clutter, garbage, debris, or rubbish, or offensive odor in the facility or on the grounds. Garbage and refuse shall be stored in readily cleanable, fire resistant, rodent proof, covered containers. Garbage and refuse must be removed at least once a week.

- (d) Prior to laundering, soiled linens and clothing shall be stored in containers in an area separate from food preparation, food storage, kitchen and dining areas. Soiled or wet clothing and bed linens resulting from incontinence of residents shall be collected and promptly laundered. Any paper products used for incontinence of residents shall be promptly disposed of in appropriate waterproof bags or containers.
- (e) Areas where household pets stay shall be cleaned regularly of urine and feces so that there is no accumulation or odor. Sanitation for pets and other domestic animals shall be adequate to prevent health hazards. Proof of Rabies or other vaccinations as recommended by a licensed veterinarian shall be maintained on the premises for household pets. Pets not confined in enclosures must be under control, and must not present a danger to residents or guests[;]_.
- (f) If there is an infestation of insects or rodents, corrective actions must be taken immediately to protect the health and safety of residents. If flying insects present a potential health hazard, there shall be screening on windows and doors.
- (g) Surfaces, floors and rugs shall be regularly cleaned; personal property and belongings shall be stored in an orderly manner[;]_.
- (h) Adequate storage shall be available to maintain food at a proper temperature, including a properly working refrigerator operating at 45 degrees or less[;]_.
- (i) Food shall be sanitary and stored so as to protect food from dirt, contamination and rodent or insect infestation. Food shall be maintained at proper temperatures to prevent spoilage[;]_.
- (j) Food storage and preparation areas shall be clean and free of obnoxious odors. Equipment shall be clean and in good repair[;]_.
- (k) Utensils, dishes, glassware, and food stuffs shall not be stored in bedrooms, bathrooms, or living areas[;] [and]_.
- (l) Utensils, dishes, and glassware shall be washed in hot soapy water, rinsed, air dried if the home does not contain a dishwasher, and stored to prevent contamination. A dishwasher with a sanicycle is recommended.

020-830 Bathrooms

Every bathroom shall:

- (a) Provide privacy and have a finished interior, with a door which opens to a hall or common use room unless only used by the resident(s) occupying the bedroom to which it is adjacent. Occupants shall not be required to walk through another person's bedroom to get to a bathroom. Bathrooms shall not open directly onto a kitchen[;]_.

- (b) Be clean and free of objectional odors[;], (including commodes used in resident rooms)[;].
- (c) Have a window which can be opened for ventilation, or have other means of mechanical ventilation to the outside which has been approved by the local building bureau or department. A window must have a surface area not less than one twentieth of the floor area with a minimum of 3 square feet and a minimum clear opening of 1 and 1/2 square feet. Each window must have a window covering[;].
- (d) Have a mirror, and have tubs or showers, toilets, and sinks in good repair with appropriate inlets, vents, and traps. A sink shall be located near each toilet. A toilet and sink shall be provided on each floor [with] where [a ground level exit where rooms of nonambulatory] resident[s] rooms or residents with limited mobility are located. There shall be at least one toilet, one sink, and one tub or shower for each six household occupants, including residents, operator or manager(s), [and] operator's or manager's family and day care persons, but excluding children under two years old[;].
- (e) Have hot and cold water in sufficient supply to meet the needs of residents for personal hygiene. Hot water temperature in bathing areas shall be supervised for persons unable to regulate water temperature[;].
- (f) Have nonporous surfaces for shower enclosures; glass shower doors shall be tempered safety glass. Shower curtains shall be clean and in good condition. Non-slip floor surfaces shall be provided in tubs and showers[;].
- (g) Have grab bars for toilets, tubs, and/or showers for residents' safety as required by residents' disabilities[;].
- (h) Have barrier-free access to toilet and bathing facilities with appropriate fixtures if there are residents who use walkers or wheelchairs; alternative arrangements for nonambulatory residents must be appropriate to resident needs for maintaining good personal hygiene; if commodes are used, they must be emptied and cleaned daily or more often to prevent odors[; and].
- (i) Have adequate supplies of toilet paper for each toilet, and soap for each sink. Residents shall be provided with individual towels and wash cloths which are laundered in hot water at least weekly. Residents shall have appropriate racks or hooks for drying bath linens. If individual hand towels are not provided, roller-dispensed hand towels or individually dispensed paper towels shall be provided for residents' use.

Bedrooms

- (a) All bedrooms in which [residents, operators, resident managers, other caregivers, family members, or other persons] occupants sleep: shall have been constructed as [sleeping areas] a bedroom when the home was built, or remodeled under benefit of appropriate permit(s) to meet applicable building and safety codes; shall be finished with walls or partitions of standard construction which go from floor to ceiling; shall have ceiling heights not less than 7 feet 6 inches covering at least one half the area of the room; shall have a standard door with appropriate hardware which opens directly to a hallway or common use room without passage through another bedroom or common bathroom; and shall not contain furnaces, laundry tubs, washers, dryers, freezers, dishwashers, or other common use equipment[;].

- [(c)] All bedrooms shall have a minimum width of 7 feet with at least
 (b) 70 square feet of usable floor space for one occupant or 120 square feet for two occupants (not including areas of the room with ceiling heights of less than 5 feet), and shall have no more than two occupants per room, not including children under the age of two[;].

- [(d)] Operators, resident managers, other caregivers, or family
 (c) members shall not sleep in areas designated as living areas, nor share bedrooms with residents. There shall be at least one bedroom available for use by the operator, resident manager(s), or other caregivers. All additional occupants, including children over the age of two who reside in the home on a regular basis, shall be housed in bedrooms meeting the criteria described in this section[;].

- [(b)] All bedrooms: shall be adequately heated; shall have exterior
 (d) glazed openings to provide natural lighting with a total surface area not less than one tenth of the floor area and a minimum of 10 square feet; and shall have at least one openable window or exterior door to provide ventilation which meets minimum safety standards, and with total clear openings which are not less than one twentieth of the floor area.

- (e) All [sleeping rooms] bedrooms in the home shall have at least one window or exterior door [readily openable from the inside without the use of keys, tools, or any special knowledge or effort,] to permit the venting of products of combustion and for emergency escape or rescue. [An] This escape and rescue window or door shall:

(A) Be readily openable from the inside without the use of keys, tools, or any special knowledge or effort;

(B) Provide a clear opening of not less than 5.7 square feet (821 square inches). The minimum net clear opening height dimension shall be 24 inches (by 34 inches wide); the minimum net clear opening width dimension shall be 20 inches (by 41 inches high)[.]; and

[(b)] (C) Have a [F]finished sill height [of escape and rescue windows shall] not [be] more than 44 inches from the floor level, or not more than 48" if the sill height met applicable code requirements at the time the bedroom was constructed and if an exception is granted by the Director. For sill heights above 48 inches, application may be made for a building permit to install a permanently attached step(s) (minimum width 30 inches, rise of 4 to 8 inches, and run of 9 to 12 inches) or other aids to window egress which are constructed so the sill height is no more than 44 inches from the top of the step(s). Upon approval of the permit and final inspection, the Director may grant a variance, but only if the step(s) or aids are readily accessible and not used for storage, and only if their use is within the demonstrated evacuation capability of occupants of the room. In no case can residents who are nonambulatory or have limited mobility use such bedrooms. (Moved from 890-020-876)

(D) In ground, first floor, and basement bedrooms, the escape and rescue window shall have an exterior sill height or no greater than 72 inches from the ground, while a door shall have no steps, or a ramp if there are steps from the door to the ground (from existing 890-020-840(g)) UNLESS A VARIANCE IS APPROVED BY THE DIRECTOR BASED ON THE REQUIREMENTS IN (B) AND (C) BELOW.

(f) CERTAIN HOMES REQUIRE A SECONDARY MEANS OF EGRESS.

(A) In homes with 10 or fewer occupants, second-floor bedrooms, bedrooms above ground level in split level homes, AND GROUND/FIRST FLOOR ROOMS WHERE THE EXTERIOR SILL HEIGHT OF THE ESCAPE AND RESCUE WINDOW IS ABOVE 72 INCHES FROM THE GROUND shall [be] have a secondary means of emergency egress which has been approved by the Department as within the capability of persons it is intended to serve. Acceptable alternatives include a second interior stairs, a portable metal or chain fire ladder which can reach from bedroom windows to the ground, a fixed fire ladder which leads to ground level, or an approved exterior door and stairway meeting the requirements of the Uniform Building Code which leads to ground level. (Moved from 890-020-876)

(B) In newly constructed homes or in homes with more than 10 occupants, there shall be:

(1) two permanent exits from a basement (IF BEDROOMS ARE LOCATED IN THE BASEMENT);

(2) AN ALTERNATIVE SECONDARY MEANS OF EMERGENCY EGRESS FROM GROUND/FIRST LEVEL BEDROOMS WITH AN EXTERIOR SILL HEIGHT OF GREATER THAN 72 INCHES FROM THE GROUND, APPROVED BY THE DEPARTMENT AS USABLE BY THE PERSONS IT IS INTENDED TO SERVE; AND

(3) [and there shall be]

An approved exterior door and stairway WHICH meet the requirements of the uniform building code as a second exit AND which lead[s] to the ground from a second story or the upper level of a split level home.

(Moved from 890-020-876)

(g) Bedrooms shall be on ground level for [residents] occupants who are nonambulatory or have limited mobility, with at least one window or exterior door for escape or rescue, which meets the requirements of MCAR 890-020-[876]840(e) A-D, opening onto ground level. [A window shall have an exterior sill height of no greater than 72" from the ground, while a door shall have no steps, or a ramp if there are steps from the door to the ground.] NO occupants SHALL BE housed in bedrooms above the ground level OR IN BEDROOMS WHERE THE ESCAPE AND RESCUE WINDOW/DOOR DOES NOT MEET THE REQUIREMENTS OF MCAR 890-020-840(e) A-D, unless the following conditions are met:

(A) The person must be totally ambulatory and mentally capable of self preservation; and

(B) The person must have a demonstrated capability of promptly evacuating from available permanent and emergency exits independently, with no resistance, and without assistance or direction from others upon the sound of a signal device or in case of fire. Lifts or elevators are not an acceptable substitute for an occupant's capability to ambulate stairs. (Moved from 890-020-876(c))

(h) Stories above the second floor shall not be used for sleeping purposes by any occupants unless there is a permanently constructed second exit from those stories. (Moved from 890-020-876(c))

(i) Daylight basements and split level homes will be evaluated according to accessibility, secondary means of egress, and level of evacuation capability of occupants. (Moved from 890-020-876(d))

[(h)] Resident bedrooms shall be in adequate proximity to the operator
(j) or resident manager to alert the caregiver to night time needs or emergencies, or as appropriate to residents' disabilities or general needs be equipped with a functioning call bell or intercom.

(f) Each bedroom shall have sufficient separate, private dresser and closet space for each resident's clothing and personal effects, including hygiene and grooming supplies. Residents shall be allowed to use or keep personal belongings and have access to private, secure storage space. Drapes or shades for windows shall be in good condition and shall allow privacy for residents[;].
(k)

- (e) There shall be an individual bed, at least 36" wide, for each resident, consisting of a mattress with springs, a stiff foam pad with support, or a futon with support. Beds must be in good condition. Cots, rollaways, bunks, trundles, couches, and folding beds may not be used for resident[s.], except that day care persons may use a cot or rollaway bed if bedroom space is available which meets the requirements of 890-020-840 of this rule. Resident beds may not be used by day care persons. Each bed shall have clean bedding in good condition, consisting of a bedspread, mattress pad, two sheets, a pillow, a pillowcase, and blankets or a comforter adequate for the weather. Sheets and pillowcases shall be laundered at least weekly, and more often if necessary. Waterproof mattress covers shall be used for incontinent residents[;].

