

Document: Proposed Rule

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**TITLE 460 DIVISION OF DISABILITY, AGING, AND
REHABILITATIVE SERVICES**

Proposed Rule
LSA Document #00-121

DIGEST

Adds 460 IAC 6 to establish: (1) minimum fire and life safety standards for supported living residences serving not more than four unrelated individuals with developmental disabilities in one setting, and (2) procedures for monitoring compliance with the standards, corrective action for noncompliance with standards, and administrative review of agency action. Effective 30 days after filing with the secretary of state.

460 IAC 6

SECTION 1. 460 IAC 6 IS ADDED TO READ AS FOLLOWS:

ARTICLE 6. SUPPORTED LIVING RESIDENCES

Rule 1. Fire and Life Safety Standards

460 IAC 6-1-1 Definitions

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 4-21.5-1-4; IC 12-11-2.1-3

Sec. 1. The following definitions apply throughout this rule:

- (1) "Agency action" has the meaning set forth in IC 4-21.5-1-4.
- (2) "Bureau of developmental disabilities services" or "BDDS" means the bureau of developmental disabilities services established in IC 12-11-1.1-1(a).
- (3) "Habilitation services" means planned goal-centered activities designed to assist an individual with a developmental disability to:
 - (A) participate more fully and effectively in all phases of daily living, especially in integrated settings;
 - (B) exercise more control of the individual's life through improvement of independent living skills; or
 - (C) access and be more connected with community services and activities.The term includes, but is not limited to, activities of daily living, mobility, basic nutrition, recreation and leisure time, social and interpersonal skills, academic skills, motor and perceptual skills, communication skills, decision making and self-advocacy skills, prevocational skills and assistance with developing community connections. The term does not include vocational services.
- (4) "Individual" means an individual with a developmental disability receiving services under IC 12-11-1.1 and IC 12-11-2.1.
- (5) "Individual service plan" or "service plan" means the individual service plan required pursuant to IC 12-11-2.1-3.
- (6) "Minor" means an individual who is less than eighteen (18) years of age.
- (7) "Provider" means an entity approved by BDDS to provide supported living services to an individual with a developmental disability under IC 12-11-1.1.
- (8) "Relative" means:
 - (A) great grandparent;
 - (B) grandparent;
 - (C) parent;
 - (D) stepparent;
 - (E) uncle;

- (F) aunt;
- (G) brother;
- (H) sister;
- (I) half brother;
- (J) half sister;
- (K) child;
- (L) stepchild;
- (M) grandchild;
- (N) great grandchild;
- (O) nephew; or
- (P) niece.

(9) "Residence" means a building or separate dwelling unit in which an individual receiving supported living services resides, except as provided in section 2 of this rule (relating to applicability). Each apartment unit within an apartment building is considered a separate residence. Each part of a duplex is considered a separate residence, if there is physical separation between the living areas.

(10) "Safety devices" includes the following:

- (A) Handrails for stairs.
- (B) Smoke detectors.
- (C) Fire extinguishers.
- (D) Aural life safety devices for an individual with a visual impairment.
- (E) Visual life safety devices for an individual with a hearing impairment.
- (F) Anti-scald devices for showers, bath tubs, sinks, and other hot water dispensers.
- (G) Rubber mats and grab bars for bathing areas.
- (H) Ramps, assistive technology, and fire ladders.
- (I) Screens or protective guards for fireplaces in use.
- (J) Gas, electricity, and water shutoffs.
- (K) Fire resistive construction in a residence.
- (L) Protective guards or insulation for heat sources.
- (M) Any device determined necessary for the safety and accessibility of an individual under an individual service plan.

(11) "Service plan" means an individual service plan required pursuant to IC 12-11-2.1-3.

(12) "Supported living" means service arrangements designed to meet the unique needs of individuals in integrated settings that may serve not more than four (4) unrelated individuals living in any one (1) setting as described in IC 12-11-1.1-1(e)(2).

