

**RULES OF
TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES**

**CHAPTER 0940-05-51
MINIMUM PROGRAM REQUIREMENTS FOR
ADULT SUPPORTIVE RESIDENTIAL FACILITIES**

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0940-05-51-.01 DEFINITION.

- (1) "Adult Supportive Residential Facility" means a mental health residential program that provides twenty-four (24) hours residential care with a treatment and rehabilitation component less intensive than required in a Residential Treatment Facility. Coordinated and structured services are provided for adult service recipients that include personal care services, training in community living skills, vocational skills, and/or socialization. Access to medical services, social services, and mental health services are insured and are usually provided off-site, although limited mental health treatment and rehabilitation may be provided on site.

Authority: T.C.A. §§ 4-4-103; 4-5-204; 33-1-302; 33-1-305; 33-1-309; 33-2-301; 33-2-403; and 33-2-404. **Administrative History:** Original rule filed November 9, 2009; effective February 7, 2010.

0940-05-51-.02 APPLICATION OF RULES.

- (1) The governing body of an adult supportive residential facility shall comply with the following rules:
- (a) Rule 0940-05-04-.06(2) Life Safety Board and Care Occupancy;
 - (b) Chapter 0940-05-05 Adequacy of Facility Environment and Ancillary Services;
 - (c) Chapter 0940-05-06 Minimum Program Requirements for All Facilities; and
 - (d) Chapter 0940-05-51 Minimum Program Requirements for Adult Supportive Residential Facilities.

Authority: T.C.A. §§ 4-4-103; 4-5-204; 33-1-302; 33-1-305; 33-1-309; 33-2-301; 33-2-403; and 33-2-404. **Administrative History:** Original rule filed November 9, 2009; effective February 7, 2010.

0940-05-51-.03 POLICIES AND PROCEDURES.

- (1) The facility shall maintain a written policies and procedures manual which contains the following elements:
- (a) A policy and procedures only allowing the admittance of persons who are:

(Rule 0940-05-51-.03, continued)

1. Able to perform basic self-help activities including eating and bathing;
 2. Able to care for their own possessions and to maintain their bedroom or living area in a reasonable state of orderliness and cleanliness;
 3. Able to recognize danger or threat to personal safety;
 4. Able to live comfortably within any limitations in the structure of the facility; and
 5. Generally able to maintain appropriate behaviors tolerable to the community.
- (b) A policy and procedures addressing the method for managing disruptive behavior; and
- (c) A policy and procedures stating that physical holding shall be implemented in such a way as to minimize any physical harm to the service recipient and may only be used when the service recipient poses an immediate threat under the following conditions:
1. The service recipient poses an immediate harm to self or others; and/or
 2. To prevent the service recipient from causing substantial property damage.

Authority: T.C.A. §§ 4-4-103; 4-5-204; 33-1-302; 33-1-305; 33-1-309; 33-2-301; 33-2-403; and 33-2-404. **Administrative History:** Original rule filed November 9, 2009; effective February 7, 2010.

0940-05-51-.04 PERSONNEL AND STAFFING REQUIREMENTS.

- (1) All mental health personnel shall be under the supervision of a licensed mental health professional.
- (2) All direct care staff shall be under the supervision of a mental health professional.
- (3) The facility shall provide adequate supervision by an adult who is knowledgeable of rules, policies and procedures relevant to the facility's operation.
- (4) During normal waking hours, all facilities shall provide at least one (1) direct-care staff person on-duty/on-site for every twelve (12) service recipients present in the facility. During normal sleeping hours, all facilities shall provide at least one (1) direct-care staff person on-site in each building where service recipients are housed.
- (5) All direct care staff at the facility shall have at least four (4) hours training annually in areas relevant to the care provided as evidenced in the facility's record.
- (6) Service recipients shall not be left unattended in the facility at any time.
- (7) Mental health treatment and rehabilitation services may be provided on-site for up to fifteen (15) hours per week, if the services are provided by a licensed mental health outpatient facility.
- (8) The program shall provide back-up coverage by staff trained to handle acute psychiatric problems on a twenty-four (24) hours per day, seven (7) days per week, on-call basis.
- (9) The program shall arrange for the regular, consultative, and emergency services of a licensed psychiatrist.

