

**RULES
OF THE
TENNESSEE DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
OFFICE OF LICENSURE**

**CHAPTER 0465-02-14
MINIMUM PROGRAM REQUIREMENTS FOR INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES RESPITE CARE SERVICES**

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0465-02-14-.01 POLICIES AND PROCEDURES.

- (1) The written policies and procedures manual must include the following:
 - (a) Policies and procedures regarding tuberculosis control and the reporting of infectious and communicable diseases as required by the Tennessee Department of Health;
 - (b) Policies and procedures establishing minimum requirements in all respite care services for ensuring safety to life in the event of fire. These policies and procedures must minimally ensure:
 1. Fire safety features of smoke detectors, fire extinguishers and two (2) alternate means of escape from sleeping rooms in each home; and
 2. Training for all providers in developing and implementing fire safety precautions and evacuation procedures within each home.
 - (c) Policies and procedures establishing minimum requirements for environmental quality in each home. Such requirements must include minimum standards for health, sanitation, and adequate furnishings, and equipment for meeting the needs and food/nutrition of the person supported.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-14-.02 PERSONNEL AND STAFFING.

- (1) The governing body must ensure that no more than three (3) persons are in an individual respite care placement at a time.
- (2) Persons supported are never to be left unattended during customary sleeping hours.
- (3) Employees shall be screened or tested for tuberculosis according to the procedures of the Tennessee Department of Health. Documentation of such screening or testing shall be maintained in the employee's personnel file.
- (4) The governing body must ensure that employees and providers practice infection control procedures that will protect persons supported from infectious diseases.

(Rule 0465-02-14-.02, continued)

- (5) Employees and providers must be provided with a basic orientation in the proper management of seizure disorders for persons supported prior to being assigned to work.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-14-.03 PERSON SUPPORTED RECORDS.

- (1) The governing body must ensure that the record of each person supported includes the following:
 - (a) The social security number of the person supported;
 - (b) The legal competency status of the person supported, including the name of his/her legal representative (conservator, parent, guardian, or legal custodian), if applicable;
 - (c) Sources of coverage for the medical care costs of the person supported;
 - (d) The name, address and telephone number of the physician or healthcare agency providing medical services for the person supported;
 - (e) Documentation of all medications administered to the person supported by the licensee, which indicates the date prescribed, type, dosage, frequency, amount and reason;
 - (f) Written accounts of all monies received and disbursed on behalf of the person supported;
 - (g) Report of medical problems, accidents, seizures and illnesses of the person supported, and treatments for such medical problems, accidents, seizures and illnesses while the person supported is in respite care;
 - (h) Report of significant behavior incidents of the person supported, and actions taken; and
 - (i) Report of the use of restrictive behavior management techniques on the person supported.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-14-.04 MEDICATION ADMINISTRATION.

- (1) When medications are administered by certified staff to persons supported the licensee must:
 - (a) Consider the ability and training of the person supported, when supervising the self-administration of medication;
 - (b) Ensure that prescription medications are taken only by the person supported for whom they are prescribed, and in accordance with the directions of a physician;
 - (c) Provide storage for medications in a locked container, which ensures proper conditions of security and sanitation, and prevents accessibility to any unauthorized individual;

(Rule 0465-02-14-.04, continued)

- (d) Assure the disposal of discontinued and outdated medications and containers with worn, illegible or missing labels; and
- (e) Report all medication variance (errors), medication reactions, or suspected side effects to the practitioner who prescribed the medication.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-14-.05 HEALTH, HYGIENE AND GROOMING.

The governing body must ensure that all persons supported receive assistance with health, hygiene, and grooming.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-14-.06 DAY ACTIVITIES.

The governing body must ensure that appropriate day activities are provided or procured, which are in accordance with the age level, interest, and ability of the person supported, and relevant to the length and purpose of his/her stay.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.

0465-02-14-.07 USE OF RESTRICTIVE BEHAVIOR MANAGEMENT.

- (1) No procedures shall be used for behavior management which results in physical or emotional harm to the person supported.
- (2) Corporal punishment, seclusion, aversive stimuli, chemical restraint, and denial of a nutritionally adequate diet shall not be used.
- (3) Restraint (physical holding, mechanical restraint), medications for behavior management, time-out rooms, or other techniques with similar degrees of restriction or intrusion must not be employed except as an integral part of an ISP.
- (4) Restrictive or intrusive behavior management procedures must not be used until after less restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective.
- (5) Prior to the implementation of a written program or behavior support plan incorporating the use of a highly restrictive or intrusive technique, the program plan must be reviewed and approved by the person supported or his/her legal representative (conservator, parent, guardian, or legal custodian), with documentation of such approval. A Human Rights Committee must also review and approve the written program.
- (6) When procedures such as physical holding, mechanical restraint, and time-out are used in emergency situations to prevent the person supported from inflicting bodily harm, more than three (3) times within six (6) months, a behavioral assessment shall be conducted by an

(Rule 0465-02-14-.07, continued)

appropriate professional. Recommendations shall be incorporated into a written plan that is part of the ISP.

- (7) Behavior management medications may be used only when authorized in writing by a physician for a specific period of time.
- (8) The program plan for the use of a mechanical restraint must specify the extent and frequency of the monitoring schedule according to the type and design of the device and the condition of the person supported.
- (9) A person supported who is placed in a mechanical restraint must be released for a minimum of ten (10) minutes at least every two (2) hours and provided with an opportunity for freedom of movement, exercise, liquid intake/refreshment, nourishment, and use of the bathroom.
- (10) Physical restraint/physical holding may be used only until the person supported is calm.
- (11) A person supported who is placed in time-out must be released after a period of not more than sixty (60) minutes.
- (12) The ability of a person supported to exit from time-out must not be prevented by means of keyed or other locks, and locations used for time-out must allow for the immediate entry of staff.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 33-1-201, 33-1-302, 33-1-303, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, 33-2-407. **Administrative History:** New rules filed July 6, 2016; effective October 4, 2016.