

GETTING YOUR HOME READY FOR ADULT FOSTER HOME (AFH-DD) LICENSING

*These are rule highlights only – see OAR 411-360-0010 through 0310 for full requirements.
Remember: If it is in the Oregon Administrative Rule (OAR), you are responsible for it!*

GENERAL CONDITIONS

- Each AFH-DD must maintain up-to-date documentation verifying the AFH-DD meets applicable local business license, zoning, building, and housing codes, and state and local fire and safety regulations for a single-family residence. General buildings must be of sound construction and meet all applicable state and local fire and safety regulations in effect at the time of construction. It is the duty of the provider to check with local government to be sure all applicable local codes have been met.
- Home meets Fire sprinkle code: Certificate of Occupancy showing either a 13D sprinkler system or an alternative approved by the local building office. Their local building office can be found at Oregon.gov/bcd/lbdd
- The building, patios, decks, walkways, and furnishings must be clean and in good repair. The interior and exterior must be well maintained and accessible according to the needs of the individuals. Walls, ceilings, and floors must be of such character to permit frequent washing, cleaning, or painting, as appropriate. There must be no accumulation of garbage, debris, rubbish, or offensive odors.
- Stairways (interior and exterior) must have **handrails** and be adequately lighted. Yard and exterior steps must be accessible and appropriate to the needs of the individuals.
- Adequate lighting must be provided in each room, internal and external stairways, and internal and external exit ways. Incandescent light bulbs and florescent tubes must be protected and installed per manufacturer's directions.
- The heating system must be in working order. Areas of the AFH-DD used by individuals must be maintained at a comfortable temperature. Minimum temperatures during the day (when individuals are home) must be **no less than 68 degrees F and no less than 60 degrees at night when individuals are sleeping**. During times of extreme summer heat, the provider must make every reasonable effort to make the individuals comfortable and safe using ventilation, fans, or air conditioners. **The temperature may not exceed 85 degrees in the house.**
- There must be at least 150 square feet of common space and sufficient comfortable furniture in the AFH-DD to accommodate the recreational and socialization needs of the occupants at one time. Common space may not be located in the basement or in garages unless such space was constructed for that purpose or has otherwise been legalized under permit. Additional space may be required if wheelchairs are to be accommodated.
- Providers must not permit individuals to access or use **swimming or other pools, hot tubs, saunas, or spas** on the AFH-DD premise without supervision. Swimming pools, hot tubs, spas, or saunas must be equipped with sufficient safety barriers or devices designed to prevent accidental injury or unsupervised access.

- Hallways and exit ways must be a minimum of 36 inches wide or as approved by the authority having jurisdiction. Interior doorways used by individuals must be wide enough to accommodate wheelchairs and walkers if used by individuals.
- Only ambulatory individuals capable of self-preservation may be housed on a second floor or in a basement.
- Split level homes must be evaluated according to accessibility, emergency egress, and evacuation capability of the individuals.
- Ladders, rope, chain ladders, and other devices may not be used as a secondary means of egress.
- Sanitation for household pets and other domestic animals must be adequate to prevent health hazards. **Proof of rabies or other vaccinations as required by a licensed veterinarian must be maintained on the premises of the AFH-DD for household pets.** Pets not confined in enclosures must be under control and must not present a danger to individuals or guests.
- There must be adequate control of insects and rodents, including **screens** in good repair on doors and windows used for ventilation.
- Puncture resistant containers and appropriate disposal are required for used disposable syringes and needles.
- If a non-municipal water source is used (**well water**), the water source must be tested for coliform bacteria by a certified agent yearly and records must be retained for two years.
- Garbage and refuse must be suitably stored in readily cleanable, rodent proof, covered containers, pending weekly removal.

BATHROOMS

- Provide for individual privacy and have a finished interior, a mirror, a window capable of being opened or other means of ventilation, and a window covering. No person must have to walk through another person's bedroom to access a bathroom.
- Clean and free of objectionable odors.
- Tubs or showers, toilets, and sinks in good repair with adequate supplies of toilet paper for each toilet and soap for each sink. A sink must be located near each toilet. A toilet and sink must be provided on each floor where rooms of non-ambulatory individuals or individuals with limited mobility are located. There must be at least one toilet, one sink, and one tub or shower for each six household occupants, including the provider and the provider's family.
- Hot and cold water in sufficient supply to meet the needs of the individuals for personal hygiene. **Hot water temperature sources for bathing areas may not exceed 120 degrees F.**