[020-850]

[020-860]

[020-871]

020-[873] [Safety:] Heating and Electrical Systems and Equipment
850

- (a) Heating equipment and ventilation equipment, including wood stoves, air conditioning systems, and other electrical equipment, shall be installed under benefit of appropriate permits and shall meet all State and local codes. Such equipment shall be used and maintained properly, serviced at regular intervals, and be in working condition and good repair. Service records shall be retained for a period of two years.
- (b) The heating system shall be in working order and capable of maintaining a room temperature of 68 degrees at a point three feet above the floor in all habitable rooms of the home. There shall be an appropriate source of heat in each bedroom. When residents are home, minimum temperatures shall be no less than 68° during waking hours, and 60° during sleeping hours. Frail elderly may require warmer temperatures or additional clothing or bedding. During times of extreme summer heat, the operator shall cool habitable rooms to a comfortable range, between 78° and 85°, using available ventilation, fans or air conditioning[;].
- [(b)] Portable oil, gas, or kerosene heaters are prohibited. Portable electric heaters shall not be used for permanent heating. Space heating units with exposed electrical coils are prohibited. A local building or fire inspector or the Department may approve limited use of sealed oil or water filled portable radiators, but only if used in accordance with manufacturer's instructions.
- (c)

- [(c)] Portable air conditioners shall be UL Listed and used only in accordance with manufacturer's instructions.
(d)
- [(d)] Extension cords shall not be used in place of permanent wiring[;]_.
(e)
- [(e)] Operating protective screens, metal curtains or glass doors are required on fireplaces. Fireplaces shall not be used to burn trash. Chimneys shall be properly maintained and have no accumulation of creosote or combustible residue.
(f)

020-[874] [Safety:] Hardware

860

- (a) All exit doors and interior doors, including bedroom and bathroom doors, shall have simple hardware which cannot be locked against egress, and which shall have an obvious method of operation that does not require a key, tool, any special knowledge or effort, or more than one motion to open from the inside. Double key deadbolts, combination locks, hasps, locking bolts, hooks and eyes, interior latches, and other similar devices which could restrict the egress of occupants of the home are prohibited.
- (b) There may be no more than one locking or latching device for security on each exterior door in addition to the door-handle latch. One pushbutton lock, security chain, slide bolt, night latch, or deadbolt with a turn screw (thumb-bolt) may be installed on an exterior door, but only if such hardware is mounted no higher than 48" from the floor, only if it is openable from the inside without the use of a key, tool, any special knowledge or effort, or more than one motion, and only if it is within the demonstrated capacity of occupants to use in an emergency.
- (c) Storm windows or doors, bars, grills, grates or similar devices may be installed on escape and rescue windows or doors only if such devices are equipped with approved release mechanisms which can be opened from the inside without the use of a key, tool, any special knowledge or effort, or more than one motion.

020-[875] [Safety:] Storage

870

- (a) Storage of flammable liquids is prohibited in living areas. No more than ten (10) gallons of flammable liquids may be stored in approved safety containers in a private garage, unattached storage building or other approved location which is inaccessible to residents. Combustible liquids, such as paint, and other hazardous materials shall be safely and properly stored in original, properly labeled containers or in safety containers in areas inaccessible to residents. If in excess of one (1) gallon, combustible liquids shall be stored in either a garage, an unattached storage building, or other approved location.

- (b) Cleaning supplies, poisons, and insecticides shall be properly stored in original, properly labeled and closed containers, in an appropriate area away from food preparation and storage areas, dining areas, and medication storage areas[;].
- (c) Firearms on the premises of an Adult Care Home must be stored, unloaded, in a locked cabinet. The firearms cabinet must be located in an area of the home that is not readily accessible to clients. All ammunition must be stored in a separate, locked location[;].
- (d) All medications in the home, including over the counter medicines, shall be stored in locked cabinets, closets, or other similar storage containers. Medications of residents unable to handle their own medical regimen shall be kept in a locked, central location, separate from that of medications belonging to the caregiver or the caregiver's family, and accessible only to the operator and authorized caregivers[;].
- (e) Containers for each resident's medication shall be clearly labeled with the pharmacist's label indicating dosage and physician's name, including medications in daily or weekly medisets. Nonprescription medications shall be in an originally labeled container[;].
- (f) Persons able to handle their own medical regimen shall keep their medications stored in a locked location, inaccessible to other residents.

[020-876]

020-[877] [Safety:] Fire Safety Devices and Evacuation

880

020-881 Fire Safety Devices

- (a) At least one operable fire extinguisher of Class 2A-10BC shall be in a visible and readily accessible location on each floor, including basements and usable attics. Extinguishers shall be mounted no higher than 5' above the floor and with the bottom no lower than 4". Extinguishers shall be checked and tagged at least once a year by a qualified representative of a company engaged in fire extinguisher maintenance and recharged every 6 years[;].
- (b) Operable smoke detectors with covers shall be installed in each bedroom and in hallways that adjoin bedrooms. In new Adult Care Homes, ceiling placement of smoke detectors at least 6" from walls is required. If there is ceiling heat, or in currently operating homes with detectors already mounted, wall mounted detectors at least 6" and no more than 12" from the ceiling are acceptable when approved by a Department inspector. When sleeping rooms are above the first floor, an additional operating detector shall be placed at the center of the ceiling directly above the stairway. When basements have a stairway which opens into the main level, an operating smoke detector shall be installed in the basement[;].

- (c) The operator shall maintain extinguishers and smoke detectors in operating condition at all times[;]_.
- (d) Battery operated detectors are acceptable. All detectors shall be U.L. listed or equivalent and shall meet U.B.C. Standard 43-6. Detectors shall be equipped with a device that warns of low battery. Detectors shall be tested monthly, with records of inspections on file for one year. During inspections, caregivers in the facility shall be required to demonstrate that all detectors are operational. For facilities built as new construction, or in existing facilities if violations are cited for failure to maintain battery-operated detectors in working condition during two different inspections, hard-wiring of the detectors into the home's electrical system will be required. A battery back-up will be required in the event of power outages[;]_.
- (e) The operator shall maintain, update, and post a floor plan containing room sizes, location of each resident bed, fire exits, operator's or resident manager's sleeping room, smoke detectors and fire extinguishers. A copy of this drawing shall be submitted with the application and updated to reflect changes[;]_.

020-[878] [Safety:] Evacuation

882

- (a) The operator shall maintain exits and exitways in functional and unobstructed condition at all times[;]_.
- (b) There shall be wheelchair ramps from exterior doors constructed under appropriate permit if nonambulatory persons or persons with severely limited mobility are in residence, as well as barrier-free access to exitways for evacuation[;]_.
- (c) An emergency evacuation procedure shall be developed, posted, and rehearsed with residents, all caregivers, and any family members or other persons living or working in the home. A record shall be maintained of periodic evacuation drills. Drills shall be held monthly during the first year of operation and every other month thereafter. At least one drill practice per year shall occur during sleeping hours. Records of the drills shall be on file for one year and include date, time of day, time necessary for full evacuation, [which] names of occupants [required] requiring assistance for evacuation and a signature of the person conducting the drill[;]_.
- (d) Within 24 hours of arrival, a new resident shall receive an orientation to basic fire safety, which shall include how to respond to the sound of a signal device (smoke detector or fire alarm), and how to exit from the home in an emergency[;]_.

- (e) In the course of an inspection or interview, the operator or caregiver shall be prepared, if requested, to demonstrate the ability to promptly evacuate all occupants after sounding a signal device.
- (f) All residents shall participate in fire drills, unless a written assessment from a physician or registered nurse is on file stating that such participation is medically contra-indicated for a resident. Surrogates for such residents shall be used in conducting fire drills to determine evacuation capability.

[020-879 Safety: Corrective Actions]

[(a)] An operator shall be able to evacuate all occupants of an Adult
 (g) Care Home to a point of safety outside the home, or beyond fireproof doors in a building with sprinklers, within 3 minutes. Of particular concern are:

- (A) Residents who are nonambulatory or who have limited mobility;
- (B) Residents who have impaired consciousness due to medications (particularly at night);
- (C) Residents who have hearing impairments;
- (D) Residents who require cues from caregivers;
- (E) Residents who are resistive to fire drills (especially at night); and
- (F) Residents who require physical assistance from caregivers, due to mobility problems, failure or inability to respond to instructions, resistance, or other factors. (Moved from existing 890-020-879(b))

(h) If there is an identified problem in demonstrating a prompt (within 3 minutes)] evacuation capability from the home, the Director may require one or more of the following corrective actions in order to decrease the level of risk to residents or otherwise correct hazardous conditions (Moved from existing 890-020-879(c)) as compensation for a slow (between 3 to 13 minutes) evacuation capability:

- (A) Moving residents within the home;
- (B) Add[itional]ing staff[ing];
- (C) Relocate[ion]ing [of] one or more residents;
- (D) Reducing the maximum capacity of the home; [and/or]
- (E) Increasing[ed] fire-life-safety protection[.];
- (F) Changing the classification of the home;

[(c)] The Director may order one or more of the following specific actions to increase fire-life-safety protection as compensation for a slow (between 3 to 13 minutes) evacuation capability or otherwise to correct hazardous conditions:]

[(A)] Hard wiring [of] smoke detectors into the home's electrical
(G) system;

[(B)] Installing[ation] [of] a complete smoke detector system in
(H) all habitable areas of the home;

[(C)] Installing[ation] [of] a local alarm system audible
(I) throughout the home and activated by detection operation;

[(D)] Enclosing[ure] [of] hazardous areas, stairways, exitways or
(J) other areas of the home with a fire barrier (1/2 inch gypsum board or equivalent fire resistive material);

[(E)] Protecting[ion] [of] doorway openings by a fire barrier (a
(K) tight fitting 1 3/8 inch solid core wood door or equivalent which shall be equipped with a closing device such as spring loaded hinges); [or] and/or

[(F)] Installing[ation] [of] an approved exterior door from an
(L) upper level and approved stairway leading to the ground level.

[(d)] The Director may order installation of an appropriate sprinkler
(i) system in addition to other corrective actions to compensate for an impractical evacuation capability (over 13 minutes), or if alternative fire safety arrangements to ensure timely evacuation are not satisfactory in Adult Care Homes in which there are residents who are incapable of self preservation. For homes of five or fewer residents, a quick response residential-type sprinkler system installed with necessary building permits according to NFPA 13D will be required in such circumstances[;].

[(e)] Adult Care Homes located more than five miles distant from the
(j) nearest fire station or those of unusual construction characteristics may be required to have a complete fire alarm system installed with necessary building permits and meeting the requirements of the NFPA 72A and 72E, with automatic reporting to a UL approved central alarm station.

[020-880]

020-890 Posting of License, Residents' Bill of Rights, Rates, and House Rules

In accordance with MCC 8.90.050 (A) and MCC 8.90.120 (A), each owner or operator of an Adult Care Home to whom a license is issued shall:

(a) Post the County license in a conspicuous place on the premises where it can be seen by residents and their visitors[;].

- (b) Post the Residents' Bill of Rights and the procedure for making complaints in a conspicuous place on the premises where it can be seen by residents and their visitors. The Bill of Rights shall contain the name and phone number of the Ombudsman and the office to call in order to report complaints[;]_.
- (c) Post monthly rates in a conspicuous place on the premises. A range of lowest to highest rates charged for room, board, and/or care is acceptable[;]_
- (d) Post house rules in a conspicuous place on the premises; if no house rules exist, a notation to that effect shall be posted.

890-020-900 Additional Standards for Facilities Serving Six or More Residents [(underlined is County language)]

- (a) In Adult Care Homes which are licensed for 6 to 15 residents, at all times the operator or at least one qualified employee shall be on-call on the premises to provide supervision. In homes which are licensed for 16 to 100 residents, at all times the operator or at least one qualified employee shall be on the premises and awake to provide supervision, and another employee shall be on call and capable of responding within ten minutes. In homes licensed for more than 100 residents, at all times the operator or at least one qualified employee shall be on the premises and awake to provide supervision, another employee shall be on call on the premises, and a third employee shall be on call and capable of responding within ten minutes.
- (b) Permitted use zoning or a conditional use permit are required to house over 5 residents unrelated to the operator by blood or marriage. Local zoning requirements for the number and condition of residents to be housed shall apply.
- (c) An R-1 occupancy use is required to house over 5 residents unrelated to the operator by blood or marriage; an SR occupancy use is required if care is to be provided to such residents. Occupancy requirements of the State of Oregon Structural Specialty Code and Fire and Life Safety Regulations shall apply.
- (d) Any home serving food to 6 to 15 residents in one facility shall meet those requirements of the State of Oregon Sanitary Code for Eating and Drinking Establishments which relate to the preparation, storage and serving of food; any home serving 16 or more residents in one facility shall meet all requirements of the State of Oregon Sanitary Code for Eating and Drinking Establishments.
- (e) Applicable State and local building, mechanical, and housing codes and Standards for fire and life safety as appropriate to size and use shall also be utilized and enforced[;]_
- (f) In homes which house more than 5 residents, fire extinguishers shall be no more than 75 feet from any point on each floor.