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-1)

460 IAC 6-1-2 Applicability

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 2. (a) This rule applies to a service provider who:

- (1) is approved by the bureau of developmental disabilities services to provide habilitation services pursuant to IC 12-11-1.1-1; and**
- (2) provides habilitation services to an individual with a developmental disability in a supported living service arrangement that meets the requirements of IC 12-11-1.1-1(e)(2).**

(b) The standards contained in this rule do not apply to a residence of an individual with a developmental disability who:

- (1) resides with the individual's legal guardian;**
- (2) resides with a relative or relative's spouse; or**
- (3) is a minor and resides with a parent.**

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-2)

460 IAC 6-1-3 General duty to comply with standards

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 3. Subject to section 2 of this rule, a supported living service provider is responsible for assuring that an individual

has living quarters and receives services that meet the minimum fire and life safety standards contained in this rule. If living quarters are not provided in a residence owned by the provider, the provider remains directly responsible for the standards specified in this rule. (*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-3*)

460 IAC 6-1-4 Physical site requirements

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 4. (a) A provider must assure that a supported living setting meets the requirements in this section.

(b) Requirements for special accommodations are as follows:

(1) A provider must provide and maintain any device determined necessary for the safety and accessibility of an individual under an individual service plan, including, but not limited to, the following:

(A) Ramps.

(B) Assistive technology.

(C) Fire ladders.

(2) A residence serving an individual with a physical disability, blindness, visual impairment, deafness, or hearing impairment must have accommodations determined necessary under an individual service plan to ensure the safety and reasonable accessibility for entrance to, movement within, and exit from a residence.

(3) A residence serving an individual with a physical disability, blindness, visual impairment, deafness, or hearing impairment must have adaptive equipment determined necessary under an individual service plan for an individual to move about and function at a residence.

(c) Requirements for entrances and exits are as follows:

(1) Doors of egress must not be locked against egress when the residence is occupied unless an individual chooses to lock the door.

(2) Stairways, halls, doorways, passageways, and exits from rooms and from the residence must not be obstructed.

(3) Rooms, hallways, interior stairways, outside steps, outside doorways, porches, ramps, and fire escapes must be lighted to assure safety and to avoid accidents.

(d) All stairs must have handrails.

(e) Adequate heating and cooling systems according to the needs of individuals are provided and maintained.

(f) Lighting in a residence must be adequate for the comfort and safety of individuals and staff persons.

(g) Requirements for bedrooms are as follows:

(1) An individual's bedroom must not be located in a basement unless the basement has an outside door.

(2) Normal pattern pathways may not go through the bedrooms of individuals.

(h) Requirements for bathrooms are as follows:

(1) Bathing areas must have safety features adequate for an individual, as determined under an individual service plan.

(2) Bathing areas must afford accessibility as dictated by an individual's needs.

(3) Every bathroom door must be designed to permit opening of a locked door from the outside in an emergency, or a device to open a locked door must be available.

(i) Requirements for kitchens are as follows:

(1) All areas used for food preparation and serving must be maintained in a clean and sanitary condition.

(2) Refrigeration must be available, in proper working condition, and conveniently located.

(j) Anti-scald devices must be installed on showers, tubs, sinks, and other hot water dispensers to maintain a maximum temperature of one hundred ten (110) degrees Fahrenheit. However, anti-scald devices are not required if all individuals living in a residence understand the danger of hot water and have the ability to:

(1) sense and move away from hot water quickly; and

(2) mix hot and cold water to a temperature to avoid injury.

Documentation of each individual's understanding and ability must be in each individual's service plan.

(k) Requirements for water source are as follows:

- (1) A safe, potable, and reliable water source must be maintained.
- (2) If the water source for a residence is a water well, water must be tested at least annually and as otherwise needed for safety.
- (3) Logs and records of well water testing must be maintained and available for review.