- Shower enclosures with nonporous surfaces. **Glass shower doors must be tempered safety glass.** Shower curtains must be clean and in good condition. **Non-slip floor surfaces must be provided in tubs and showers.**
- Grab bars** for toilets, tubs, and showers for the safety of individuals as required by the individuals' disabilities; barrier-free access to toilet and bathing facilities with appropriate fixtures if you intend to support non-ambulatory individuals.
- Individuals must be provided with individual towels and wash cloths that are laundered in hot water at least weekly or more often if necessary.** Individuals must have appropriate **racks or hooks for drying bath linens.** **If individual hand towels are not provided, individuals must be provided with individually dispensed paper towels.**

BEDROOMS

- Bedrooms for all household occupants must:
 - Have been constructed as a bedroom when the home was built or remodeled under permit;
 - Be finished with walls or partitions of standard construction that go from floor to ceiling and a door that opens directly to a hallway or common use room without passage through another bedroom or common bathroom;
 - Be adequately ventilated, heated, and lighted with at least one window capable of being opened that meets the fire regulations (*see dimensions below*)
 - Have at least 70 square feet of usable floor space for each individual or 120 square feet of usable floor space for two individuals; and
 - Have no more than two persons per room.
- Providers, resident managers, or family members must not sleep in areas designated as common use living areas or share bedrooms with individuals.
- There must be a bed for each individual including a frame, with a clean and comfortable mattress, if, and a pillow (individuals who are incontinent need to have a waterproof mattress cover)
- Each bedroom must have sufficient, separate, **private dresser and closet space** for each individual's clothing and personal effects, including hygiene and grooming supplies. Individuals must be allowed to keep and use reasonable amounts of personal belongings and to have private, secure storage space.
- Drapes or shades for windows must be in good condition and allow privacy for individuals.
- Bedrooms must be on ground level for individuals who are non-ambulatory or have impaired mobility.
- Individual bedrooms must be in close enough proximity to the provider to alert the provider to nighttime needs or emergencies, or be equipped with an intercom or audio monitor as approved by an ISP team.
- Bedrooms must have at least one window or exterior door that readily opens from the inside without special tools and that provides a clear opening of not less than 821 square inches (5.7 sq. ft.), with the least dimensions not less than 22 inches in**

height or 20 inches in width. Sill height must not be more than 44 inches from the floor level or there must be approved steps or other aids to window egress that may be used by individuals. Windows with a clear opening of not less than 5.0 square feet or 720 square inches with sill heights of 48 inches may be accepted when approved by the State Fire Marshal or the State Fire Marshal's designee.

MEALS

- Menus for the current week posted in a location that is accessible to individuals and the individuals' families, reflecting three nutritious meals served daily at times consistent with those in the community. Each daily menu must include food from the four basic food groups and fresh fruit and vegetables in season.** Additional documentation requirements will apply if individuals require special diets or food preparation (see related section of Oregon Administrative Rule).
- Adequate storage must be available to maintain food at a proper temperature, including a properly working refrigerator. Food storage must be such that food is protected from dirt and contamination and maintained at proper temperatures to prevent spoilage.
- Utensils, dishes, glassware, and food supplies must not be stored in bedrooms, bathrooms, or living areas.
- Utensils, dishes, and glassware must be washed in hot soapy water, rinsed, and stored to prevent contamination.
- Food storage and preparation areas and equipment must be clean, free of obnoxious odors, and in good repair.
- Need thermometer in the fridge. The ideal temperature range for your fridge is 35 to 38 degrees Fahrenheit

TELEPHONE

- A telephone must be provided in the AFH-DD that is available and accessible for individuals' use for incoming and outgoing calls.** Telephone lines must be unblocked to allow for access.
- Emergency telephone numbers for the local CDDP, police, fire, medical if not served by 911, an emergency number to reach a provider who does not reside in the AFH-DD, and any emergency physician and additional persons to be contacted in the case of an emergency, **must be posted in close proximity to all phones** utilized by the licensee, resident manager, individuals, and caregivers.
- Telephone numbers for making complaints or a report of alleged abuse to the Department, the local county DD office, and Disability Rights Oregon **must also be posted.**
- Limitations on the use of the telephone by individuals are to be specified in the written house rules. Individual restrictions must be specified in the individual's ISP. In all cases, a telephone must be accessible to individuals for outgoing calls (emergencies) 24 hours a day.
- AFH-DD telephone numbers must be listed in the local telephone directory.**

- The licensee must notify the Department, individuals, and individuals' families, legal representatives, and service coordinators, as applicable, of any change in the AFH-DD telephone number within 24 hours of the change.