[Effective September 29, 1987] Revised 11/15/89
MULTNOMAH COUNTY
ADMINISTRATIVE RULES FOR
LICENSURE OF ADULT CARE HOMES

PART III PROCEDURES FOR ADMINISTRATION AND ENFORCEMENT
MCAR 890-040-100 THROUGH 890-150-100

[890-040-100]

890-040-200 Applications [(underlined is County language)]
 Refer to MCC 8.90.040 (B) and (C)

- 040-210 Applications for operation of an Adult Care Home shall be made in writing on forms supplied by the Department and addressed to the Adult Housing Program, 5th floor, 426 S.W. Stark, 97204.
- 040-220 The application shall contain information and supply documentation as required by MCC 8.90.040 (B), and shall contain any other information requested by the Director in order to process an application for a license to operate a home. It should include:
- (a) Maximum capacity, including day care and relatives.
 - (b) Classification, with information and documentation regarding qualifications and training of staff.
 - (c) Physicians statement regarding ability to provide care.
 - (d) Financial information sheet.
 - (e) Criminal record clearance form.
 - (f) Floor plan showing location and size of rooms, exits, smoke detectors, and extinguishers.
 - (g) Plan covering administrative responsibilities, staffing qualifications and additional evidence of financial responsibility, if applications are for multiple homes.
 - (h) STATEMENT FROM APPLICANT FOR LEVEL II OR LEVEL III HOMES WITH PROVIDER(S) WHO ARE DELEGATED TO PERFORM NURSING TASKS STATING HOW THESE TASKS WILL BE PERFORMED IF THE PROVIDER(S) IS/ARE NOT PRESENT FOR WHATEVER REASON.
 - (i) CHARACTER REFERENCES FROM AT LEAST THREE (3) NONRELATIVES. FOR RENEWAL APPLICATIONS, THE REFERENCES SHALL INCLUDE STATEMENTS FROM FORMER OR CURRENT RESIDENTS OR THEIR RELATIVES. IF THIS IS NOT FEASIBLE, OTHER REFERENCES MAY BE ALLOWED WITH THE APPROVAL OF THE DIRECTOR.
- 040-230 A person who desires to apply for a license may obtain application forms and licensure Standards from the Department upon request, following attendance at a licensure orientation scheduled and conducted by the Department. Such orientations shall review licensure requirements, Standards, and procedures.

- 040-240 An application for a home which has, proposes to have, or is required by MCC 8.90.040 (C) to have a resident manager(s) living in the home shall include supplemental information requested by the Director concerning the person(s) applying for a license to manage the home. As required, the application shall also include supplemental information requested by the Director concerning other caregivers in the home.
- 040-050 Persons applying for a license as a resident manager shall attend a licensure orientation scheduled and conducted by the Department before their application can be processed.
- 040-260 The completed application for the facility, operator, resident manager if any, and other caregivers as required shall be submitted by the person(s) responsible for the operation of the home, and shall be accompanied by fees or a request for a payment plan. Persons applying to operate multiple homes shall submit fully completed applications and fees for each street address which is to be licensed as a separate Adult Care Home, including each unit of a legal multifamily dwelling.
- 040-270 If fully completed application materials, including fees, are not returned to the Department within 60 days from the date they are mailed to a new applicant, or within 30 days for a renewal application, the application shall be considered void and must be reactivated as a new application unless an extension is requested by the applicant and is approved by the Department.
- 040-280 If during the period covered by the license a resident manager(s) is newly employed, or a licensed resident manager leaves, the operator must immediately notify the Department.
- 040-290 Within 15 days of employment of a resident manager, the operator must submit a fully completed application and fees for a new manager and request an amended license. Pending approval, the new resident manager(s) may only be hired on a probationary basis. The classification of the home will be reevaluated based on the qualifications of the new resident manager and changed accordingly.
- 890-050-100 Licensure Process [(underlined is County language)]
Refer to MCC 8.90.050 (A)
- 050-110 The licensure investigation shall include a criminal record check unless the person's criminal record has been checked by the Department within the preceding twelve (12) months (see section 890-020-230), personal reference checks unless verified by the Department within the preceding twenty-four (24) months, an on-site inspection(s) of the facility, and personal interviews with the person applying to be an operator, with the person applying to be resident manager if any, and with other proposed caregivers as required by the Director, to determine compliance with applicable laws, codes and rules.
- 050-120 Each license application submitted by a person applying to be a multiple home operator shall be investigated separately to determine the compliance of each home or address.

- 050-130 Inspections and interviews shall be conducted by representatives of the Department. If required by the local jurisdiction in which the home is located or requested by the Department, an inspection(s) also will be conducted by representatives of that jurisdiction.
- 050-140 During the course of the investigation, the Director shall determine the maximum [number of residents and other care recipients, including all persons receiving room, board, care, respite care or day care in any combination thereof, who will be permitted to reside in and/or to be provided care in the Adult Care Home. All adult family members who are receiving ongoing care shall be included by the Director, and the care needs of any children shall be considered, in establishing the maximum capacity of the home.] capacity of the Adult Care Home, in accordance with section 890-020-100. Determination of capacity shall be based upon applicable codes and rules.
- 050-150 During the course of the investigation, the Director shall determine the classification of the home based on the operator's/staff's training and experience.
- 050-[150]
160 A copy of the completed application forms, inspection checklists and interview schedules used by the Department during the investigation will be provided to the applicant, and other copies will be retained by the Department for its files.
- 050-[160]
170 All applicants shall be in compliance, or shall agree to come into compliance, with applicable laws, codes and rules within a time frame specified by the Department but no later than 60 days from the date of inspection, before a license application can be approved. Violations shall be abated, existing problems shall be resolved, and all deficiencies corrected, prior to issuance of a license or within time limits agreed to or imposed by the Department. If cited deficiencies are not corrected within the time frame specified by the Department, the application, including renewal application, shall be denied.
- 050-[170]
180 It shall be the responsibility of the applicant to notify the Department that the home is fully in compliance. A reinspection or reinterview may be conducted by the Department prior to approval of a license following receipt of such notification.
- 050-[180]
190 The applicant may withdraw his or her application at any time during the licensure process by notifying the Department.
- [890-050-200]
- 890-020-200 Variances and Exceptions Refer to MCC 8.90.020(D)
- [020-110]
050-210 An applicant or licensed operator may apply to the Department in writing for a variance of or exception to a specific requirement of the Adult Care Homes Licensure Ordinance or these rules. The applicant or operator must justify to the Department that such a variance or exception does not jeopardize the health, welfare or safety of any residents and is not in violation of applicable laws and codes.

[020-120] On the basis of an inspection or interview, Department personnel
050-220 or designees may recommend a variance of or exception to a specific requirement of the Adult Care Homes Licensure Ordinance or these rules. Such recommendations shall be supported in writing with facts documenting the appropriateness of the recommended action. The recommended variance or exception shall not be effective without written approval granted to the applicant or operator by the Director.

[020-130] A variance [may be granted giving approval to alternative means
050-230 of achieving compliance with a specific requirement,] or an exception may be granted [from the enforcement of a specific requirement,] if the Director determines that resident health, welfare or safety is not jeopardized, and that there is sufficient cause shown that this action is in keeping with the intent and purpose of the Adult Care Homes Licensure Ordinance. Reasons for granting a variance or exception shall be documented by the Director at the time of approval.] Moved to 890-050-200.

[020-140] Variances or exceptions will be granted to the applicant or
050-240 licensed operator in writing and reviewed at the time of each license renewal. A variance or exception granted to one home or operator does not constitute a precedent for any other Adult Care Home or operator.

[020-150] No variance or exception shall be granted pertaining to the
050-250 requirements of a local or State regulation or a provision of these rules concerning: the limit of five residents unrelated to the operator in a home zoned or constructed only for single family use; Adult Care Home inspections; resident rights; protection of residents, employees, and other persons from retaliation following the filing of a complaint; and inspection of the public files. No exception related to fire and life safety requirements shall be granted by the Department without prior consultation with the State Fire Marshall or local fire bureau or department.

890-050-300 Issuance of Licenses [(underlined is County language)]
Refer to MCC 8.90.050 (A)

050-310 Subject to the provisions of MCC 8.90.080, the Director shall issue a license to the owner or operator within 60 days after the investigation is completed if the Adult Care Home, the operator, the resident manager(s) and other caregivers if any, are found to be in compliance with the provisions of the Adult Care Homes Licensure Ordinance and these rules and Standards.

050-320 The Director shall have the authority to issue a [provisional license to an applicant prior to completion of an investigation, including completion of all inspection(s) and/or interview(s), satisfactory compliance, and final approval of the license.]
REGULAR, CONDITIONAL, PROVISIONAL, OR LIMITED LICENSE.

- 050-330 THE DIRECTOR SHALL HAVE THE AUTHORITY TO ISSUE A REGULAR LICENSE TO AN APPLICANT WHEN THE APPLICANT HAS COMPLIED WITH ALL APPLICABLE REQUIREMENTS OF THE MULTNOMAH COUNTY ADULT CARE HOME LICENSURE ORDINANCE AND THESE RULES OR HAS OBTAINED A VARIANCE OR EXCEPTION IN ACCORDANCE WITH 890-020-200.
- 050-340 The Director shall have the authority to issue a conditional license to an applicant when provisions are placed on the license that limit or restrict the scope of the license or impose additional requirements on the licensee.
- (a) Conditions may be attached to a license upon a finding that:
- (A) Information on the application or initial investigation requires a condition to protect the health and safety of residents;
- (B) There exists a threat to the health, safety, and welfare of a resident;
- (C) There is reliable evidence of abandonment, abuse, neglect, or exploitation; or
- (D) The home is not being operated in full compliance with these rules.
- (b) Conditions which may be imposed on a licensee include, but are not limited to:
- (A) Restricting the total number of residents OR OCCUPANTS;
- (B) Restricting the number and impairment level of residents allowed within a licensed classification level based upon the capability of provider and staff to meet the health and safety needs of all residents;
- (C) RESTRICTING THE TYPE OF CARE AND SERVICES THE ADULT CARE HOME CAN PROVIDE;
- (D) Reclassifying the level of residents that can be served;
- (E) Requiring additional staff or staff qualifications;
- (F) Requiring additional training of operator/staff;
- (G) Requiring additional documentation;
- (H) Restricting an operator from opening an additional home; and
- (I) Suspending admissions.
- (c) The operator will be notified in writing of any conditions imposed, the reason for the conditions, and be given an opportunity to request a hearing under MCAR 890.090-100.

- (d) In addition to or in lieu of a contested case hearing, an operator may request an administrative conference with the Director to review the conditions. The administrative conference does not diminish the operator's right to a hearing.
- (e) Conditions may be imposed for the extent of the licensure period (one year) or limited to some other shorter period of time. If the condition corresponds to the licensing period, the reasons for the condition shall be considered at the time of renewal to determine if the conditions are still appropriate. The effective date and expiration date of the condition shall be indicated on the license.

050-350 The Director shall have the authority to issue a provisional license to an applicant prior to completion of an investigation, including completion of all inspection(s) and/or interview(s), satisfactory compliance, and final approval of the license.

