

**DEPARTMENT OF HUMAN SERVICES
AGING AND PEOPLE WITH DISABILITIES
OREGON ADMINISTRATIVE RULES**

**CHAPTER 411
DIVISION 54**

RESIDENTIAL CARE AND ASSISTED LIVING FACILITIES

411-054-0000 Purpose *(Amended 06/28/2016)*

- (1) The purpose of these rules is to establish standards for assisted living and residential care facilities that promote the availability of a wide range of individualized services for elderly and persons with disabilities, in a homelike environment. The standards are designed to enhance the dignity, independence, individuality, and decision-making ability of the resident in a safe and secure environment while addressing the needs of the resident in a manner that supports and enables the individual to maximize abilities to function at the highest level possible.
- (2) Residential care and assisted living facilities are also required to adhere to Home and Community-Based Services, OAR 411-004. For purposes of these rules, all residential care and assisted living facilities are considered home and community-based care settings and therefore shall be referred to as "facility".

Stat. Auth.: ORS 410.070, 443.450

Stats. Implemented: ORS 443.400 - 443.455, 443.991

411-054-0005 Definitions *(Amended 6/29/2018)*

For the purpose of these rules, the following definitions apply:

- (1) "Abuse" means abuse as defined in OAR 411-020-0002 (Adult Protective Services).
- (2) "Activities of Daily Living (ADL)" mean those personal functional activities required by an individual for continued well-being, which are essential for health and safety. Activities include eating, dressing and grooming, bathing and personal hygiene, mobility, elimination, and cognition.

- (3) "Acute Sexual Assault" means any non-consensual or unwanted sexual contact that warrants medical treatment or forensic collection.
- (4) "Administrator" means the person who is designated by the licensee that is responsible for the daily operation and maintenance of the facility as described in OAR 411-054-0065.
- (5) "Advance Directive" means a document that contains a health care instruction or a power of attorney for health care.
- (6) "Aging and People with Disabilities (APD)" means the program area of Aging and People with Disabilities, within the Department of Human Services.
- (7) "Applicant" means the individual, individuals, or entity, required to complete a facility application for license.
 - (a) Except as set forth in OAR 411-054-0013(1)(b), applicant includes a sole proprietor, each partner in a partnership, and each member with a 10 percent or more ownership interest in a limited liability company, corporation, or entity that:
 - (A) Owns the residential care or assisted living facility business; or
 - (B) Operates the residential care or assisted living facility on behalf of the facility business owner.
 - (b) Except as set forth in OAR 411-054-0013(1)(b), for those who serve the Medicaid population, applicant includes a sole proprietor, each partner in a partnership, and each member with a five percent or more ownership interest in a limited liability company, corporation, or entity that:
 - (A) Owns the residential care or assisted living facility business; or
 - (B) Operates the residential care or assisted living facility on behalf of the facility business owner.

(8) "Approved Dementia Training" means a dementia training curriculum approved by an entity selected by the Department to be an approving entity pursuant to a Request for Application (RFA) process.

(9) "Area Agency on Aging (AAA)" as defined in ORS 410.040 means the Department designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to seniors or individuals with disabilities in a planning and service area. For the purpose of these rules, the term Area Agency on Aging is inclusive of both Type A and B Area Agencies on Aging that contract with the Department to perform specific activities in relation to residential care and assisted living facilities including:

- (a) Conducting inspections and investigations regarding protective service, abuse, and neglect.
- (b) Monitoring.
- (c) Making recommendations to the Department regarding facility license approval, denial, revocation, suspension, non-renewal, and civil penalties.

(10) "Assisted Living Facility (ALF)" means a building, complex, or distinct part thereof, consisting of fully, self-contained, individual living units where six or more seniors and adult individuals with disabilities may reside in homelike surroundings. The assisted living facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the activities of daily living, health, and social needs of the residents as described in these rules. A program approach is used to promote resident self-direction and participation in decisions that emphasize choice, dignity, privacy, individuality, and independence.

(11) "Building Codes" are comprised of the set of specialty codes, including the Oregon Structural Specialty Code (OSSC), Oregon Mechanical Specialty Code (OMSC), Oregon Electrical Specialty Code (OESC), Oregon Plumbing Specialty Code (OPSC), and their reference codes and standards.

(12) "Caregiver" means a facility employee who is either direct care staff or a universal worker, who is trained in accordance with OAR 411-054-0070 to provide personal care services to residents.

(13) "Change in Use" means altering the purpose of an existing room, within the facility, that requires structural changes.

(14) "Change of Condition - Short-Term" means a change in the resident's health or functioning, that is expected to resolve or be reversed with minimal intervention, or is an established, predictable, cyclical pattern associated with a previously diagnosed condition.

(15) "Change of Condition - Significant" means a major deviation from the most recent evaluation, that may affect multiple areas of functioning or health, that is not expected to be short-term, and imposes significant risk to the resident. Examples of significant change of condition include, but are not limited to:

- (a) Broken bones.
- (b) Stroke, heart attack, or other acute illness or condition onset.
- (c) Unmanaged high blood sugar levels.
- (d) Uncontrolled pain.
- (e) Fast decline in activities of daily living.
- (f) Significant unplanned weight loss.
- (g) Pattern of refusing to eat.
- (h) Level of consciousness change.
- (i) Pressure ulcers (stage 2 or greater).