SAFETY

- Buildings must meet all applicable state and local building, mechanical, and housing codes for fire and life safety.
- Heating in accordance with manufacturer's specifications and electrical equipment, including **wood stoves**, must be installed in accordance with all applicable fire and life safety codes. Such equipment must be used and maintained properly and be in good repair.
 - Providers who do not have a permit verifying proper installation of an existing wood stove must have the wood stove **inspected by a qualified inspector**, Certified Oregon Chimney Sweep Association member, or Oregon Hearth Products Association member **and follow the recommended maintenance schedule**.
 - Fireplaces must have protective glass screens or metal mesh curtains attached to the top and bottom of the fireplace.
 - The installation of a non-combustible heat resistant safety barrier may be required to be installed 36 inches around wood stoves to prevent individuals with ambulation or confusion problems from coming in contact with the stove.
 - Un-vented portable oil, gas, or kerosene heaters are prohibited. Sealed electric transfer heaters or electric space heaters with tip-over shut-off capability may be used when approved by the authority having jurisdiction.
- **Extension cord wiring and multi-plug adaptors must not be used in place of permanent wiring.** UL-approved, re-locatable power tabs (RPTs) with circuit breaker protection are permitted for indoor use only and must be installed and used in accordance with the manufacturer's instructions. If RPTs are used, the RPTs must be directly connected to an electrical outlet, never connected to another RPT (known as daisy-chaining or piggy-backing), and never connected to an extension cord.
- **All exit doors and interior doors used for exit purposes must have simple hardware that cannot be locked against exit and must have an obvious method of single action operation.** Hasps, sliding bolts, hooks and eyes, and double key deadbolts are not permitted. Homes with one or more individuals who have impaired judgment and are known to wander away from their place of residence must have a functional and activated alarm system to alert a caregiver of an unsupervised exit by the individual.
- If an individual chooses to share a bedroom with another individual, the individuals must be afforded an opportunity to have a choice of roommates.
- An AFH-DD licensed on or after January 1, 2016 **must have single action locks on the entrance doors to the bedroom for each individual** (must have simple hardware that cannot be locked against exit), lockable by the individual, with only appropriate staff having keys.

- **Carbon monoxide alarms** must be listed as complying with ANSI/UL 2034 and must be installed and maintained in accordance with the manufacturer's instructions. Carbon monoxide alarms must be installed **within 15 feet of each bedroom** at the height recommended by the manufacturer.
 - Carbon monoxide alarms may be hard wired, plug-in, or battery operated. Hard wired and plug-in alarms must be equipped with battery back-up. Battery operated alarms must be equipped with a device that warns of a low battery.
 - Bedrooms used by hearing-impaired occupants who may not hear the sound of a regular carbon monoxide alarm must be equipped with an additional carbon monoxide alarm that has visual or vibrating capacity.

- **Smoke alarms must be installed in accordance with the manufacturer's instructions in each bedroom, hallways or access areas that adjoin bedrooms, the family room or main living area where occupants congregate, laundry rooms, office rooms, and basements. In addition, smoke alarms must be installed at the top of all stairways in multi-level homes.**
 - **Ceiling placement of smoke alarms is recommended.** If wall mounted, smoke alarms must be between 6 inches and 12 inches from the ceiling and not within 12 inches of a corner.
 - Smoke alarms must be equipped with a device that warns of low battery when battery operated or with a battery back-up if hard wired.
 - Smoke alarms when activated must be audible in all sleeping rooms.
 - Bedrooms used by hearing-impaired occupants who may not hear the sound of a regular smoke alarm must be equipped with an additional smoke alarm that has visual or vibrating capacity.

- All carbon monoxide alarms and smoke alarms must contain a sounding device or be interconnected to other alarms to provide, when actuated, an alarm that is audible in all sleeping rooms. **The alarms must be loud enough to wake occupants when all bedroom doors are closed.**

- **At least one 2A-10BC rated fire extinguisher must be in a visible and readily accessible location on each floor, including basements.** Fire extinguishers must be inspected at least once a year by a qualified person that is well versed in fire extinguisher maintenance. All recharging and hydrostatic testing must be completed by a qualified agency properly trained and equipped for this purpose and documentation must be maintained in the AFH-DD records.