- (a) Upon completion of an investigation, the Director shall have the authority to issue a provisional license of fixed duration if the applicant is not yet in compliance. Issuance of a regular, CONDITIONAL OR LIMITED license for the balance of the one year term shall be subject to achieving satisfactory compliance within specified time limits. (Moved from 890-050-330)

- (b) If a provisional license has been issued and there is not satisfactory compliance within time limits specified by the Department or by local jurisdictions, the application for a license shall be denied, and the provisional license and any exceptions or variances shall be considered void. (Moved from 890-050-040)

050-360 Upon completion of an investigation, the Director may issue a limited license to an operator whose care is to be limited to a specific person(s). The license shall be considered void upon termination or transfer of the resident(s) identified on the license, unless application for a regular license is approved. (Moved from 890-050-350)

050-370 The effective date of licenses issued for Adult Care Homes [which begin operation after May 31, 1986], including new applicants and previously operating homes which have a change of address or operator, shall be the date the Director gives final approval to issue a license. If a provisional license has been issued, the effective date shall be approval date of the provisional license. A license is valid for one year unless OTHERWISE SPECIFIED or unless sooner revoked or suspended.

[050-380 Any Adult Care Home which has been approved for a regular, CONDITIONAL, limited, or provisional license, or which is otherwise legally in operation on the effective date of these rules, shall be given a reasonable period of time in which to come into full compliance.]

- [050-530] The license shall state, in addition to information required in .
050-380 MCC 8.90.050 (C), the maximum capacity of the home including relatives under care and day care persons, the classification for which the applicant is qualified, the effective date and expiration date of the license, and any limitations.
- 050-390 A license shall be considered void immediately upon revocation by the Department, voluntary revocation by the operator, or a change of ownership or location of the home. A void license shall be returned to the Department.
- 890-050-400 Renewal of Licenses; [(underlined is County language)]
Refer to MCC 8.90.050 (A)
- 050-410 At least 30 days but no more than 60 days prior to the expiration of the license, a reminder notice and application for renewal will be sent to the operator by the Department. Submission of a fully completed renewal application and fees within 30 days of receipt of the renewal application shall extend the current license expiration date until the Department takes final action on the renewal application.
- 050-420 An expired license shall be considered void, and shall be returned to the Department if application for renewal has not been made by the operator in a timely manner. A home with an expired license will be treated as an unlicensed facility subject to civil penalties.
- 050-430 All applicable provisions of MCAR 890-040-100 through 890-050-300 shall be in effect pursuant to processing an application for renewal of a license[.] except that a physician's statement, financial information sheet, and Criminal Record Clearance MAY not be required AT THE DISCRETION of THE DIRECTOR, if it can be reasonably assumed this information has not changed.
- 050-440 The Department has the authority to investigate any information in the renewal application and will conduct an inspection of the applicant's Adult Care Home. The Department may also conduct personal interviews with the operator, the resident manager(s) if any, and other caregivers, including a review of training and of resident care plans, prior to approval of a renewal license.
- 050-450 The Department shall require the home to be in satisfactory compliance prior to issuing a renewal license.
- 050-460 The Department may issue a provisional renewal license, with issuance of the regular, CONDITIONAL, OR LIMITED renewal license pending satisfactory compliance within specified time limits.
- 050-470 The effective date of a renewal license shall be the day following the expiration date of the previous year's license.
- [890-050-500 License Information [(underlined is County language)]
Refer to MCC 8.90.050 (A) through (C)]

- [050-510] The registry maintained by the Director of Adult Care Homes licensed by the Department shall be regularly updated to indicate homes which have been issued a regular, limited CONDITIONAL or provisional license, homes which have been issued a renewal license, and homes which have newly applied for a license. This registry shall be available to the public upon request.]
- [050-520] The regular, limited, CONDITIONAL or provisional license shall be posted in the home and be available for inspection at all times.]
- [050-530] The license shall state, in addition to information required in MCC 8.90.050 (C), the maximum capacity of the home including relatives under care and day care persons, the classification for which the applicant is qualified, the effective date and expiration date of the license, and any limitations.]
- [890-060-100] Licensure Fees [(underlined is County language)]
890-050-500 Refer to MCC 8.90.060
- [060-110] An operator may request to pay licensure fees on a payment plan
050-510 by submitting a statement that full payment would constitute a financial hardship, and by proposing a payment schedule.
- [060-120] Licensure fees shall be submitted at the time of application
050-520 unless a written request for a payment plan has been submitted. Applications will not be considered complete nor processed until fees are received, or until a written request for a payment plan has been approved by the Director and an approved payment schedule has been agreed to in writing by the operator.
- [060-130] If an applicant withdraws his or her application prior to an
050-530 inspection, application fees will be refunded. No refund will be paid following withdrawal or denial of an application if an inspection of a home has been conducted or if the home has been in operation.
- [060-140] If a home is licensed for fewer beds than the number for which
050-540 an operator has submitted licensure fees, the operator's account will be credited for a future license application. No refund will be paid.
- [060-150] If a licensed home applies to increase its capacity during the
050-550 effective period of its license, the \$20 per bed fee for the new bed will not be prorated and must be paid in full.
- [060-160] Employment of a resident manager in a licensed home that was not
050-560 issued a license for a manager shall be subject to the \$10 fee.
- 890-070-100 Licenses Not Transferable [(underlined is County language)]
890-050-600 Refer to MCC 8.90.070
- 050-610 No license is transferable or applicable to any location or persons other than those specified on the license.

[070-110] When a licensed Adult Care Home is to be sold or transferred to
050-620 another owner or operator, that person must apply for a license to operate an Adult Care Home at least 30 days prior to the proposed sale or transfer of the Adult Care Home to the new owner or operator. Licensure of the home and the new owner or operator shall follow the procedures described in these rules.

[070-120] If a current operator proposes to move a licensed Adult Care
050-630 Home to another location, the operator must apply for a license and request an inspection at least 30 days prior to the proposed operation of an Adult Care Home at the new location. Licensure of the new home and the operator shall follow the procedures described in these rules.

890-050-700 Registry Refer to MCC 8.90.050(A) through (C)

[050-510] The registry maintained by the Director of Adult Care Homes licensed by the Department shall be regularly updated to indicate homes which have been issued a regular, limited CONDITIONAL or provisional license, homes which have been issued a renewal license, and homes which have newly applied for a license. This registry shall be available to the public upon request.

890-080-100 Administrative Sanctions [(underlined is County language)]
Refer to MCC 8.90.080 (A) through (C)

080-110 An administrative sanction may include one or more of the following actions:

(a) Denial, revocation, non-renewal or suspension of a license[:];

(b) Attachment of conditions that must be met in order to maintain a license;

(c) Reclassification of the home;

[(c)] Suspension of admissions;

(d)

[(d)] Relocation of resident(s) following denial or revocation, when
(e) the operator has exceeded the capacity of the home, or when necessary to protect the life, health, safety or welfare of any resident; and

[(e)] Imposition of a civil penalty not to exceed \$1,000 for each
(f) violation[,].

080-120 An administrative sanction may be imposed upon a finding of one or more of the following circumstances, in addition to those circumstances cited in MCC 8.90.080 (A):

(a) The home, operator, and/or resident manager(s) is operating without a license;

- (b) The application and/or other statements to the Department contain(s) fraudulent, untrue, incomplete or misleading information;
- (c) The operator fails to make payments by the designated dates of an approved payment schedule;
- (d) The operator fails to achieve satisfactory compliance with the conditions of a provisional license or the requirements of an administrative sanction within time limits specified by the Department, or fails to maintain such compliance;
- (e) The home is unable to provide an adequate level of care and/or room and board to residents;
- (f) The number of residents and other persons receiving care exceeds the licensed or approved capacity of the home;
- (g) Pending completion of an investigation to substantiate a complaint alleging imminent danger to residents;
- (h) There has been retaliation or discrimination against a resident, resident's family or guardian, employee or other person following the filing of a complaint against the home; or following an interview with any person by the Director or authorized representative; or following testimony or other participation by any person in an action taken under these rules against an Adult Care Home[.];
- (i) The operator fails to effect timely, orderly and appropriate placement of residents, or to cooperate with the Department in effecting such placement, or to refund monies due, or to suspend admissions, or to cease operations, when so ordered by the Director or a final order;
- (j) The operator fails to pay a civil penalty within the time limits specified by the Director or a final order[.]; and
- (k) The prospective or current owner, operator, resident manager, other caregiver, other employee, or other occupant:
 - (A) Has knowingly failed or refused to file an application or to report information required by these rules;
 - (B) Has been convicted of or charged with a crime which has been evaluated in accordance with MCAR 890-050-200;
 - (C) Has a medical, psychiatric, or psychological problem or an alcohol or drug problem which compromises his or her ability to operate or provide care in an Adult Care Home;
 - (D) Has had a previous denial, revocation, refusal to renew, or suspension of a certificate or license to operate an Adult Care Home, an adult foster home, a residential care, treatment or training facility, or a nursing home in this or any other county or state, for reason of abuse, neglect

or exploitation of any resident(s), or for creating a threat to the health, safety or welfare of any resident(s), or for failure to possess physical health, mental health or good personal character necessary to be an operator;

- (E) Demonstrates financial insolvency, such as filing for bankruptcy, foreclosure, eviction due to failure to pay rent, or termination of utility service due to failure to pay bills;
- (F) Has violated a resident's rights;
- (G) Has refused to allow access for inspections or interviews as part of a licensure, complaint or other investigation;
- (H) Has obstructed or interfered with any licensure, complaint or other investigation, or any action undertaken to administer and enforce applicable laws, codes and rules[.];
and
- (I) Has acquired substantial complaints pertaining to the health, safety, and welfare of residents.

890-080-200 Notification of Administrative Sanctions [(all County language)]
Refer to MCC 8.90.080 (A) through (C)

080-210 The Department shall provide written notice to a prospective or current operator of the imposition of an administrative sanction.

080-220 If as a result of an inspection or investigation, the DIRECTOR determines that abuse has occurred, the OPERATOR SHALL be notified verbally to immediately cease the abusive act. The DIRECTOR will follow up with a written confirmation of the warning BY MEANS OF A NOTICE OF ADMINISTRATIVE SANCTION to cease the abuse act. IN CASES OF VIOLATION OF THE MULTNOMAH COUNTY ADULT CARE HOMES LICENSURE ORDINANCE OR THESE rules other than abuse, the DEPARTMENT shall notify the OPERATOR OF THE VIOLATION BY MEANS OF A NOTICE OF ADMINISTRATIVE SANCTION.

080-[220] Notification of an administrative sanction shall be served in
230 person or by certified mail, [if the sanction involves the denial, revocation or suspension of a license; i]If the operator or applicant cannot be located in person with reasonable diligence, the Director shall cause the order to be posted on the premises of the home, which shall constitute receipt of the notice.

[080-230 Notification of an administrative sanction may be served by regular mail, in person or by posting if the sanction involves the attachment of conditions to a license or the imposition of a civil penalty.]

080-240 The notice of an administrative sanction shall state:

- (a) The authority to impose the sanction(s);

- (b) The nature of each sanction imposed;
- (c) The reasons for the sanction, including the circumstances constituting the violations of laws, codes or rules;
- (d) The effective date of the order;
- (e) A time line for implementation of the order. Cited deficiencies shall be corrected and/or violations abated no later than thirty (30) days after receipt of the notice unless an extension is requested and/or approved. In circumstances which pose an imminent danger to residents, deficiencies shall be corrected and/or violations abated no later than twenty-four (24) hours after receipt of the notice[;]. If residents are in immediate danger, the license may be suspended or revoked and arrangements made to move the residents;
- (f) The Department's readiness to assist in the placement of residents if relocation of any or all residents is ordered; the duty of the operator both to effect such placement and to cooperate with the Department in accordance with MCC 8.90.080 (C);
- (g) The nature of further sanctions which can be imposed for failure to implement the Director's order within specified time lines;
- (h) As applicable, the right of and procedure for the operator to request variances and exceptions as provided for in MCC 8.90.020 and these rules; or to contest administrative sanctions by requesting a hearing as provided for in MCC 8.90.090 and these rules.
- (i) A statement of the authority and jurisdiction under which the hearing is to be held;
- (j) A statement that the DEPARTMENT'S files on the subject of the contested case automatically become part of the contested case record upon default for the purpose of proving a prima facie case: and
- (k) A statement that the notice becomes a final order upon default if the OPERATOR fails to request a hearing within the specified time.