(l) Private water and sewage disposal systems must be in compliance with local regulations for residential use.

(m) Gas, electricity, and water shutoffs must be labeled and easily accessible.

(n) Requirements for telephone services are as follows:

- (1) A residence must have an operable telephone with an outside line that is easily accessible to individuals and staff persons. The telephone may not be coin-operated.
- (2) A list of emergency telephone numbers must be prominently displayed near the telephone.

(o) General safety requirements are as follows:

- (1) A residence must be equipped with an operable flashlight.
- (2) A residence must be equipped with a basic first aid kit.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-4)

460 IAC 6-1-5 Fire and life safety training for direct care staff persons

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 5. (a) A provider must assure that a supported living setting meets the requirements in this section.

(b) A direct care staff person must receive fire and life safety training in the following subjects during the first week of initial employment and prior to working alone with an individual:

- (1) The communication mode of each individual.
- (2) The management of maladaptive behavior of an individual that may adversely affect the safety of that individual or others in a residence.
- (3) General fire safety.
- (4) Procedures to be followed in the event of a fire, tornado, gas leak, or other threat to life safety.
- (5) Evacuation procedures.
- (6) Responsibilities during fire drills.
- (7) The designated meeting place outside a residence or within a fire safe area in the event of an actual fire.
- (8) The use of fire extinguishers, smoke detectors, and fire alarms.
- (9) Notification of a local fire department as soon as possible after a fire is discovered.

(c) A direct care staff person must be trained in the following subjects within ninety (90) days after the day of initial employment:

- (1) First aid.
- (2) Heimlich techniques.
- (3) Cardio-pulmonary resuscitation.

(d) All direct care staff persons must be retrained annually in the subjects required in subsection (c).

(e) The training required under this section must be provided by a person certified as a trainer by a hospital or other recognized health care organization. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-5)*

460 IAC 6-1-6 Fire and life safety training for individuals

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 6. (a) A provider must assure that a supported living setting meets the requirements in this section.

(b) An individual must be instructed in the individual's mode of communication in procedures to be followed in the event of a tornado, fire, gas leak, or other threat to life safety, including, at a minimum, the following:

- (1) General fire safety.**
- (2) Evacuation procedures.**
- (3) Responsibilities during drills.**
- (4) A designated meeting place outside the residence or within a safe area.**
- (5) Smoking safety procedures if individuals smoke at the residence.**

(c) The instruction required in subsection (b) must take place upon an individual's moving into the residence and at least annually thereafter.

(d) If an individual is medically or functionally unable to participate in fire and life safety training, documentation must be kept specifying why the individual could not participate.

(e) A written record of fire and life safety training or instruction for an individual must be prepared and maintained. The record must contain the following information:

- (1) The date of training or instruction.**
- (2) The subject or matters covered.**
- (3) The name of any individual attending.**
- (4) The name of the person providing training or instruction.**

(f) When appropriate to an individual's service plan, an individual should be trained in:

- (1) the operation of the fire extinguisher at the individual's residence; and**
- (2) using emergency telephone numbers.**

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-6)

460 IAC 6-1-7 Fire safety requirements

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 7. (a) A provider must assure that a supported living setting meets the requirements in this section.

(b) Requirements for smoke detectors and fire alarms are as follows:

- (1) A residence must have a minimum of one (1) operable automatic smoke detector on each floor, including the basement and attic.**
- (2) There must be an operable automatic smoke detector located within fifteen (15) feet of each individual and staff bedroom door.**
- (3) The smoke detectors specified in subdivisions (1) and (2) must be located in common areas or hallways.**
- (4) Smoke detectors and fire alarms must be of a type approved or listed by Underwriters Laboratories.**
- (5) If a smoke detector or fire alarm is inoperative, notification for repair must be made within twenty-four (24) hours and repairs completed within forty-eight (48) hours of the time the detector or alarm is found to be inoperative.**
- (6) All automatic smoke detectors must be installed and maintained according to the following:**
 - (A) The manufacturer's instructions.**
 - (B) The requirements of state laws and rules.**
 - (C) Local codes and ordinances.**
- (7) Battery operated aural life safety devices must be provided for an individual with a visual impairment in accordance with an individual service plan.**
- (8) Battery operated visual life safety devices must be provided for an individual with a hearing impairment in accordance with an individual service plan.**