(Rule 0940-05-51-.04, continued)

- (10) The program shall provide at all times at least one (1) on-duty staff member certified in cardiopulmonary resuscitation (CPR) and trained in First Aid and the Abdominal Thrust Maneuver. The provision of training shall be evidenced by documentation in the facility's record.

Authority: T.C.A. §§ 4-4-103; 4-5-204; 33-1-302; 33-1-305; 33-1-309; 33-2-301; 33-2-403; and 33-2-404. **Administrative History:** Original rule filed November 9, 2009; effective February 7, 2010.

0940-05-51-.05 PROFESSIONAL SERVICES FOR SERVICE RECIPIENTS.

- (1) The facility shall make arrangements for qualified dental, medical, nursing and pharmaceutical care for service recipients of the facility including care for emergencies on twenty-four (24) hours per day and seven (7) days per week basis; and allow service recipients or their families to have the option of choosing a personal professional for routine services. Such services may be provided directly by the facility or indirectly by referral to other service providers.
- (2) The facility shall provide or procure for each service recipient a physical examination, which includes routine screening and special studies as determined by the examining physician, within thirty (30) days of admission unless the service recipient has had a physical examination within ninety (90) days prior to admission. Subsequently physical examinations shall be provided or procured as determined by the service recipient's examining physician. The documentation of required physical examinations shall be provided in the service recipient's record and shall include exact name of the examining physician, clinic, or hospital.

Authority: T.C.A. §§ 4-4-103; 4-5-204; 33-1-302; 33-1-305; 33-1-309; 33-2-301; 33-2-403; and 33-2-404. **Administrative History:** Original rule filed November 9, 2009; effective February 7, 2010.

0940-05-51-.06 SERVICE RECIPIENT RECORD REQUIREMENTS.

- (1) The individual record maintained for each service recipient shall contain the following information:
 - (a) Marital status;
 - (b) Social security number;
 - (c) Medicaid and Medicare number;
 - (d) Legal competency status, if available;
 - (e) Source of financial support and financial arrangements for residing in the facility. This information shall be updated when the service recipient's financial status changes;
 - (f) Name, address and telephone number of the physician or health agency providing medical services;
 - (g) A list of each individual article of the service recipient's personal property valued at fifty dollars (\$50.00) or more including its disposition, if no longer in use;
 - (h) Written accounts of all monies received and disbursed on behalf of the service recipient;
 - (i) Report of medical problems, accidents, seizures and illnesses and treatments for such accidents, seizures and illnesses;

(Rule 0940-05-51-.06, continued)

- (j) Report of significant behavior incidents;
- (k) Notes made on a weekly basis which minimally include a brief statement of the service recipient's progress while residing at the facility. The notes shall include the date that the note was written and the signature of the person making the note;
- (l) Current diagnosis and DSM axis, summary of mental health service plan and crisis plan;
- (m) Medication log; and
- (n) Housing transition plan.

Authority: T.C.A. §§ 4-4-103; 4-5-204; 33-1-302; 33-1-305; 33-1-309; 33-2-301; 33-2-403; and 33-2-404. **Administrative History:** Original rule filed November 9, 2009; effective February 7, 2010.

0940-05-51-.07 SERVICE RECIPIENT RIGHTS.

- (1) Upon admission to the facility, each service recipient shall be provided an orientation which minimally includes minimally the following:
 - (a) Explanation of the facility's services, activities, performance expectations, any rules and regulations and program descriptions;
 - (b) Familiarizing the service recipient with the facility's premises, the neighborhood and public transportation systems; and
 - (c) Explanation of service recipient rights and grievance procedures.
- (2) Service recipients shall not be denied adequate food, treatment/rehabilitative activities, religious activities, mail or other contacts with families as punishment.
- (3) A service recipient shall not be confined to his/her room or other place of isolation as punishment. This does not preclude requesting individuals to remove themselves from a potentially harmful situation in order to regain self-control.

Authority: T.C.A. §§ 4-4-103; 4-5-204; 33-1-302; 33-1-305; 33-1-309; 33-2-301; 33-2-403; and 33-2-404. **Administrative History:** Original rule filed November 9, 2009; effective February 7, 2010.

0940-05-51-.08 MEDICATION ADMINISTRATION.