080-250 A copy of the relevant findings from licensure or complaint investigations shall be attached to the notification of administrative sanction, unless previously provided to the applicant or operator.

890-080-300 Compliance with Administrative Sanctions
 [(underlined is County language)]
 Refer to MCC 8.90.080 (A) through (C)

080-310 The Department may require attendance by an operator at an administrative conference prior to or as part of the imposition of an administrative sanction(s).

- 080-320 At any time after receipt of a notice of an administrative sanction, or after receipt of an inspection or interview report from a licensure or complaint investigation which cites deficiencies or violations, the operator may request an administrative conference.
- 080-330 An administrative conference shall be scheduled as soon as possible and no later than ten (10) days from a request for such a meeting.
- 080-340 The purpose of an administrative conference is to review the sanction and/or the deficiencies and violations cited, and to provide information to the operator which can assist in achieving satisfactory compliance within required time limits.
- 080-350 The request for an administrative conference shall not extend the effective date for an administrative sanction or any previously established time limits, unless requested by the operator and granted by the Director. The conference may be scheduled after the effective date of an administrative sanction.
- 080-360 The operator shall be responsible for certifying compliance with the requirements of the administrative sanction(s), on a compliance form provided by the Department, no later than the date specified in the notice of sanction unless an extension has been requested by the operator and granted by the Director.
- 080-370 The Department may conduct a reinspection of the home or a reinterview(s) following receipt of an operator's certification of compliance, or otherwise after the date specified in the notice of administrative sanction by which deficiencies were to be corrected and violations abated.
- 080-380 When relocation of any or all residents or refund of any monies due is ordered by the Director or a final order, such relocation and/or refund(s) shall be accomplished no later than 30 days from the effective date of the order, or sooner if so specified.
- 080-390 Under authority of MCC 8.90.030, the Department may seek a court order for injunctive relief to enforce the Director's order or a final order if it is not implemented within the time limits established by the Director or the final order.
- 890-080-400 ATTORNEY FEES
IN ACTIONS BROUGHT TO ENFORCE THE MULTNOMAH COUNTY ADULT CARE HOMES LICENSURE ORDINANCE OR THESE RULES EITHER THROUGH A CONTESTED HEARING OR LITIGATION, THE DEPARTMENT IS ENTITLED TO REASONABLE ATTORNEY FEES, AT TRIAL, HEARING, OR ON APPEAL, AND COSTS IF IT PREVAILS.
- 890-090-100 Operator Hearing Rights [(all County language)]
Refer to MCC 8.90.090 (A) and (B)
- 090-110 The Department shall notify an operator of his or her right to appeal the decision or order of the Director, and the procedure for requesting a hearing, in providing notification of the Department's action.

- 090-120 The Director's decision or order shall become final if a written request to the Director for a hearing, as required by MCC 8.90.090 (A), is not filed within ten (10) days at the office of the Adult Housing Program, 5th floor, 426 S.W. Stark, 97204.
- 090-130 Forms for filing an appeal of the Director's decision or order shall be provided to an operator upon request, or may be provided to an operator if further information is required following receipt of a timely written request for a hearing.
- 090-140 Administrative sanctions imposed upon a finding of imminent danger to residents shall become effective immediately upon order of the Director. IF A HEARING IS REQUESTED IN ACCORDANCE WITH MCAR 890-090-120, within ten (10) days of receipt of the OPERATOR'S request for a HEARING, the DIRECTOR or designee shall review all materials relating to the allegation of IMMINENT DANGER and to the ADMINISTRATIVE SANCTION, including any written documentation submitted by the OPERATOR within that time frame. The DIRECTOR or designee shall determine, based on a review of the materials, whether to sustain the decision. If the DIRECTOR or designee does not sustain the decision, the ADMINISTRATIVE SANCTION WILL NOT BECOME EFFECTIVE UNLESS AND UNTIL SUSTAINED BY A FINAL ORDER. If an operator makes a timely written request for a hearing to appeal an administrative sanction imposed for [other] reasons OTHER THAN A FINDING OF IMMINENT DANGER TO THE RESIDENTS, the sanction shall not become effective unless and until sustained by a final order.
- 090-150 If an order of the Director disapproving an involuntary termination of residency is appealed by an operator, the termination of residency shall not be executed unless and until the Director's order is overruled by a final order.
- [090-160 The Director shall provide copies of relevant correspondence, reports and other information to the hearings officer.] Moved to 890-090-320
- 890-090-200 Resident Hearing Rights [(all County language)]
Refer to MCC 8.90.090 (C) and (D)
- 090-210 An owner or operator, or payor for a resident who is to be provided care, shall notify the resident of his or her right to request a hearing when providing a notification of involuntary termination of residency. Such notification shall be substantially similar to the example provided to operators by the Department[.] AND SHALL COMPLY WITH THE REQUIREMENTS OF MCAR 890-020-440(b).
- 090-220 A verbal or written request for a hearing to contest an involuntary termination of residency should be filed with the Director through the Department's Adult Housing Program no later than ten (10) days from the date the notice is received by the resident or the resident's guardian. Nothing in this section shall prohibit the Director from acting upon a later request.

- 090-230 Forms for filing an appeal of an involuntary termination of residency shall be provided upon request to a resident or any person acting on a resident's behalf, or may be provided to a resident or a person acting on a resident's behalf if further information is required following receipt of a timely request for a hearing.
- 090-240 Upon the Director's request, an owner or operator, or payor for a resident who is to be provided care, shall promptly provide to the Department a copy of the notice of involuntary termination of residency given to the resident or resident's guardian.
- 090-250 During the investigation of an involuntary termination of residency required by MCC 8.90.090 (D), the Director or authorized representatives shall assist the operator and resident in reaching a mutually satisfactory resolution if it is at all possible. AS PART OF THIS INVESTIGATION, THE RESIDENT shall be given the opportunity of an informal conference if requested within ten (10) days of receipt of notice. Participants may include the resident, and at the resident's request, a family member, case manager, legal representative of resident; the provider, and a representative of the provider association if the provider requests it. The purpose of the conference is to determine if a satisfactory resolution can be reached. This is not to be considered an administrative hearing.
- 090-260 The Director shall determine if an emergency exists which would justify immediate relocation of the resident such that there is an imminent danger or that undue delay might jeopardize the life, health, safety, or welfare of the resident, other residents, the operator, employees, or other household members.
- 090-270 [On the basis of the investigation,] IF THE INVESTIGATION FAILS TO ACHIEVE A RESOLUTION, the Director [may]shall refer the decision to a hearings officer, [or]and may approve, conditionally approve, or disapprove the involuntary termination of residency in accordance with the factors in MCAR 890-090-[370]380 through 890-090-[390]395. The Director's findings and decision, including any approval for immediate relocation, shall be documented.
- 090-280 If a resolution cannot be achieved without a hearing, unless an immediate relocation has been approved by the Director execution of the involuntary termination of residency shall be delayed until the hearing has occurred and a final order has been determined. The hearings officer shall give the parties not less than five (5) days written notice of the time and place of the hearing.
- [090-290 The Director shall provide copies of relevant correspondence, reports and other information to the hearings officer.] Moved to 890-090-320
- 890-090-300 Procedures for Hearings [(all County language)]
Refer to 8.90.090 (E) through (I)

- 090-310 Any party has a right to be represented by an attorney.
- 090-320 The Director shall provide copies of relevant correspondence, reports and other information to the hearings officer.
- [090-320] A record shall be made of the entire proceeding by use of a tape recorder or court reporter. Except when a writ of review is filed with a court of appropriate jurisdiction, the record will not be transcribed. A copy of any tape recording will be made available to a party upon payment of the costs of making a copy of the tape. Transcribing the record made by a court reporter shall be at the expense of the party requesting the transcript, unless an appropriate affidavit of indigency is filed.
- 090-330
- [090-330] Evidence, including hearsay evidence, of a type commonly relied upon by reasonably prudent persons in the conduct of serious affairs shall be admissible in a hearing requested by an operator to appeal an administrative sanction or an order disapproving an involuntary termination of residency, or in a hearing requested by a resident or person acting on a resident's behalf to contest an involuntary termination of residency. There are four types of admissible evidence:
- (a) Knowledge of the agency. The Director or any authorized representatives may take "official notice" of conclusions developed in an investigation as a result of intensive experience of the agency in its specialized field of activity. This includes judgements based upon investigation findings, as well as notice of a technical and scientific nature. Such notice shall be so indicated in the proceedings.
 - (b) Testimony of witnesses, including the parties, about the matter in dispute. Any witness testifying is subject to cross examinations by other parties and the hearings officer.
 - (c) Written or visual material. This material includes complaints, reports, notices, letters, other records, notes, maps, diagrams and other written or visual material. Such material may include signed written statements and videotaped interviews of parties or witnesses not present at the hearing.
 - (d) Experiments, demonstrations and similar means used to prove a fact.
- [090-340] Once a hearing is concluded, there shall be no continuance or reopening of the hearing to offer additional evidence unless any party can show that the additional evidence was not known to the party at the time of the hearing and that reasonable diligence would not have discovered the evidence prior to the conclusion of the hearing.
- 090-350
- [090-350] In reaching a decision, the hearings officer shall only consider evidence which has been admitted, and shall evaluate the weight of all such evidence in light of the presentations of the parties during the hearing.
- 090-360

[090-360] After reviewing the evidence submitted at the hearing, the
090-370 hearings officer may sustain, modify, or overrule the Director's imposition of an administrative sanction or an order disapproving an involuntary termination of residency, or may approve, conditionally approve, or disapprove an involuntary termination of residency. Nothing in this section shall prevent the hearings officer from remanding the matter to the Director following the conclusion of the hearing and prior to issuing an order, for the Director's review and recommendation in light of evidence presented.

[090-370] In reaching a decision in a hearing to contest an involuntary
090-380 termination of residency, or a hearing to appeal a Director's order disapproving an involuntary termination of residency, the hearings officer shall consider the potential effect on the resident of approving the termination of residency, including the possibility of transfer trauma. The hearings officer shall also consider the potential effect on the resident, other residents, the operator, employees and/or other members of the household of disapproving the involuntary termination of residency.

[090-380] Factors to be considered in evaluating an involuntary
090-390 termination of residency to determine whether such action should be approved, conditionally approved or disapproved shall be limited to the following:

- (a) Evidence of medical reasons for the action including behavior which substantially interferes with the orderly operation of the home;
- (b) Evidence concerning the safety or welfare of the resident, other residents, the operator, employees or other members of the household;
- (c) Evidence of non-payment of monies agreed upon for room, board and/or care[.];
- (d) Revocation, nonrenewal, or voluntary surrender of the home's license[.]; AND
- (e) Evidence that the resident's care needs exceed the ability or classification of the operator.

[090-390] The hearings officer shall not approve an involuntary
090-395 termination of residency for medical or welfare reasons if the risk of physical or emotional trauma significantly outweighs the risk to the resident and/or other residents, the operator or other occupants of the home if no termination were to occur. The hearings officer shall not approve an involuntary termination of residency for any other reason if the termination presents a substantial risk of morbidity or mortality to the resident.