(c) Requirements for fire extinguishers are as follows:

- (1) A currently certified and properly charged 10 B type fire extinguisher must be located in the kitchen of a residence.**
- (2) A fire extinguisher must be listed by Underwriters Laboratories or approved by Factory Mutual Systems.**

- (3) A fire extinguisher must be accessible to staff persons and individuals.
- (4) A fire extinguisher must be inspected and approved annually by a fire safety expert. The date of the inspection must be on the extinguisher.

(d) Requirements for heaters are as follows:

- (1) Unventilated fuel heaters must not be used.
- (2) Portable space heaters may not be used, except in:
 - (A) an emergency; and
 - (B) accordance with written instructions required under section 11(b) of this rule.

(e) Heating appliances must be located away from all exits in case of fire arising from a malfunction of the appliance.

(f) Requirements for wood and coal burning stoves are as follows:

- (1) The use of wood and coal burning stoves is permitted only if the stove is inspected and approved for safe installation by a fire safety expert. Written documentation of the inspection and approval must be kept.
- (2) Wood and coal burning stoves, including chimneys and flues, must be cleaned at least every year if used more frequently than once per week during the winter season. Written documentation of the cleaning must be kept.
- (3) Ashes from wood and coal burning stoves must be disposed of in a noncombustible receptacle. The receptacle must be placed outside of the residence and away from any building or combustible material.

(g) Requirements for fireplaces are as follows:

- (1) A fireplace must be securely screened or equipped with protective guards while in use.
- (2) A fireplace chimney and flue must be cleaned at least once a year if used more frequently than once per week during the winter season. Written documentation of the cleaning must be kept.
- (3) Ashes from fireplaces must be disposed of in a noncombustible receptacle. The receptacle must be placed outside of the residence and away from any building or combustible material.

(h) Dust and grease must be removed and cleaned from a hood above a cooking stove.

(i) Requirements for protective guards or insulation for heat sources are as follows:

- (1) Except as provided in subdivision (2), a heat source exceeding one hundred twenty (120) degrees Fahrenheit that is accessible to an individual must be equipped with protective guards or insulation to prevent contact with the heat source.

A heat source includes the following:

- (A) Hot water pipes.
- (B) Fixed space heaters.
- (C) Hot water heaters.
- (D) Radiators.
- (E) Wood and coal burning stoves.
- (F) Fireplaces.

(2) Heat sources do not require protective guards or insulation if all individuals living in a residence:

- (A) understand the danger of heat sources; and
- (B) have the ability to sense and move away from the heat source quickly.

Documentation of each individual's understanding and ability must be in each individual's service plan.

(j) Requirements for storage of combustible material is as follows:

- (1) Combustible material must be stored more than three (3) feet from furnaces, water heaters, and other heat sources.
- (2) Combustible rubbish, oily rags, and waste material must be stored in:
 - (A) metal or metal-lined receptacles equipped with a tight-fitting cover; or
 - (B) a room or structure constructed of noncombustible material when storage is in or adjacent to the residence.

(k) Noncombustible (glass, metal, or ceramic) safety ashtrays or receptacles must be used if an individual or staff person smokes at the residence. (*Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-7*)

460 IAC 6-1-8 Evacuation plan

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 8. (a) A provider must assure that a supported living setting meets the requirements in this section.

(b) There must be a written plan for the evacuation of individuals and staff from a residence that includes the following:

- (1) Individual and staff responsibilities.**
- (2) Means of transportation.**
- (3) An emergency shelter location.**

(c) All staff persons must be trained in evacuation procedures during staff orientation.