- The provider must provide, keep updated, and **post, a floor plan on each floor.** The floor plan must contain room sizes, the location of each individual's bed, windows, exit doors, resident manager or provider's sleeping room, smoke and carbon monoxide alarms, fire extinguishers, escape routes, and wheelchair ramps.

- There must be at least one plug-in **rechargeable flashlight** available for emergency lighting in a readily accessible area on each floor including the basement.

- Flammable and combustible liquids and hazardous materials must be safely and properly stored in original, properly labeled containers or safety containers, and secured to prevent tampering by individuals and vandals.

- ❑ Oxygen and other gas cylinders in service or in storage must be adequately secured to prevent cylinders from falling or being knocked over. No smoking signs must be visibly posted where oxygen or other gas cylinders are present. Oxygen and other gas cylinders may not be used or stored in rooms where a wood stove, fireplace, or open flames are located.
- ❑ Hunting equipment and weapons stored in a safe and secure manner inaccessible to the individuals in the AFH-DD. Ammunition must be secured in a locked area separate from the firearms.
- ❑ Cleaning supplies, poisons, and insecticides must be properly stored in original, properly labeled containers in a safe area away from food, food preparation and storage, dining areas, and medications and in a manner to prevent tampering by individuals.
- ❑ For AFH-DDs with one or more employees, smoking regulations in compliance with Oregon's Indoor Clean Air Act must be adopted to allow smoking only in outdoor designated areas. **Signs must be posted prohibiting smoking in the workplace** per OAR 333-015-0040.
- ❑ **Smoking is prohibited in sleeping rooms. Ashtrays of noncombustible material and safe design must be provided in areas where smoking is permitted. Designated smoking areas must be at least 10 feet from any entrance, exit, window that opens, ventilation intake, or accessibility ramp. Smoking is prohibited in vehicles when individuals or employees occupy the vehicle.**

EMERGENCY PLAN

- ❑ **Providers must develop, maintain, update, and implement a written Emergency Plan for the protection of all the individuals in the event of an emergency or disaster.** The Emergency Plan must:
 - Address all natural and human-caused events identified as a significant risk for the AFH-DD such as a pandemic or an earthquake;
 - Include **provisions and sufficient supplies**, such as sanitation and food supplies, to shelter in place, when unable to relocate, **for a minimum of three days** under the following conditions:
 - Extended utility outage;
 - No running water (*plan for 1 gallon per person in household per day*)
 - Inability to replace food supplies; and
 - Caregivers unable to report as scheduled.
 - Include **provisions for evacuation and relocation** that identifies:
 - The duties of caregivers during evacuation, transporting, and housing of individuals including instructions to caregivers to notify the Department and local county DD office of the plan to evacuate or the evacuation of the AFH-DD as soon as the emergency or disaster reasonably allows;
 - The method and source of transportation;
 - Planned relocation sites that are reasonably anticipated to meet the needs of the individuals in the AFH-DD;
 - A method that provides persons unknown to the individual the ability to identify each individual by the individuals name, and to identify the name of the individual's supporting provider; and

- A method for tracking and reporting to the Department and the local county DD office the physical location of each individual until a different entity resumes responsibility for the individual.
- Providers must **instruct and provide training to all caregivers** about the caregivers' duties and responsibilities for implementing the Emergency Plan. Documentation of caregiver training must be kept on record by the provider.
- Note that if individuals are placed in the home, the emergency plan will require updating at that time to address specific individual needs. Emergency plans require annual update and practice. (see related OAR section for details)

MEDICATION STORAGE

- All medications must be kept in the original containers; labeled by the dispensing pharmacy, product manufacturer, or physician, as specified by the written order of a physician or licensed health care provider; and kept in a secured, locked container and stored as indicated by the product manufacturer. **All medications in the house (including provider and family medications) must be secured.**
- Note: There are multiple, specific requirements for documentation related to administration of medications and treatments, disposal of medications, documentation of possible side effects, and self administration of medication by individuals outlined in the OARs. While these are not reviewed at the time of the initial licensure, it will be VERY IMPORTANT for you to have these systems in place immediately should an individual move into your home.