890-090-400 Review by the Board of County Commissioners [(all County language)] Refer to MCC 8.90.090 (J) and (K)

- 090-410 Any party may file a written exception to the hearings officer's order with the Clerk of the Board of County Commissioners within 20 days from the date of the order.
- 090-420 A written exception shall set forth reasons for the exception and specific objections to the findings, conclusions, corrective actions, and/or sanctions contained in the order.
- 090-430 Upon receipt of a timely exception, the Clerk of the Board shall promptly cause a copy of the exception to be mailed to the parties; such parties shall have 20 days from receipt of the exception to file a written rebuttal to the exception.
- 090-440 If the Board remands a contested decision to the hearings officer, he or she shall review the written exceptions and rebuttal, and recommend a final order to the Board. If the matter is remanded, nothing in this section shall prevent the hearings officer from conducting a hearing or scheduling oral arguments, and nothing shall require such action before recommending a final order to the Board.
- 090-450 Nothing in this section shall require the Board to conduct a hearing or schedule oral arguments if a written exception to the hearings officer's order is filed.
- 890-100-100 Inspections and Interviews [(underlined is County language)]
Refer to MCC 8.90.100 (A)
- 100-110 The purpose of inspections is to evaluate the physical environment of an Adult Care Home in order to ascertain the safe, sanitary and habitable condition thereof.
- 100-120 The purpose of interviews is to evaluate the physical and mental condition of residents and the social environment of the home, including staff qualifications and training and care provided, in order to ascertain the appropriateness and adequacy thereof.
- 100-130 A further purpose of both inspections and interviews is to review records concerning practices in the home and concerning residents, including care plans and account records, in order to ascertain the appropriateness, completeness and accuracy thereof.
- 100-140 The [Director]DEPARTMENT shall conduct an inspection of an Adult Care Home, and/or shall conduct interviews with the operator, resident manager, other caregivers and household members, residents, and other persons on the premises, and/or shall review records:
- (a) Prior to issuance of a license;
 - (b) Prior to annual renewal of a license;
 - (c) Prior to issuance of a new license for a change of address or a change of operator, or prior to issuance of an amended license for a change of resident manager OR RECLASSIFICATION of a licensed home;

- (d) If the Department has received a complaint alleging, or has probable cause to believe, that there is imminent danger to any resident, there is abandonment, abuse, neglect, or exploitation of any resident, or there is a home operating without a license[.]AND
 - (e) If the Department receives a request from a resident or a person acting in a resident's behalf for a hearing to contest a notice from a operator of an involuntary termination of residency.
- 100-150 The Department may conduct an inspection of an Adult Care Home , and may conduct interviews with the operator, resident manager, other caregivers, other household members, residents or other persons on the premises, and may conduct reviews of records:
- (a) Upon receipt of an oral or written complaint about the home;
 - (b) To determine if violations have been abated, noted problems have been resolved, cited deficiencies have been corrected, and/or identified conditions have been met;
 - (c) For the purpose of routine monitoring of the resident's care; AND
- [(c)] Any other time the Director considers it necessary to determine
 (d) if a home is in compliance with applicable laws, codes and rules.
- 100-160 The Director or any authorized representative shall respect the private possessions of residents, operators, resident managers, other caregivers, and other household members in conducting an inspection or interview.
- 890-100-200 Access for Investigations (underlined is County language)
 Refer to MCC 8.90.100 (A) through (C)
- 100-210 DEPARTMENT staff shall have full access and authority to examine, among other things, facility and resident records and accounts, and the physical premises, including the buildings, grounds, equipment, and any vehicles.
- 100-220 DEPARTMENT staff shall have authority to interview the provider, resident manager, staff, and residents. Interviews shall be confidential and conducted privately.
- 100-230 State or local fire inspectors shall be permitted access to enter and inspect Adult CARE HOMES regarding fire safety upon request of the DEPARTMENT.
- [100-210] The Director or any authorized representative may conduct
100-240 inspections and/or interviews at any time with or without advance notice to the operator or resident manager of the home. The Department shall not give advance notice of routine inspections, or of an inspection or interview if the Director or authorized representative believes that notice might obstruct or diminish the effectiveness of the investigation, the validity of findings, or the enforcement of these rules.

- [100-220] Operators shall authorize resident managers, caregivers, and
100-250 other household members to permit entrance by the Director or any authorized representative at any time for the stated purpose of conducting an inspection, privately interviewing residents, caregivers or other household members, and/or reviewing records.
- [100-230] If the operator, resident manager, other caregiver or household
100-260 member denies the Director or any authorized representative access to the home, to private interviews or to records, the operator shall be notified of the requirements of MCC 8.90.100.
- [100-240] If the Director or any authorized representative is again denied
100-270 access, the Department shall impose administrative sanctions and/or seek a search warrant under authority of MCC 8.90.100 (C).
- [100-250] If access to an Adult Care Home is denied to the Director or any
100-280 authorized representative investigating a complaint involving allegations of abandonment, abuse, neglect or exploitation of a resident, the Director may notify a law enforcement agency and request assistance in gaining immediate access to the resident.
- 890-100-300 Reports of Observations (underlined is County language)
Refer to MCC 8.90.100 (D)
- 100-310 Reports of inspections and interviews shall be prepared by Department representatives using specified forms, on the basis of observations and notes of the inspector or interviewer.
- 100-320 In conducting and recording an inspection or interview, the Director or any authorized representative may photograph the premises of the home or any resident who is a subject of the investigation, or may tape record the statements of any resident. These reports shall not be subject to public access.
- 100-330 The Director shall promptly notify a law enforcement agency if, as a result of a licensure, complaint or other investigation of an Adult Care Home, the Director has evidence or reason to believe that a crime has been committed, including theft, fraud, assault, sex crimes, criminal mistreatment, intimidation, menacing, harassment, or recklessly endangering another person.
- 100-340 All inspection and interview reports, unless classified as confidential, shall be made available to the public upon appointment at the Department's Adult Housing Program. Photocopies may be made at cost during Department business hours.
- 890-110-100 Complaints (all County language)
Refer to MCC 8.90.110 (A) through (C)
- 110-110 A complaint against an Adult Care Home may be filed either verbally or in writing. The Department will furnish each Adult Care Home with a complaint notice which must be posted in a conspicuous place and which states the telephone number of the Department and the Ombudsman and the procedures for making complaints.

- 110-120 Upon report of alleged abandonment, abuse, neglect, or exploitation of an Adult Care Home resident, the Director shall immediately cause an investigation to commence if, on the basis of the complaint, the resident is judged to be in imminent danger. If the resident is not judged to be in imminent danger, the Director shall cause an investigation to be commenced by the end of the next working day.
- 110-130 Complaint forms shall be filed in the public file upon receipt. These forms shall treat the names of witnesses as confidential. Information regarding the investigation of a complaint shall be treated as confidential and shall not be filed in the public file until the investigation has been completed. The operator SHALL be notified of the results of the investigation and any proposed action or sanction.
- 110-140 In the investigation of a complaint, the investigator shall:
- (a) Make personal inspection of all physical circumstances relevant to the complaint which can be subject to objective observation; AND
 - (b) Interview or attempt to interview all available witnesses, identified by the complainant or other persons, who may have personal knowledge of the facts related to the complaint, including but not limited to residents, the operator and other occupants of the home.
- 110-150 Reports of complaint investigations shall state whether each allegation was substantiated (i.e. proven to be true) or unsubstantiated (i.e. proven to be false), or that the investigator was unable to determine whether the allegation was substantiated or not. Such reports shall be based on personal observations, a review of documents and records, and/or statements of witnesses.
- 110-160 Reports of complaint investigations shall recommend corrective actions for the operator and actions, including administrative sanctions, to be taken by the Department to ensure compliance.
- 110-170 The Director may classify certain files, information, or specific details as confidential, in accordance with the provisions for the reporting of elder abuse contained in ORS 410.610-410.690, or if release of the file to the public would, in the Director's judgement, prove injurious to a resident or to the public. In such circumstances only the general nature of a complaint and its resolution shall be noted in the public file.
- 110-180 Files or information classified as confidential shall have documentation of reasons for the classification attached.
- 110-190 Any person shall have the right, upon appointment with the Department's Adult Housing Program, to inspect public complaint files and to make photocopies at cost.

- 890-110-200 Retaliation Against Complainants (all County language)
Refer to MCC 8.90.110 (D) and (E)
- 110-210 No owner, operator, resident manager, caregiver, other employee or other occupant of an Adult Care Home shall retaliate or discriminate against an employee, A resident, a resident's family, or other person: who has filed a complaint with the Director; or who has been a witness to an incident resulting in a complaint; or who has been interviewed by the Director or any authorized representative as part of a complaint investigation; or who has testified or otherwise participated in any action taken under these rules against an Adult Care Home.
- 110-220 Retaliation includes any disciplinary or dismissal action against an employee[,]; harassment[,]; restriction of otherwise lawful access to the facility or to any resident thereof[,]; an increase in rates, decrease in services, rights, or privileges; a threat to increase rates and/or decrease services, rights or privileges; action or threat to take action compelling or coercing the resident to leave the home; abuse or threat to abuse or harass a resident or employee, or other adverse action.
- 110-230 The complainant shall have immunity from any civil or criminal liability with respect to the making or context of a complaint made in good faith.
- 890-130-100 Civil Penalties (all County language)
Refer to MCC 8.90.130 (A)
- 130-110 Fines of up to \$250 per day until the violation is abated may be levied as a penalty for continuing violations, according to a schedule determined by the Director in consideration of the nature and seriousness of the violation.
- 130-120 Fines of up to \$1,000 may be levied as a penalty for noncontinuing violations, according to a schedule determined by the Director in consideration of the nature and seriousness of the violation.
- 130-130 In determining the amount of a specific penalty for a violation, the Director shall consider the following factors:
- (a) The immediacy and extent to which the violation threatens the life, health, safety and/or welfare of a resident or residents;
 - (b) The seriousness, frequency and duration of the violation, and the willful intent of the perpetrator; and
 - (c) Any prior violations of laws, codes or rules pertaining to Adult Care Homes.

- 130-140 Failure to pay a fine by the date required by the Director following abatement of the violation, or failure to make payment arrangements satisfactory to the Director, shall result in automatic increases in the fine of up to \$250 per day, according to a schedule determined by the Director, until the fine is paid in full or until a payment schedule is approved and complied with; except that the total fine for each violation shall not exceed \$1,000.
- 130-150 In issuing a notice of administrative sanction which involves a fine for a continuing or noncontinuing violation, the Director shall indicate IN ADDITION TO THE ELEMENTS LISTED IN MCAR 890-080-240: the fine schedule or amount; the date or time period following receipt of the notice and/or abatement of the violation by which the fine must be paid; additional penalties for failure to pay the fine or to make satisfactory payment arrangements by the date due; and notice that a continuing violation or failure to pay the total civil penalty due will subject the owner or operator to an action for injunctive relief.
- 130-160 A civil penalty imposed under authority of MCC 8.90.130 may be remitted or reduced upon such terms and conditions as the Director considers proper and consistent with the public health and safety.
- 130-170 Checks or money orders for fines shall be made payable to the Multnomah County Department of Human Services.
- 890-150-100 Intergovernmental Agreements (all County language)
- 150-110 The County may enter into agreements with municipal corporations in the County permitting enforcement of these rules within the boundaries of those municipal corporations.
- 150-120 The County may enter into such agreements with the State as are necessary to permit administration and enforcement of these rules within Multnomah County in lieu of State laws and rules.

STANDARDS FOR REGISTERED NURSE TEACHING AND DELEGATION TO UNLICENSED PERSONS

851-45-011(1) Purpose of standards for teaching and delegation to unlicensed persons.

(a) To provide guidelines for the registered nurse who is in a position of teaching and delegating nursing tasks to unlicensed persons.

(b) To establish safeguards for such teaching and delegation.

(c) To define for other state agencies and private individuals how such teaching and delegation shall occur.

(2) Delegation of various tasks relating to administration of noninjectable medication in specific facilities.

(a) The registered nurse may delegate the administration of noninjectable medication, including controlled substances, to unlicensed persons even if they are not certified under the Board's curriculum standards for administration of noninjectable medications (OAR 851-20-123) in the following specific facilities:

(A) Local correctional facilities, lockups, and juvenile detention facilities defined by ORS 169.005;

(B) Juvenile training schools defined by ORS 420.005;

(C) Facilities operated by a public agency for detoxification of persons who use alcohol excessively;

(D) Homes or facilities licensed for adult foster care under ORS 443.705 to 443.825;

(E) Residential care, training or treatment facilities licensed under ORS 443.400 to 443.455.

(b) Delegation shall occur under the following conditions:

(A) The registered nurse shall supply procedural guidance and initial direction for the various tasks of administration of noninjectable medications.

(B) The registered nurse shall periodically inspect and evaluate the administration of medications by unlicensed persons.

(c) Definitions of terms used in this section:

(A) "Procedural Guidance" means a written plan for the administration of noninjectable medications.

(B) "Initial Direction" means explicit instructions regarding medication, dose, time, route, and method of administration, documentation, and patient observation.