(d) The evacuation plan is reviewed with staff at least annually, and when structural modifications are made to the residence.

(e) Evacuation procedures for an individual must be addressed in an individual service plan.

(f) A log is prepared and maintained that includes, at a minimum:

- (1) the names of staff and individuals participating in training and drills;**
- (2) the dates of initial and ongoing training;**
- (3) the types of training provided; and**
- (4) the dates of any evacuation drills.**

(g) Written procedures and strategies for the evacuation of individuals with impairments of mobility, sight, or hearing are prepared and maintained. This documentation must be reviewed and updated in accordance with an individual service plan.

(h) A provider must have a contingency housing plan for an individual in the event that a residence becomes uninhabitable.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-8)

460 IAC 6-1-9 Smoking safety procedures

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 9. A provider must assure that a supported living setting meets the following requirements:

- (1) If an individual or staff person smokes at the residence, there must be written smoking safety procedures.**
- (2) Written smoking safety procedures must be followed.**
- (3) Noncombustible (glass, metal, or ceramic) safety ashtrays or receptacles must be used if an individual or a staff person smokes at a residence.**

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-9)

460 IAC 6-1-10 Maintenance of equipment and safety devices

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 10. A provider must assure that a supported living setting meets the following requirements:

- (1) All safety devices are maintained in proper working condition.**
- (2) A safety device is repaired or replaced if defective or inoperable.**
- (3) Required fire resistive construction is repaired, restored, or replaced if damaged, altered, breached, penetrated, removed, or improperly installed.**
- (4) Heating and cooling systems must be inspected and cleaned in accordance with local laws.**
- (5) Records of inspections and cleaning of heating and cooling systems are prepared and maintained.**

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-10)

460 IAC 6-1-11 Required documentation

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 11. (a) A provider must assure that a supported living setting meets the requirements in this section.

(b) Written detailed instructions for the emergency use of portable space heaters are prepared and maintained.

(c) Logs or records must be prepared and maintained of the following:

- (1) Maintenance, repair, or replacement of safety devices.**
- (2) Maintenance, repair, replacement, and cleaning of heating and cooling systems.**
- (3) Maintenance, repair, or replacement of hot water heaters.**
- (4) Cleaning of chimneys and flues of fireplaces and wood or coal burning stoves.**

(d) The logs or records must contain at least the following information:

- (1) Date and nature of maintenance, repair, replacement, or cleaning.**
- (2) Date of battery replacement in safety devices.**
- (3) Name of person (and company, if applicable) providing maintenance, repair, replacement, or cleaning.**
- (4) The person performing the maintenance, repair, replacement, or cleaning must initial the log or record entries.**

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-11)

460 IAC 6-1-12 Medications

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 12. (a) A provider must assure that a supported living setting meets the requirements in this section.

(b) Medications must be stored in accordance with the following requirements:

- (1) Prescription and nonprescription medications must be kept in their original containers, except for medications of individuals who self-administer medications and keep the medications in personal daily or weekly dispensing containers, in accordance with an individual service plan.**
- (2) Prescription and potentially toxic nonprescription medications must be kept in an area or container that is locked unless it is documented in each individual's service plan that each individual in the residence can safely use or avoid toxic materials.**
- (3) Prescription and potentially toxic nonprescription medications stored in a refrigerator must be kept in a separate locked container unless it is documented in each individual's service plan that each individual in the residence can safely use or avoid toxic materials.**
- (4) Prescription and nonprescription medications must be stored under proper conditions of sanitation, temperature, moisture, and light.**
- (5) Discontinued prescription medications must be disposed of in a safe manner.**

(c) Medications must be labeled in accordance with the following requirements:

- (1) The original container for prescription medications must be labeled with a pharmaceutical label that includes the following:
 - (A) The individual's name.**
 - (B) The name and strength of the medication.**
 - (C) The date the prescription was issued.**
 - (D) The prescribed dosage.**
 - (E) The name of the prescribing physician.****
- (2) Nonprescription medications must be labeled with the original label.**

(d) A prescription medication must be used only for an individual for whom the medication was prescribed.

