902 KAR 20:078. Operations and services; group homes.

RELATES TO: KRS 216B.010, 216B.015, 216B.040, 216B.042, 216B.045-216B.055, 216B.075, 216B.105-216B.131, 216B.990, 311.560(4), 314.011(8), 320.210(2)

STATUTORY AUTHORITY: KRS 216B.010, 216B.040, 216B.042

CERTIFICATION STATEMENT:

NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.042 requires the Kentucky Cabinet for Health Services to regulate health facilities and health services. This administrative regulation establishes licensure requirements for group homes.

Section 1. Definitions.

(1) "Developmental disability" means a severe chronic disability which is attributable to a mental or physical impairment or combination of mental and physical impairments manifested before the person attains the age of twenty-two (22) and is likely to continue indefinitely. This disability results in substantial limitations in areas of major life activity including self-care, receptive and expressive language, learning, mobility, capacity for independent living and economic sufficiency and requires individually planned and coordinated services of a lifelong or extended duration.

(2) "Mental retardation" means a significantly subaverage general intellectual functioning existing concurrently with deficiencies in adaptive behavior which is first manifested during the developmental period.

(3) "Normalization principle" means the utilization of means which are as culturally normative as possible in order to establish and maintain personal behavior and characteristics which are as culturally normative as possible.

(4) "Qualified mental retardation or developmental disability professional" means:

(a) A physician with specialized training or one (1) year of experience in treating persons with mental retardation or developmental disabilities;

(b) A psychologist with a doctoral or master's degree from an accredited program with specialized training or one (1) year of experience in treating persons with mental retardation or developmental disabilities;

(c) An educator with at least a bachelor's degree in education and with specialized training or one (1) year of experience in working with persons with mental retardation or developmental disabilities;

(d) A social worker with at least a bachelor's degree from an accredited program and with specialized training or one (1) year of experience working with persons having mental retardation or developmental disabilities, or a field other than social work and at least three (3) years of social work experience under the supervision of a qualified social worker;

(e) A licensed physical therapist or an occupational therapist who is a graduate of a program of physical or occupational therapy approved by the Council on Medical Education of the American Medical Association and who has specialized training or one (1) year of experience in treating persons with mental retardation or developmental disabilities;

(f) A speech pathologist or audiologist who has been granted a certificate of clinical competence by the American Speech and Hearing Association or who has completed the equivalent educational and experimental requirements for such a certificate and has specialized training or one (1) year of experience in training persons with mental retardation or developmental disabilities;

(g) A registered nurse who has specialized training or one (1) year of experience in treating persons with mental retardation or developmental disabilities;

(h) A therapeutic recreation specialist who is a graduate of an accredited program and licensed or registered by the state if required; or

(i) A rehabilitation counselor who is certified by the commission on Rehabilitation Counselor Certification.

Section 2. Scope of Operations. A group home shall provide a homelike environment and specialized services in accordance with individualized habilitation plans to not less than four (4) nor more than eight (8) persons with mental retardation or developmental disabilities, at a location not adjacent to or part of a mental health or mental retardation institution.

Section 3. Administration and Operations.

(1) Licensee. The licensee shall be legally responsible for the group home and for compliance with federal, state and local laws and regulations pertaining to the operation of the home.

(2) Manager. The group home shall have a manager who is responsible for the full-time operation of the home and for implementing programs as delineated. The manager shall be at least twenty-one (21) years of age and a high school graduate or equivalent.

(3) In the absence of the manager, responsibility shall be delegated to a similarly qualified staff person, to be on site when a resident is present.

(4) Advisory board. Each group home shall have a specific group of individuals, organized as an advisory board, who shall establish policies concerning the operation of the group home and the welfare of the individuals residing in the home. The advisory board shall meet at least quarterly. The advisory board shall be composed of at least three (3) members and shall include representatives from each of the following groups:

(a) Mental retardation or developmental disability representative from regional mental health and mental retardation board;

(b) A parent or guardian of an individual with mental retardation or developmental disability or a consumer advocate knowledgeable of the needs of group home residents; and

(c) A qualified mental retardation or developmental disability professional.