(C) "Periodic Inspection and Evaluation" means the registered nurse shall, at regular intervals, assess and evaluate the condition of the client, review the procedures and directions established in the facility for the administration of noninjectable medications by unlicensed persons. The interval shall be determined by the registered nurse based on the condition of the client and the type and amount of medication administered.

(D) "Various Tasks for the Administration of Medication" means removal of an individual dose from a previously dispensed, properly labeled container (including a unit dose container); verifying it with the physician's order; giving the individual dose to the proper client at the proper time by the proper route and promptly recording the time and dose given.

(d) The responsibility and accountability to determine the appropriateness of the delegation of various tasks related to the administration of noninjectable medication shall remain with the registered nurse.

(3) Delegation and teaching of nursing care tasks to unlicensed persons.

(a) The registered nurse may delegate tasks of nursing care, including administration of subcutaneous injectable medications, to an unlicensed person even if the unlicensed person has not been certified under the Board's standards for curricula for nursing assistants (OAR 851-20-113 and OAR 851-20-123) under the following conditions:

(A) The setting where the task of nursing care is to be performed is one where laws or administrative rules which license the setting do not require the regularly scheduled presence of a licensed nurse.

(B) The registered nurse considers the nature of the nursing care task to be provided, its complexity, and risks involved, and the necessary skill needed.

(C) The registered nurse assesses the client's condition and determines there is not a significant risk to the client if the unlicensed person performs the task in the absence of direct registered nurse supervision.

(D) The registered nurse determines how frequently the client's condition shall be reassessed to determine the appropriateness of the continued delegation of the task to an

unlicensed person.

(E) If there is some risk involved to the client, the registered nurse determines that the unlicensed person is prepared to effectively deal with the consequences.

(F) The registered nurse assesses the ability of the unlicensed person to perform the nursing task.

(G) The registered nurse determines the frequency of supervision of the unlicensed person.

(H) The registered nurse documents the process for deciding that this task can be safely delegated for this client and to this unlicensed person.

(I) Prior to delegating the task, the registered nurse shall do the following:

(i) Teach the unlicensed person the task;

(ii) Observe the unlicensed person performing the task to assure the unlicensed person does the task safely and accurately;

(iii) Leave instructions for performance of the task for the unlicensed person to use as a reference;

(iv) Instruct the unlicensed person that the task being taught and delegated is specific to this client only and is not transferable to other clients or taught to other care providers;

(v) Document how the task was taught, the teaching outcome, the content and type of instructions left for the unlicensed person, evidence that the unlicensed person understands any risks involved in performing the task and has a plan how to deal with the consequences, evidence that the unlicensed person was instructed that the task is client-specific and not transferable to other clients or providers, how frequently the client should be reassessed by a registered nurse regarding continued delegation of the task to the unlicensed person, and how frequently the unlicensed person should be supervised.

(b) The responsibility and accountability for teaching and delegation of specific tasks of nursing care to unlicensed persons remains with the registered nurse.

Delegated Tasks of Nursing Care

These are guidelines to help understand routine and complex tasks, but are not intended to supercede the judgement of the nurse in determining whether a task is routine or complex.

Tasks	
ROUTINE TASKS	COMPLEX TASKS
MOBILITY: Maintenance cast or brace care Maintenance traction care Range of motion exercises, (passive/someone other than the patient and supervised by a professional)	Nonweight/partial weight bearing which is supervised on a frequent basis by a nurse or therapist Traction care requiring 24-hour observation/assessment Unstable fracture care/new cast
FEEDING: Maintenance feedings per stomach tube (gastrostomy or jejunostomy)	Nasogastric tube feedings (through nose into stomach) Nasogastric tube insertions Aspiration of stomach contents prior to feedings/medication Hickman catheter feeding (catheter in vein near neck) Other
BLADDER CONTROL: Monitoring urinary output to evaluate fluid balance because of medical condition Maintenance/Routine catheter care Maintenance bladder irrigations Intermittent catheterizations	Bladder training prior to catheter removal only when based on documented training plan Insertion of catheter due to history of difficult insertions Instillation of medication per catheter
BOWEL CONTROL: Maintenance enemas/suppositories Impaction removal Maintenance care of ileostomy or colostomy	Post-operative observation and care of new colostomy or ileostomy
SKIN AND NAILS: Care of noninfected lesions and/or wounds Nail care for individuals with diabetes circulatory problem	Care of nonhealing and/or deep wounds requiring irrigation and debridement Isolation and/or wound precautions for infected wounds
BEHAVIOR: Maintenance care related to soft restraints when used for behavior Behavior management program when based on documented plan	Professional judgment for unstable behavior problems
OXYGEN/VENTILATOR: Maintenance administration by use of prongs, mask, etc. Administration in conjunction with inhalation therapy	
TRACHEOSTOMY/SUCTIONING: Clean care of stoma, including maintenance dressings Oral suctioning	Suctioning, tracheal or nasopharyngeal Sterile care of tracheostomy stoma Tracheostomy cuff inflation
MEDICATION PROCEDURES Administration of stabilized, maintenance medication(s) Insulin injections--Maintenance dosage for stable diabetic Finger stick or other blood sugar test, clinitest, etc.	Administration of medication(s) requiring skilled observation and/or judgment for necessity, dosage and/or effect Insulin injections required dosage adjustments for unstable diabetic Drops/Ointments--Prescription preparation(s) which are instilled or applied as part of immediate post-operative regime

APPENDIX B

ACTIVITIES OF DAILY LIVING (ADL) AND CLASSIFICATION OF ADULT CARE HOMES

Introduction

The revised Adult Care Rules will require that all Adult Care Homes (except Room and Board Homes) be classified by Levels. Depending on the classification, operators will be able to accept residents who need assistance or who are dependent in different ADLs. This will require some understanding of Activities of Daily Living.

Definitions

- (1) "Activities of Daily Living" (ADL) means those personal functional activities required by an individual for continued well-being, i.e., Eating/Nutrition, Dressing, Personal Hygiene, Mobility, Bowel and Bladder Control, and Behavior. Each client will be evaluated as either activity dependent or activity assistance or activity independent for each ADL.
 - (a) Eating/Nutrition (When used in connection with this ADL)
 - (A) Activity dependent client means a person needs to be fed virtually all foods and fluids.
 - (B) Activity assistance client means a person can maintain an adequate food and fluid intake according to their dietary needs only with minimal or substantial assistance.
 - (C) Activity independent client means a person eats without assistance and can maintain an adequate food and fluid intake according to their dietary needs with or without mechanical aids.
 - (b) Dressing (When used in connection with this ADL)
 - (A) Activity dependent client means the person is substantially unable or unwilling to assist in getting dressed and undressed or in staying dressed.
 - (B) Activity assistance client means the person needs minimal or substantial assistance in selecting appropriate clothing, tying shoes, fastening buttons, etc.
 - (C) Activity independent client means the person is able to dress, select clean and appropriate clothes, tie shoes, fasten buttons, etc.
 - (c) Personal Hygiene (Daily bathing, shaving, oral care, and grooming hair) (When used in connection with this ADL)
 - (A) Activity dependent client means the person is unable to do any activity associated with personal hygiene.
 - (B) Activity assistance client means the person needs minimal or substantial assistance with activities associated with personal hygiene and is able to partially bathe self.

- (C) Activity independent client means the person does personal hygiene activities without assistance, with mechanical aids if needed.
- (d) Mobility (When used in connection with this ADL)
- (A) Activity dependent client means the person is unable to get from one place to another without assistance. The person is able to walk only to a chair with help or may spend most of the time in a wheelchair.
- (B) Activity assistance client means the person controls and moves extremities but needs minimal or substantial assistance changing position or sitting in a wheelchair. The person may be able to walk or transfer with the help of another, including going to bathroom or commode.
- (C) Activity independent client means the person controls movement at will, may need devices to lift, turn, pull, balance, and sit up. The person can also rise from bed and can get from one place to another without help from another person.
- (e) Bowel and Bladder Control (The ability to get to or from bathroom or commode relates to mobility, rather than bowel and bladder control) (When used in connection with this ADL)
- (A) Activity dependent client means a person does not demonstrate bowel and/or bladder control, and cannot manage own cleanliness or external care of a catheter or appliance.
- (B) Activity assistance client means a person has occasional loss of bowel and/or bladder control and cannot manage own clean-up or external care of a catheter or appliance and requires minimal or substantial assistance.
- (C) Activity independent client means a person is continent or, if incontinent, can manage personal clean-up, or can manage external care of catheter or appliances.
- (f) Behavior (Behavior is the response to the environment and is not included in any of the other activities of daily living.) (When used in connection with this ADL)
- (A) Activity dependent client means a person cannot interact with persons or the physical environment without at least daily behavior monitoring to intervene or prevent extreme behavior.
- (B) Activity assistance client means a person who does not always interact appropriately with other persons and may be withdrawn, afraid, or insecure and require minimal or substantial assistance from others.
- (C) Activity independent client means a person interacts with persons and physical environment without the need for behavior monitoring by others.

Certified as a true copy:

By D. Duane Zussy (ac)
Duane Zussy
Executive Director
Department of Human Services

Date 7-16-90

Reviewed:

By H. H. Lazenby
H. H. Lazenby
Assistant County Counsel

Date 4.17.90

Submit 7/17

Meeting Date: July 24, 1990

Agenda No.: Imp. #5 PM

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

SUBJECT: Solid Waste Reduction Plan

BCC Informal July 24, 1990 BCC Formal _____
(date) (date)

DEPARTMENT Non-Departmental DIVISION Board of County Commissioners

CONTACT Fred Neal TELEPHONE 248-3308

PERSON(S) MAKING PRESENTATION Steve Kraten, Joanne Garnett
Linda Kotta, Bruce Walker

ACTION REQUESTED:

☒ INFORMATIONAL ONLY ☐ POLICY DIRECTION ☐ APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 20 Minutes

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: _____

BRIEF SUMMARY (include statement of rationale for action requested,
as well as personnel and fiscal/budgetary impacts, if applicable):

NOTE: Time certain 1:30 pm - only time Metro and Gresham
representatives available

Briefing by Metro, County and Cities staff regarding Metro's
Solid Waste Reduction Plan and roles of County and Cities in
the plans implementation.

(If space is inadequate, please use other side)

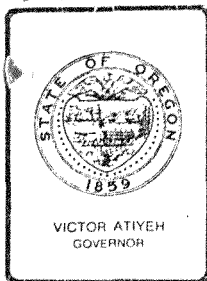
SIGNATURES:

ELECTED OFFICIAL Glady McCarry

Or

DEPARTMENT MANAGER _____

(All accompanying documents must have required signatures)



Department of Environmental Quality

522 S.W. FIFTH AVENUE, BOX 1760, PORTLAND, OREGON 97207 PHONE (503) 229-5696

The "Recycling Opportunity Act" (SB 405), passed by the Oregon State Legislature in 1983, provides that all Oregon residents will be provided with the "opportunity to recycle" by July 1, 1986. Successful implementation of this Act depends on the cooperative effort of all affected persons (local governments, solid waste collectors, disposal site operators, and recyclers) and the public.

As an affected person in the Multnomah wasteshed, you have an opportunity to help implement the Act and provide Oregonians with the convenient opportunity to recycle. Successful implementation of this Act will help keep Oregon the number one recycling state in the nation.

The Act envisions that the affected persons in a wasteshed will jointly develop a "Recycling Report" to explain how the "opportunity to recycle" is being implemented. The recycling report should be submitted to the Department of Environmental Quality not later than July 1, 1986. Cities, counties, and other affected persons in each wasteshed should jointly identify an individual or organization to act as a contact with the Department in matters relating to the recycling report, and should notify the Department of their choice. The Department suggests that City of Gresham Department of Public Works would be an appropriate choice for Wasteshed Representative for the Multnomah Wasteshed.

To help implement this Act, you and the other affected persons in your wasteshed should meet with each other to determine how the opportunity to recycle can best be provided. For this reason, we have attached a list of other affected persons in your wasteshed. You should also work with the other affected persons in developing the recycling report and in providing the education, promotion, and notification required in the state law and rules.