(e) A medication log that meets the following minimum requirements must be kept for an individual who does not self-administer medication:

- (1) A medication log must record information for an individual concerning the following medications:
 - (A) Prescription medications, including insulin.**
 - (B) Nonprescription, that is, over-the-counter, medications.****
- (2) A medication log must contain at least the following information:**

(A) The name and strength of medication.

(B) The dosage, times, and dates that a medication, including insulin, was administered.

(C) The name of the person who administered the medication, including insulin.

(3) The information specified in subdivision (2) must be logged immediately after administration of the medication or insulin.

(f) If an individual service plan provides for an individual to self-administer medications, a provider must maintain a written list containing the following information:

(1) The name and strength of any prescription medication, including insulin.

(2) The name and strength of any nonprescription, that is, over-the-counter, medication.

(3) The dosage.

(4) The name of the prescribing physician.

(g) If an individual has a suspected adverse reaction to a medication, the prescribing physician must be notified immediately. Documentation of an adverse reaction must be prepared and kept in the individual's file.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-12)

460 IAC 6-1-13 Poisons and toxic materials

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 13. (a) A provider must assure that a supported living setting meets the requirements in this section.

(b) Except as provided in subsection (c), poisons and toxic materials must be kept locked or made inaccessible to individuals.

(c) Poisons and toxic materials may be kept unlocked if all individuals living in the residence are able to safely use or avoid such materials. Documentation of each individual's ability to safely use or avoid poisons and toxic materials must be in each individual's service plan.

(d) Poisons and toxic materials must be stored in their original, labeled containers.

(e) Poisons and toxic materials must be kept separate from food, food preparation surfaces, and dining surfaces.

(f) Household chemicals, cleaning products, and other hazardous or toxic materials must be stored:

(1) separately from food materials;

(2) in clearly labeled containers; and

(3) with proper precautions as needed for the safety of all individuals.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-13)

460 IAC 6-1-14 Firearms

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 14. A provider must assure that a supported living setting meets the requirement that firearms and ammunition are not permitted in the residence or on the property of the residence. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-14)*

460 IAC 6-1-15 Emergency health care plan

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 15. A provider must assure that a supported living setting has a written emergency health care plan containing the following information:

(1) The hospital or source of health care that will be used in an emergency.

(2) The method of transportation to be used.

(3) An emergency staffing plan.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-15)

460 IAC 6-1-16 Emergency information

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 16. (a) A provider must assure that a supported living setting meets the requirements in this section.

(b) Emergency information for an individual must be easily accessible to appropriate staff at a residence.

(c) Emergency information for each individual must include the following:

(1) The name, address, telephone number, and relationship of a designated person to be contacted for an individual in case of an emergency.

(2) The name, address, and telephone number of an individual's physician or source of health care.

(3) The name, address, and telephone number of a person able to give consent, if applicable, for emergency health care for an individual.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-16)

460 IAC 6-1-17 Agency responsibilities

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 17. (a) BDDS or its designee must monitor compliance with the requirements of this rule as follows:

(1) At least annually.

(2) Upon receiving a complaint or report alleging a provider's noncompliance with the requirements of this rule.

(b) BDDS or its designee may monitor compliance with the requirements of this rule through any of the following means:

(1) Requesting and obtaining information from the provider.

(2) Residence or site inspection.

(3) Meeting with an individual or, when appropriate, an individual's parent, guardian, or other legal representative.

(4) Review of provider records and the records of an individual.

(5) Follow-up inspection as is reasonably necessary to determine compliance after BDDS has requested a corrective action plan.