(5) Policies. The licensee shall develop, with the input of the advisory board:

(a) A written outline of the objectives and goals it is striving to achieve. The outline shall be available for public distribution; and

(b) A written policy to include description of procedures for:

1. Current routine operations;
2. Protection of resident rights;
3. Protection of resident financial interests; and
4. Reporting of cases of abuse, neglect or exploitation of an adult or child pursuant to KRS Chapters 209 and 620.

(6) The licensee shall incorporate the normalization principle into its objectives and shall implement programs consistent with this principle.

(7) The licensee shall establish a job description for group home personnel and shall delegate necessary authority for the daily management of the group home program.

(8) The licensee shall conduct an annual program evaluation.

(9) The way residents are represented to the public shall be appropriate to the purposes and programs of the group home and shall not emphasize mental retardation or deviancy.

(10) The advisory board shall appoint a services committee which shall be responsible for:

(a) Decisions pertaining to resident admissions, transfers and discharges.

(b) Assuring that a comprehensive habilitation plan is established for each resident on an individual basis.

(11) The services committee shall:

(a) Be composed of the manager and two (2) other persons, both of whom shall be qualified mental retardation and developmental disability professionals.

(b) Determine eligibility for admission based on areas of comparable need for programming. If the chronological age span of the program participants exceeds five (5) years for individuals twelve (12) years or younger, ten (10) years for individuals aged thirteen (13) to eighteen (18), and twenty (20) years for individuals eighteen (18) years and older, written justification demonstrating the appropriateness of the program shall be a part of the individual habilitation plan.

(12) Upon admission a resident shall be free from communicable disease which is reportable to the health department, except a noninfectious tuberculosis patient under continuing medical supervision for tuberculosis. Thirty (30) days prior to or within fourteen (14) days after admission, a resident shall have a physical examination.

(13) The services committee shall assure that the following information is a part of each resident's record:

(a) Persons to contact in case of emergency;

(b) Next of kin;

(c) Legal competency status and presence or absence of committee; and

(d) Financial resources.

Section 4. Personnel.

(1) The group home shall employ an adequate number of supervisory and direct care personnel and establish an on-call procedure to assure that the home has staff present when a resident is present.

(2) Volunteers may be utilized but not substituted for the employment of full- or part-time staff.

(3) The group home shall provide an employee orientation program to include:

(a) History of retardation;

(b) Normalization principle;

(c) Habilitation planning techniques; and

(d) Basic first aid.

(4) A regular in-service program for the entire staff shall be conducted at least four (4) times a year. Volunteers may participate in the program.

Section 5. Services.

(1) Within thirty (30) days after admission to the facility the services committee shall establish a comprehensive habilitation plan for each resident. The resident's habilitation plan shall be reviewed at least every ninety (90) days. In all cases, whether children or adults, the resident or resident's representatives shall participate in the development of the comprehensive habilitation plan.

(a) The plan shall address the following:

1. Sensorimotor needs;
2. Communicative needs;
3. Social needs;
4. Emotional needs;
5. Educational needs; and
6. Vocational training needs.

(b) The individual habilitation plan shall outline the responsible parties for meeting each of the above listed needs.

(c) Each resident's habilitation plan shall be maintained as an integral part of the resident's records.

(2) Availability of services. The licensee shall assure that a comprehensive array of services is available as needed by each resident of the group home. These services shall be obtained from agencies through a written agreement. The following components shall be available:

(a) Medical services, including emergency medical services and an annual physical examination. For women this examination shall include gynecological services.
(b) Dental services to include at least two (2) visits annually.
(c) Psychological and psychiatric services, to be available as needed according to the resident's habilitation plan.
(d) Physical therapy.
(e) Social services, to include individual, group and family counseling as appropriate, according to individual needs.
(f) Occupational rehabilitative services, to include vocational counseling, planning and training as appropriate, according to individual needs.
(g) Speech therapy and audiology services, as needed.
(h) Public education for school age persons in accordance with 20 USC 1400.
(i) Recreational opportunities to provide the resident with adequate physical fitness and constructive leisure time activities.