Attached are:

- 1) Fact sheet: Roles and responsibilities of affected persons.
- 2) Policy guidance and rules for implementing the Oregon Recycling Opportunity Act, issued and adopted by the Environmental Quality Commission;
- 3) A list of the principle recyclable materials, and disposal sites and cities required to provide depots or on-route collection of recyclables in the Multnomah Wasteshed.
- 4) A list of other affected persons in the Multnomah Wasteshed.

If you have specific questions about this letter of notification, you can reach the Department at 229-5913 or toll-free from outside of Portland at 1-800-452-4011.

Sincerely,

Fred Hansen
Director

RECEIVED

OCT 29 1985

PHS
Enclosures

Multnomah County
Division of Land Use Planning

Roles and Responsibilities of Affected Persons.

Opportunity to Recycle

SB 405, the "Oregon Recycling Opportunity Act" of 1983, requires that all Oregonians be provided with the "opportunity to recycle" by July 1, 1986. The "opportunity to recycle" requires at minimum:

- 1a) A place for collecting source separated recyclable material located either at a disposal site or at another location more convenient to the population being served and, if a city has a population of 4,000 or more, collection at least once a month of source separated recyclable material from collection service customers within the city's urban growth boundary, or ...
- b) an alternative method which complies with the rules of the Environmental Quality Commission (hereafter called Commission).
- 2) A public education and promotion program that: (a) gives notice to each person of the opportunity to recycle; and (b) encourages source separation of recyclable material (OAR 340-60-020 - see attached rules)

Affected Persons

The Recycling Opportunity Act envisions the cooperative effort of local governments (cities and counties), solid waste collectors, recyclers, and disposal site operators in providing Oregonians the "opportunity to recycle." These individuals and organizations are termed "affected persons" (OAR 340-60-010 (1)).

Wasteshed

Wasteshed means an area of the state having a common solid waste disposal system or designated by the Commission as an appropriate area of the state within which to develop a common recycling program. The Commission has designated 37 wastesheds in the State of Oregon (see OAR 340-60-010 (26) and OAR 340-60-025). Any affected person may appeal to the Commission the inclusion of all or part of a city, county, or local government unit in a wasteshed.

Recycling Report

The Recycling Opportunity Act requires the affected persons in a wasteshed to jointly develop a "Recycling Report" which explains how the affected persons in the wasteshed are implementing the "opportunity to recycle" (see OAR 340-60-045 and Guidance sections 6 and 7 attached). This report must be submitted to the Department of Environmental Quality by July 1, 1986.

Wasteshed Representative

Because it will be difficult to communicate with every person in the wasteshed on formal issues which arise relative to the recycling report, the affected persons in each wasteshed should identify a representative to deal with the Department in matters relating to the recycling report. The representative should act on behalf of and represent to the Department the diverse views of all affected persons in the wasteshed. The wasteshed representative does not have to be an individual. It could be an organization or a local government. To facilitate the choosing of a wasteshed representative, the Department has suggested one individual or organization that we feel would be an appropriate choice as Wasteshed Representative. Affected persons should jointly decide if they want this or another individual to serve as Wasteshed Representative, and should notify the Department accordingly.

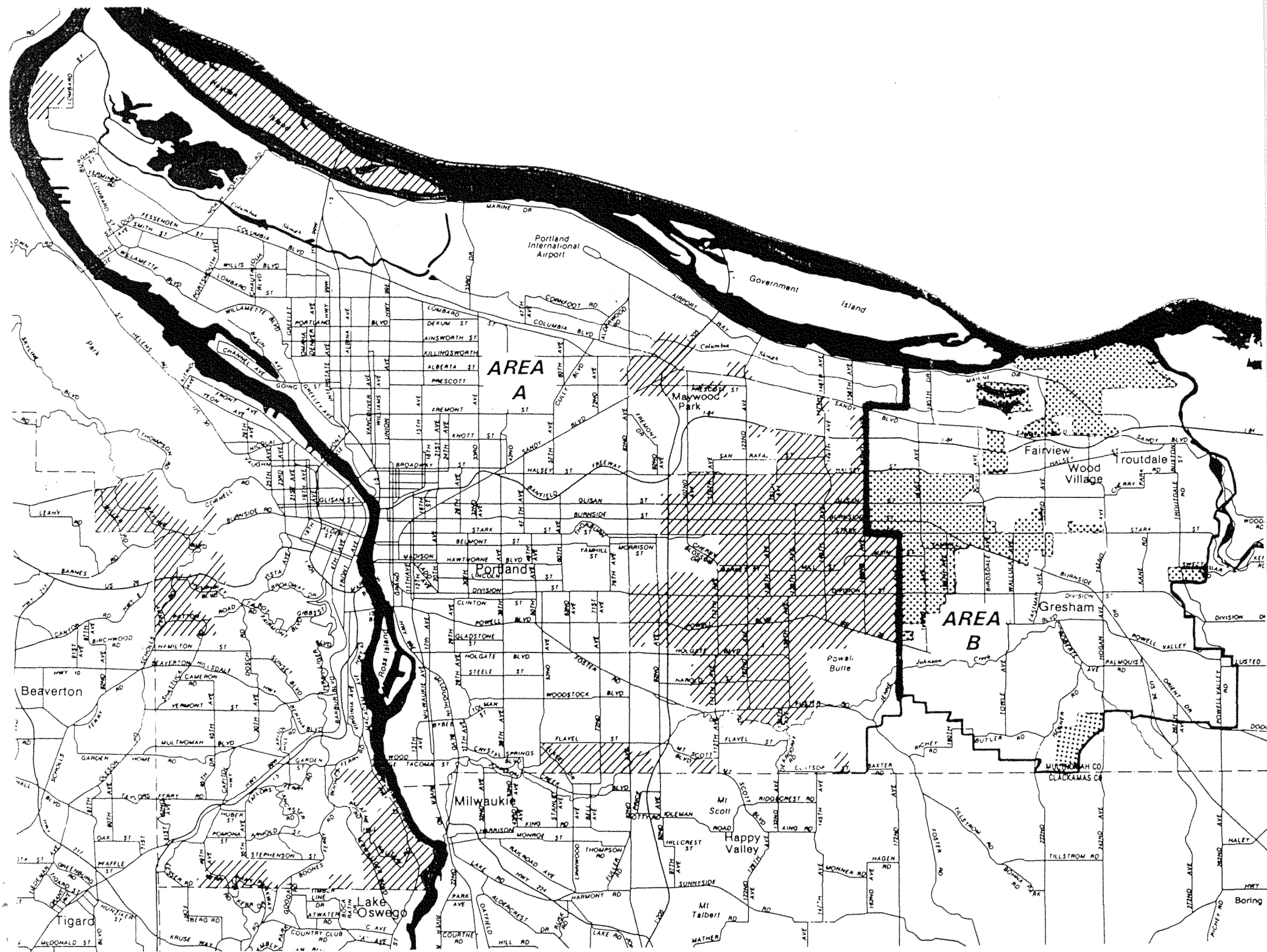
Recyclable Material

"Recyclable material" means any material or group of materials that can be collected and sold for recycling at a net cost equal to or less than the cost of collection and disposal of the same material. For each wasteshed, the Commission has identified "principal recyclable materials" (materials identified as being recyclable in at least some portion of the wasteshed). A list of recyclable materials for your wasteshed is attached. Any affected person may request the Commission to modify the recyclable materials for which the Commission determines the opportunity to recycle must be provided. Please refer to OAR 340-60-030 and 340-60-055 of the attached rules and section 8, 9, and 10 of the Environmental Quality Commission Policy Guidance for more information on recyclable materials.

We have attached a list for your wasteshed of permitted disposal sites required to provide either a place for the collection of source-separated recyclables or an alternative, more convenient location. Included also is a list of cities in the wasteshed where on-route collection of recyclables must be provided. The Department is recommending that the "opportunity to recycle" be provided for each of the materials listed for a site or city. All principal recyclable materials for a wasteshed including those not on the attached site/city list should be evaluated to see if they meet the definition of recyclable material for the specific situation (see attached rule OAR 340-60-030(9)).

Education, Notification, and Promotion

Education, promotion, and notice are an essential part of the Opportunity to Recycle. The Commission's rules and policy guidance address these issues (OAR 340-60-040 and section 12 of the guidance). All affected persons are responsible for education, promotion, and notification as a part of implementing the opportunity to recycle, and are encouraged to work together to make the new recycling opportunities known and utilized by the citizens of Oregon.





METRO

2000 SW First Avenue
Portland, OR 97201-5398
(503) 221-1646
Fax 241-7417

July 16, 1990

Joanne Garnett, Long Range Planner
Multnomah County
Department of Environmental Services
2115 S.E. Morrison St.
Portland, OR 97214

Dear Joanne:

Executive Officer
Rena Cusma

Metro Council

Tanya Collier
Presiding Officer
District 9

Gary Hansen
Deputy Presiding
Officer
District 12

Mike Ragsdale
District 1

Lawrence Bauer
District 2

Jim Gardner
District 3

Richard Devlin
District 4

Tom DeJardin
District 5

George Van Bergen
District 6

Ruth McFarland
District 7

Judy Wyers
District 8

Roger Buchanan
District 10

David Knowles
District 11

Following up on our conversation of July 11, I think that, given the limited geographic area and population of that portion of Multnomah County that lies within the Metro boundary, the county's responsibility for implementing an Annual Waste Reduction Program should include:

1. Recycling of office paper, yard debris, and other principal recyclable materials from county facilities.
2. Procurement of recycled paper, yard debris compost and/or sewage sludge compost, retread tires, etc. for county offices, parks, automobile fleets, etc.

Given these responsibilities, it is anticipated that the county will annually submit a program document that includes copies of new or amended waste reduction related intergovernmental agreements and procurement policies along with a report on the actual volumes of materials recycled. A draft copy of a reporting form is included with this letter. Though many of the questions included on this form are not applicable to Multnomah County, the Commercial/Institutional and Markets and Procurement sections will apply. I look forward to meeting with you again on July 24.

Sincerely,

Steven Kraten
Senior Solid Waste Planner

SK:sg
Enclosure

cc: Debbie Gorham, Waste Reduction Manager

Meeting Date: JUL 24 1990

Agenda No.: Inf. #6 PM

(Above space for Clerk's Office Use)

AGENDA PLACEMENT FORM
(For Non-Budgetary Items)

SUBJECT: Alternatives to Cruising Project

BCC Informal July 24, 1990
(date)

BCC Formal _____
(date)

DEPARTMENT BCC/Comm. Kelley

DIVISION Non-Dept.

CONTACT Carolyn Marks Bax

TELEPHONE x5085

PERSON(S) MAKING PRESENTATION Carolyn Marks Bax

ACTION REQUESTED:

☒ INFORMATIONAL ONLY

☐ POLICY DIRECTION

☐ APPROVAL

ESTIMATED TIME NEEDED ON BOARD AGENDA: 5-10 minutes

CHECK IF YOU REQUIRE OFFICIAL WRITTEN NOTICE OF ACTION TAKEN: _____

BRIEF SUMMARY (include statement of rationale for action requested,
as well as personnel and fiscal/budgetary impacts, if applicable):

Update on cooperative project with Tri-Met to encourage use
of mass transit and alternative activities to cruising.

1990 JUL 19 AM 8:55
CLINTON COUNTY
OREGON

(If space is inadequate, please use other side)

SIGNATURES:

ELECTED OFFICIAL

Sharon Kelley

Or

DEPARTMENT MANAGER _____

(All accompanying documents must have required signatures)

SHARRON KELLEY
Multnomah County Commissioner
District 4



606 County Courthouse
Portland, Oregon 97204
(503) 248-5213

HOW TO DEAL WITH CONFLICT SITUATIONS

Multnomah County Sheriff's Office
N.E. 122nd and Glisan
Auditorium
Wednesday, May 23rd
7:00 pm

This should be a valuable and hopefully fun session for those of you interested in improving your conflict management skills. Please share these fliers with other interested cruisers, and come prepared to participate in roleplays!

Perhaps you could give some thought to these questions?

Have you ever tried to stop a fellow cruiser from trespassing and ended up in a fight?

How do you convince your friends to keep things under control while cruising?

Have you ever had a confrontation with a business manager, police, or private security?

We hope you will be able to join us. Please call Carolyn at 248-5085 if you have any questions.