(c) A report of monitoring inspections must:

(1) be prepared by BDDS or its designee;

(2) document the findings made during monitoring;

(3) identify corrective action that is needed;

(4) identify the time period in which corrective action must be completed;

(5) identify any documentation needed from the provider to support the provider's completion of the corrective action plan;
and

(6) be submitted to the service provider.

(d) A provider must:

(1) complete a corrective action to the reasonable satisfaction of BDDS or its designee within the time period identified in the written report, or within such longer time period agreed to by BDDS and the provider;

(2) notify BDDS upon the completion of a corrective action; and

(3) provide BDDS or its designee with any requested documentation.

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-17)

460 IAC 6-1-18 Effect of noncompliance with rule requirements

Authority: IC 12-9-2-3; IC 12-11-1.1-1; IC 12-11-1.1-9

Affected: IC 12-11-1.1

Sec. 18. (a) If a provider does not comply with the requirements of this rule and does not complete a corrective action plan to the reasonable satisfaction of BDDS within the time allowed, BDDS must give written notice of the following:

- (1) That supported living services for an individual or individuals receiving services under IC 12-11-1.1 must be provided in a setting that complies with this rule.**
- (2) The requirements of this rule with which the provider has not complied.**
- (3) As a result of noncompliance with this rule, supported living services for an individual or individuals receiving services under IC 12-11-1.1 will no longer be provided in the setting.**
- (4) The effective date, with at least thirty (30) days' notice, when supported living services for an individual or individuals will no longer be provided at the setting.**
- (5) The need for planning to transfer an individual to a setting that complies with this rule.**
- (6) The provider's right to seek administrative review of the agency's determination.**

(b) BDDS must give the written notice required in subsection (a) to:

- (1) the provider;**
- (2) an individual receiving supported living services in the setting; and**
- (3) if applicable, the parent, guardian, or other legal representative of an individual.**

(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-18)

460 IAC 6-1-19 Administrative review of agency action

Authority: IC 12-8-8-5; IC 12-9-2-3; IC 12-11-1.1-9

Affected: IC 4-21.5; IC 12-11-1.1

Sec. 19. (a) To qualify for administrative review of any agency action described in section 18 of this rule, a person must petition for review in a writing that does the following:

- (1) States facts demonstrating that the petitioner is:**
 - (A) a person to whom the agency action is specifically directed;**
 - (B) aggrieved or adversely affected by the agency action; or**
 - (C) entitled to review under any law.**
- (2) Is filed with the director of the division of disability, aging, and rehabilitative services within fifteen (15) days after the person is given notice of the agency action.**

(b) Administrative review shall be conducted in accordance with IC 4-21.5. *(Division of Disability, Aging, and Rehabilitative Services; 460 IAC 6-1-19)*

Notice of Public Hearing

Under IC 4-22-2-24, notice is hereby given that on January 25, 2001 at 9:00 a.m., at the St. Joseph County Public Library, 304 South Main Street, South Bend, Indiana; AND on January 25, 2001 at 1:00 p.m., at the Indiana Government Center-South, 402 West Washington Street, Conference Center Room A, Indianapolis, Indiana; AND on January 26, 2001 at 10:00 a.m., at the Jasper Campus of Vincennes University, Arnold F. Habig Technology Center, 850 South College, Jasper, Indiana the Division of Disability, Aging, and Rehabilitative Services will hold a public hearing on proposed new rules concerning fire and life safety standards for supported living residences.

If an accommodation is required to allow an individual with a disability to participate in a public hearing, please contact Ellen McClimans at (317) 232-7902 at least 48 hours before the hearing.

Copies of these rules are now on file at the Indiana Government Center-South, 402 West Washington Street, Room W451 and Legislative Services Agency, One North Capitol, Suite 325, Indianapolis, Indiana and are open for public inspection.

Jean A. Oswalt
Executive Assistant to the Director
Division of Disability, Aging, and Rehabilitative Services