EMPLOYMENT (PERSONNEL) RECORDS

- AFH-DD records must include proof that the provider, resident manager, and any other caregivers have met the minimum qualifications as required by OAR 411-360-0110.
- The following documentation must be included in the AFH-DD record at the time of initial licensing:
 - Completed employment applications including the names, addresses, and telephone numbers of all caregivers employed by the provider. An application for employment in any capacity in an AFH-DD must include a question asking whether the person applying for employment has ever been found to have committed abuse;
 - Approved current criminal background check for each subject individual
 - Documentation of current First Aid and CPR for all providers and resident managers
 - A certificate to document completion of the Department's Basic Training Course for the provider, resident manager, and substitute caregivers;
 - Proof of mandatory abuse report training for the provider, resident manager, and substitute caregivers;
 - Proof of any additional training required for the specific classification of an AFH-DD or the provider, resident manager, and all caregivers; and
 - Documentation of caregiver orientation to the AFH-DD and training of emergency procedures

Summary of Items required to be posted in the home at the time of initial licensure:

- Bill of Rights
- House Rules
- Complaint Procedure (with Disability Rights Oregon phone number)
- Emergency Numbers
- Floor plan with evacuation routes (on each floor of house)
- Menu

RESIDENT RECORDS:

Resident records are not reviewed at the time of initial licensing for new provider applicants, because there are no residents in your home at that time. However, you will need to become familiar with resident record requirements before your license is issued so that you can be prepared for a possible referral. **All resident record requirements become effective immediately upon a resident being placed in your home!** If an individual is placed in your home, your licenser will visit shortly thereafter to confirm that your records are in place in accordance with Oregon Administrative Rules (OARs).

Some of the individual record requirements you will find outlined in the OARs include requirements for:

- An individual **summary sheet** (recommend SDS form 4203)
- An individual **emergency information sheet** (SDS form 4204 is required),
- A list of known health conditions, medical diagnoses, any known allergies, immunizations, Hepatitis B status, previous TB tests, incidents or injuries affecting the health safety or emotional well being of the individual, and history of emotional or mental health status that may be pertinent to current care
- A **record of visits and appointments to licensed health professionals** that include documentation of the consultation, any treatment provided, and any follow-up reports provided to the AFH-DD provider
- A record of known **hospitalizations and surgeries**
- **Current signed orders** for all medications, treatments, therapies, specialized diets, and adaptive equipment
- **Menus** that reflect individual preferences and any specific diet orders or modifications required by the individual
- Medication administration records (**MARs**) documenting administration of all medications and treatments
- Documentation of guardian consent for medical treatment that is not routine including surgery and anesthesia
- Drug disposal records
- Documentation of possible medication side effects

- Copies of previous **mental health** assessments, assessment updates, including multi-axial DSM diagnosis and treatment recommendations, and progress records from mental health treatment services.
- **Balancing test** for any psychotropic medications, when the medication is first prescribed and annually thereafter
- A **functional behavioral assessment** and **behavior support plan**, with documentation of ISP team agreement, for any individual for whom a plan has been developed to alter the individual's behavior.
- **Nursing care plan**, if individual is receiving nursing services at the home
- **Eligibility documentation**
- Individual Support Plan (**ISP**)
- Documentation of staff training in the supports outlined in the ISP and the implementation of those supports
- Current **vocational ISP or school IEP** if resident has day program or school services
- **Entry Meeting** documentation
- Documentation of initial **fire evacuation** training and regular fire evacuation drills
- **Incident reports** for any unusual incidents or use of protective physical intervention.
- **Progress notes** maintained and kept current at least monthly for each individual residing in the home, regarding the progress of the ISP supports, any medical, behavioral, or safety issues or any other events that are significant to the individual.
- Documentation that a copy of the written **house rules** and **Bill of Rights** have been discussed and provided to each individual and their family or legal representative at admission and reviewed annually or as changes occur.
- A **personal property** record for each individual, reflecting items of significant monetary or emotional value.
- **Financial records** that include:
 - A current, separate and accurate written record for each individual of all money received or disbursed on behalf of or by the individual. The record must include: the **date, amount, and source of income received**; the **date, amount, and purpose of funds disbursed**; and **signature** of the provider making each entry.
 - **Receipts** for purchases of \$10.00 or more made on behalf of an individual unless an alternate amount is otherwise specified by the ISP team.
 - A record of the disposition of the **room and board fee** that the individual pays to the provider at the beginning of each month.

Questions?

See the Oregon Administrative Rule for Adult Foster Homes for Individuals with Intellectual or Developmental Disabilities (OAR 411-360-0010 through 0310)

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