- (1) When supervising the self-administration of medication, the facility shall consider the service recipient's self-management skills and ability.
- (2) The facility shall ensure that prescription medications are taken only by service recipients for whom they are prescribed and in accordance with the directions of a qualified prescriber.
- (3) Medications shall 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 medications and containers with worn, illegible, or missing labels shall be disposed.

(Rule 0940-05-51-.08, continued)

- (5) All medication errors, drugs reactions, or suspected overmedication shall be reported to the practitioner who prescribed the medication.
- (6) Evidence of the current prescription of each medication taken by a service recipient shall be maintained by the facility.
- (7) All direct-service staff shall be trained about medications used by service recipients. This training shall include information about the purpose and function of the medications, their major side effects and contraindications, and ways to recognize signs that medication is not being taken or is ineffective.
- (8) Staff shall have access to medications at all times.
- (9) For any service recipient incapable of self-administration or supervised self-administration, all medications shall be administered by personnel authorized to do so under Tennessee law.
- (10) Qualified personnel administering medication may only administer medication within the scope of an established protocol approved by medical staff.
- (11) Staff shall document each time a service recipient receives medication including over-the-counter medication or refuses a prescribed medication. This documentation shall include the date, time, medication, name, and dosage. This documentation shall be made on the medication log sheets in the service recipient's chart.

Authority: T.C.A. §§ 4-4-103; 4-5-204; 33-1-302; 33-1-305; 33-1-309; 33-2-301; 33-2-403; and 33-2-404. **Administrative History:** Original rule filed November 9, 2009; effective February 7, 2010.

0940-05-51-.09 RECREATIONAL PROVISIONS FOR SERVICE RECIPIENTS.

- (1) The facility shall provide opportunities for recreational activities, including off-site activities at least once a week unless otherwise indicated by the service recipient's behavior, that are appropriate to and adapted to the needs, interests and ages of the service recipients being served. These opportunities and the participation of the residents will be documented in records available at the facility.

Authority: T.C.A. §§ 4-4-103; 4-5-204; 33-1-302; 33-1-305; 33-1-309; 33-2-301; 33-2-403; and 33-2-404. **Administrative History:** Original rule filed November 9, 2009; effective February 7, 2010.

0940-05-51-.10 HEALTH, HYGIENE AND GROOMING PROVISIONS FOR SERVICE RECIPIENTS.

- (1) The facility shall assist service recipients in the independent exercise of health, hygiene and grooming practices.
- (2) The facility shall encourage the use of dental appliances, eyeglasses and hearing aids if used by service recipients.
- (3) The facility shall encourage each service recipient to maintain a well groomed and clean appearance that is age and activity appropriate and within reason of currently acceptable styles of grooming, dressing and appearance.

Authority: T.C.A. §§ 4-4-103; 4-5-204; 33-1-302; 33-1-305; 33-1-309; 33-2-301; 33-2-403; and 33-2-404. **Administrative History:** Original rule filed November 9, 2009; effective February 7, 2010.

0940-05-51-.11 CLOTHING PROVISIONS FOR SERVICE RECIPIENTS.

- (1) The facility shall provide indirect supervision of service recipients in the selection and purchase of their clothes and in the selection of dressing manner and change of clothes.
- (2) Any marking of service recipients' clothes for identification purposes shall be done in an inconspicuous manner.
- (3) The facility shall allow service recipients to select and purchase their clothes and to dress themselves at appropriate times.

Authority: T.C.A. §§ 4-4-103; 4-5-204; 33-1-302; 33-1-305; 33-1-309; 33-2-301; 33-2-403; and 33-2-404. **Administrative History:** Original rule filed November 9, 2009; effective February 7, 2010.

0940-05-51-.12 DAY ACTIVITIES FOR SERVICE RECIPIENTS.

The facility shall assist service recipients in making use of daily activities according to the age levels, interests and abilities of the service recipients. Such day services may include, but are not limited to, part-time and full-time employment, attendance at a day center, participation in a vocational rehabilitation program, senior citizens involvement and regularly scheduled recreational activities.

Authority: T.C.A. §§ 4-4-103; 4-5-204; 33-1-302; 33-1-305; 33-1-309; 33-2-301; 33-2-403; and 33-2-404. **Administrative History:** Original rule filed November 9, 2009; effective February 7, 2010.