

**RULES OF
TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND MENTAL RETARDATION**

**CHAPTER 0940-5-27
MINIMUM PROGRAM REQUIREMENTS FOR MENTAL RETARDATION
RESPITE CARE SERVICES FACILITIES**

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0940-5-27-.01 POLICIES AND PROCEDURES FOR RESPITE CARE SERVICES FACILITIES.

- (1) The written policies and procedures manual must include the following elements:
 - (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 placement providers' homes for ensuring safety to life in the event of fire. These policies and procedures minimally must ensure:
 1. Fire safety features of smoke detectors, fire extinguishers and two alternate means of escape from sleeping rooms in each provider's home, and
 2. Training for all providers in developing and implementing fire safety precautions and evacuation procedures within each provider's home; and
 - (c) Policies and procedures establishing minimum requirements for environmental quality in each provider's home. Such requirements must include minimum standards for health and sanitation, adequate furnishings and equipment for meeting clients' needs and food and nutrition.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-27-.02 PERSONNEL AND STAFFING REQUIREMENTS FOR RESPITE CARE SERVICES FACILITIES.

- (1) The governing body must ensure that no more than three (3) clients are served in an individual respite care placement at a time.
- (2) Clients are never to be left unattended during normal sleeping hours.
- (3) Each employee and provider must have a tuberculosis skin test within thirty (30) days of employment and thereafter as required by the current guidelines of the Tennessee Department of Health.

(Rule 0940-5-27-.02 continued)

- (4) The governing body must ensure that employees and providers practice infection control procedures that will protect clients from infectious diseases.
- (5) Employees and providers must be provided with a basic orientation in the proper management of individuals with seizure disorders prior to being assigned to work with individuals with such disorders.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-27-.03 CLIENT RECORD REQUIREMENTS FOR RESPITE CARE SERVICES FACILITIES.

- (1) The governing body must ensure that each client record includes the following information:
 - (a) The client's social security number;
 - (b) The client's legal competency status;
 - (c) Sources of coverage for the client's medical care costs;
 - (d) The name, address and telephone number of the physician or health agency providing medical services;
 - (e) Documentation of all drugs administered to the client by the facility which indicated date prescribed, type, dosage, frequency, amount and reason;
 - (f) Written accounts of all monies received and disbursed on behalf of the client;
 - (g) Report of medical problems, accidents, seizures and illnesses and treatments for such medical problems, accidents, seizures and illnesses while the client is in respite care;
 - (h) Report of significant behavior incidents and of actions taken; and
 - (i) Report of the use of restrictive behavior management techniques.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-27-.04 MEDICATION ADMINISTRATION IN RESPITE CARE SERVICES FACILITIES.

- (1) The client's ability and training must be considered when supervising the administration of medication.
- (2) Prescription medications are to be taken only by clients for whom they are prescribed and in accordance with the directions of a physician.
- (3) Drugs must be stored in a locked container which ensures proper conditions of security and sanitation and prevents accessibility to any unauthorized person;
- (4) Discontinued and outdated drugs and containers with worn, illegible, or missing labels must be disposed.
- (5) All medication errors, drug reactions, or suspected over medications must be reported to the practitioner who prescribed the drug.

(Rule 0940-5-27-.04 continued)

- (6) Evidence of the current prescription of each medication taken by a client must be maintained.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-27-.05 CLIENT HEALTH, HYGIENE AND GROOMING PROVISIONS IN RESPITE CARE SERVICES FACILITIES. The governing body must ensure that clients receive assistance with health, hygiene and grooming practices.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-27-.06 DAY ACTIVITY PROVISIONS IN RESPITE CARE SERVICES FACILITIES. The governing body must ensure that appropriate day activities are provided which are in accordance with the age level, interest and ability of the client being served and relevant to the length and purpose of the client's stay.

Authority: T.C.A. § 33-2-504. *Administrative History:* Original rule filed May 26, 1988; effective July 11, 1988.

0940-5-27-.07 REQUIREMENTS FOR THE USE OF RESTRICTIVE BEHAVIOR MANAGEMENT IN RESPITE CARE SERVICES FACILITIES.

- (1) Corporal punishment must not be used.
- (2) Behavior-management programs must not employ techniques that may result in denial of a nutritionally adequate diet.
- (3) Physical restraint, drugs for behavior management, time-out rooms, aversive stimuli, or other techniques with similar degrees of restriction or intrusion must not be employed except as an integral part of an Individual Program Plan that is designed by the client's Individual Program Plan team to lead to a less restrictive way of managing, and ultimately to the elimination of, the behavior.
- (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 incorporating the use of a highly restrictive or intrusive technique, the facility must document that the program has been reviewed and approved by the client or the client's legal guardian and the facility must appoint a Human Rights Committee to review and approve the written program.
- (6) Emergency procedures used to prevent a client from inflicting bodily harm may not be repeated more than three (3) times within six (6) months without being incorporated into a written behavior-management program that is part of an Individual Program Plan designed by the client's Individual Program Plan team.
- (7) Behavior-management drugs may be used only when authorized in writing by a physician for a specific period of time.
- (8) Chemical restraint may be used only when authorized and supervised by a physician in attendance.
- (9) A client placed in chemical restraint must be under continuous staff observation.
- (10) If the use of chemical restraint is necessary beyond twenty-four (24) hours, the situation must be re-evaluated, authorized and supervised by a physician in attendance.
- (11) The program for the use of a mechanical restraint must specify the extent and frequency of the monitoring according to the type and design of the device and the condition of the client.

(Rule 0940-5-27-.07 continued)

- (12) A client placed in mechanical restraint must be released for a minimum of ten (10) minutes at least every two (2) hours and provided with an opportunity for motion, exercise, liquid intake and toileting.
- (13) Personal restraint/physical holding may be used only until the client is calm.
- (14) If the use of personal restraint/physical holding is necessary beyond sixty (60) minutes, the situation must be re-evaluated and authorized by a mental retardation specialist.
- (15) The client in a time-out room must be released after a period of not more than sixty (60) minutes.
- (16) The ability of a client to exit a time-out room must not be prevented by means of keyed or other locks; and time-out rooms must allow for the immediate entry of staff.
- (17) Aversive stimuli may be used only when the behavior of a client is likely to cause irreparable harm to himself or others, the behavior precludes his or her development and less negative procedures have, in the immediate past, been documented to be ineffective in reducing or eliminating this particular behavior.

Authority: T.C.A. § 33-2-504. **Administrative History:** Original rule filed May 26, 1988; effective July 11, 1988.