Section 6. Physical Standards. The ultimate aim of the environment and design for a group home shall be to foster those skills necessary for maximum independence of the resident and enhance the resident's ability to cope with his or her environment. To this end the following shall be required:

(1) Location.

(a) Group homes may be located in urban, suburban or rural settings, but shall not be isolated from the mainstream of their community, and shall be in an area zoned for residential use where applicable. The residence shall have the style and appearance of neighborhood houses.
(b) The group home shall be located within thirty (30) minutes driving time of resident's day program locations, medical and other professional services; and the usual array of essential merchants: groceries, clothing stores, drug stores, etc. The home shall be located within sixty (60) minutes driving time of a hospital.
(c) Group homes shall not be located in house trailers or motor homes.

(2) Resident accommodations.

(a) The residence shall house no less than four (4) nor more than eight (8) residents.
(b) Other than residents, a person other than the residence's staff and the staff's immediate family shall not reside in the home.
(c) A bedroom shall contain no more than two (2) beds with a minimum of sixty (60) square feet in single rooms and eighty (80) square feet in multiple rooms. A bed shall be no less than thirty-three (33) inches wide and six (6) feet long. Bunk beds shall not be used.
(d) A bed occupied by a resident shall be placed so that the resident shall not experience discomfort because of proximity to a radiator, heat outlet, or exposure to drafts. Each resident shall have his or her own bed equipped with substantial springs, a clean comfortable mattress, two (2) sheets and a pillow, and bed covering as required for the resident's health and comfort.
(e) Closet space and drawer space shall be provided for personal belongings.
(f) A resident shall not be housed in a room, a detached building or other enclosure which has not been previously inspected and approved for resident use, or in a basement not constructed for sleeping quarters. An approved basement shall have an outside door.
(g) Appropriate sanitary toilet and bathing facilities shall be conveniently available for resident use with one (1) toilet, lavatory and shower or tub for each six (6) persons residing in the home, including residents and staff.
(h) Adequate ventilation in resident use areas shall be maintained. Each resident bedroom shall have an exterior screened window, which can be opened.

(i) If a private source of water is used, the group home shall annually obtain written certification from an appropriate agency that the supply is safe and sanitary. An ample supply of hot and cold running water shall be available at all times.

(j) The group home shall have adequate lighting by natural or artificial means in each hall, stairway, entryway, vestibule, resident area, kitchen, and bathroom.

(k) A heating system which can maintain an even temperature of seventy-two (72) degrees Fahrenheit in resident used areas shall be provided.

(l) Adequate common living areas shall be provided in the group home. This shall include separate living, recreational and eating areas, each large enough to accommodate residents and their visitors.

(m) Adequate laundry facilities shall be available in the home or a conveniently located laundromat may be used.

(n) Telephone service shall be provided to the residents. This service shall be accessible to the residents and shall afford a degree of privacy.

(o) Resident staff living quarters. Resident staff living quarters shall provide privacy. Resident staff includes managers.

(3) General requirements.

(a) The facility shall conform to the National Fire Protection Association 101, Life Safety Code adopted by the Kentucky Department of Housing, Buildings and Construction relative to group homes.

(b) The group home shall conform to requirements for plumbing pursuant to 815 KAR 20:010 to 20:191, as amended.

(c) The group home shall conform to requirements for making buildings and facilities accessible to and usable by persons with disabilities.

(d) The group home shall comply with applicable state and local laws relating to sanitation, including insect and rodent control.

Section 7. Resident Care and Safety.

(1) Dietary.

(a) The group home shall provide at least three (3) meals per day with not more than a fifteen (15) hour span between the substantial evening meal and breakfast. One (1) or more of these meals may be provided outside the group home depending upon the resident's habilitation plan, but all meals are the financial responsibility of the group home.

(b) Nutrition needs shall be met in accordance with the current recommended dietary allowances of the Food and Nutrition Board of the National Research Council and in accordance with resident dietary restrictions.

(c) A written record shall be kept of foods served.

(d) Food shall be stored off the floor in such a manner as to be protected from dust, insects, rodents, birds, or other forms of contamination. Food showing evidence of spoilage or infestation shall be disposed of immediately upon detection.

(e) Each refrigerator shall have a complete seal, be clean, free of odor, and kept at a temperature of forty-five (45) degrees Fahrenheit or below. A thermometer that is easily readable shall be placed in each refrigerator and freezer.

(2) Housekeeping and sanitation.

(a) The facility shall be kept in good repair, clean, uncluttered and sanitary at all times. Floors, walls, ceilings, lighting fixtures, storage areas and equipment shall be kept clean and in good repair. Windows and doors shall be screened.

(b) The facility shall collect and dispose of all garbage, refuse, trash, and litter in compliance with applicable state and local laws and administrative regulations. Garbage containers shall be made of metal or other impervious material, approved by

the fire marshal, that will not emit harmful vapors upon exposure to extreme heat, and shall be water tight and rodent proof and shall have tight-fitting lids.

(3) Emergency procedures.

(a) Each group home shall have a fire control and evacuation plan to be practiced at least quarterly with all staff and residents participating.

(b) An on-duty staff member shall be designated to be in charge of evacuation of residents in the event of a fire or other natural disaster.

(c) Phone numbers of a hospital, an ambulance service, the fire department, and a physician for emergencies shall be posted by each telephone in large legible print.

(d) A report on an accident requiring medical treatment of a resident shall be written and one (1) copy kept on file and made available to the advisory board within seven (7) days of the incident. The original shall be sent to the Cabinet for Health Services, Division for Licensing and Regulation, 275 East Main Street, Frankfort, Kentucky.

(e) An incident report for a minor accident shall be written, kept on file and made available upon request.

(4) Medications.

(a) A prescription medication administered to a resident shall be noted in writing, with the date, time and dosage, and signed by the person administering the medication. A medication shall be plainly labeled with the patient's name, the name of the drug, strength, name of pharmacy, prescription number, date, physician name, caution statement and directions for use.

(b) Medication shall not be administered to a resident except on the written order of a physician or other practitioner acting within his statutory scope of practice. If medication requires administration by a licensed person, an arrangement shall be made to procure the services of a person licensed to administer medication.

(c) A medication in the home shall be kept in a locked cabinet. A controlled substance shall be kept under double lock (e.g., in a locked box in a locked cabinet). There shall be a controlled substance record in which is recorded the name of the patient; the date, time, kind, dosage, balance remaining and method of administration of a controlled substance; the name of the physician who prescribed the medication; and the name of the nurse who administered it, or staff who supervised the self-administration.

(d) Self-administration of prescription medication shall be allowed only upon the written instruction of the attending physician or other practitioner acting within his statutory scope of practice.

(e) Each resident who requires prescription medication shall receive regular evaluation of his response to the medication, including appropriate monitoring and laboratory assessment.

(f) The group home shall comply with federal and state law and regulation relating to the procurement, storage, dispensing, administration and disposal of drugs.

(5) Restraints. Physical or chemical restraint shall not be used.

Section 8. Resident Rights.

(1) Staff shall recognize a resident's rights for:

(a) Treatment which preserves his feelings of self-worth and dignity;

(b) Visitation;

(c) Privacy; and

(d) Freedom of worship.

(2) Staff shall not open resident correspondence, except as authorized by the resident or his legal guardian or committee.

(3) A resident shall be:

(a) Free from physical punishment;

(b) Appropriately dressed;

(c) Supplied with:

1. Clean washcloth and towel;
2. Toothbrush;
3. Hair brush and comb;
4. Other toilet articles; and
5. Bureau or cupboard for storage of personal belongings.

(d) Allowed rest periods in his own bed;

(e) Allowed free movement within the group home, with access to all common areas; and

(f) Allowed access to the community at large.

(902 KAR 020:078. 8 Ky.R. 414; eff. 1-6-1982; 16 Ky.R. 994; eff. 1-12-1990; 23 Ky.R. 2866; eff. 2-19-1997; 25 Ky.R. 1725; 2571; eff. 5-19-1999; Crt eff. 4-30-2019; Crt eff. 2-17-2026.)