(16) "Choice" means a resident has viable options that enable the resident to exercise greater control over their life. Choice is supported by the provision of sufficient private and common space within the facility that

allows residents to select where and how to spend time and receive personal assistance.

(17) "CMS" means the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

(18) "Competency" means to possess specific knowledge, technical skill, and the ability to perform tasks related to the role and responsibilities of direct care staff.

(19) "Competency Assessment" means an evaluation of knowledge, technical skill and ability to carry out care pursuant to the requirements in OAR 411-054-0070. Evaluation shall include verification and documentation of direct care staff competency through observation, written testing or verbal testing.

(20) "Condition" means a provision attached to a new or existing license that limits or restricts the scope of the license or imposes additional requirements on the licensee.

(21) "Conversion Facility (CF)" means a nursing facility that has followed the requirements in these rules to become a residential care facility through the conversion facility process.

(22) "Department" means the Department of Human Services (DHS).

(23) "Designated Representative" means:

(a) Any adult, such as a parent, family member, guardian, advocate, or other person, who is:

(A) Chosen by the individual or, as applicable, the legal representative;

(B) Not a paid provider for the individual; and

(C) Authorized by the individual, or as applicable the legal representative, to serve as the representative of the individual, or as applicable the legal representative, in connection with the provision of funded supports.

(D) The power to act as a designated representative is valid until the individual modifies the authorization or notifies the agency that the designated representative is no longer authorized to act on his or her behalf.

(b) An individual or the legal representative of the individual is not required to appoint a designated representative.

(24) "Dignity" means providing support in such a way as to validate the self-worth of the individual. Dignity is supported by creating an environment that allows personal assistance to be provided in privacy and by delivering services in a manner that shows courtesy and respect.

(25) "Direct Care Staff" means a facility employee whose primary responsibility is to provide personal care services to residents. These personal care services may include:

- (a) Medication administration.
- (b) Resident-focused activities.
- (c) Assistance with activities of daily living.
- (d) Supervision and support of residents.
- (e) Serving meals, but not meal preparation.

(26) "Directly Supervised" means a qualified staff member maintains visual contact with the supervised staff.

(27) "Director" means the Director of the Department or that individual's designee.

(28) "Disaster" means a sudden emergency occurrence beyond the control of the licensee, whether natural, technological, or man-made, that renders the licensee unable to operate the facility or makes the facility uninhabitable.

(29) "Disclosure" means the written information the facility is required to provide to consumers to enhance the understanding of facility costs, services, and operations.

(30) "Entity" means an individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies, and insurance companies), a state, or a political subdivision or instrumentality, including a municipal corporation of a state.

(31) "Exception" means a written variance granted by the Department from a regulation or provision of these rules.

(32) "Facility" means the residential care or assisted living facility licensee and the operations, policies, procedures, and employees of the residential care or assisted living facility. For purposes of HCBS, "facility" can also mean "provider".

(33) "FPS" means the Facilities, Planning, and Safety Program within the Public Health Division of the Oregon Health Authority (OHA).

(34) "HCB" means "Home and Community-Based".

(35) "HCBS" means "Home and Community-Based Services." HCBS are services provided in the home or community of an individual. DHS, Office of Licensing and Regulatory Oversight and OHA provide oversight and license, certify, and endorse programs, settings, or settings designated as HCB.

(36) "Homelike Environment" means a living environment that creates an atmosphere supportive of the resident's preferred lifestyle. Homelike environment is also supported by the use of residential building materials and furnishings.

(37) "Immediate Jeopardy" means a situation where the failure of a residential care facility to comply with a Department rule has caused, or is likely to cause, a resident:

(a) Serious injury;

- (b) Serious harm;
- (c) Serious impairment; or
- (d) Death.

(38) "Incident of Ownership" means an ownership interest, an indirect ownership interest, or a combination of direct and indirect ownership interests.

(39) "Independence" means supporting resident capabilities and facilitating the use of those abilities. Creating barrier free structures and careful use of assistive devices supports independence.

(40) "Indirect Ownership Interest" means an ownership interest in an entity that has an ownership interest in another entity. Indirect ownership interest includes an ownership interest in an entity that has an indirect ownership interest in another entity.

(41) "Individual" means a person enrolled in or utilizing HCBS.

(42) "Individually-Based Limitation" means any limitation to the qualities outlined in OAR 411-004-0020 (1)(d) and (2)(d) to (2)(j), due to health and safety risks. An individually-based limitation is based on specific assessed need and only implemented with the informed consent of the individual, or as applicable the legal representative, as described in OAR 411-004-0040.

(43) "Informed Consent" means options, risks, and benefits have been explained to an individual, and, as applicable, the legal representative of the individual, in a manner that the individual, and, as applicable, the legal representative, comprehends.

(44) "Individuality" means recognizing variability in residents' needs and preferences and having flexibility to organize services in response to different needs and preferences.

(45) "Intensive Intervention Community (IIC)" means an RCF endorsed to house fewer than six socially dependent individuals or individuals with physical disabilities. The purpose of the IIC is to serve individuals with co-

occurring mental, emotional, or behavioral disturbances who are more appropriately served in smaller settings.

(46) "Licensed Nurse" means an Oregon licensed practical or registered nurse.

(47) "Licensee" means the entity that owns the residential care or assisted living facility business, and to whom an assisted living or residential care facility license has been issued.

(48) "Legal Representative" means a person who has the legal authority to act for an individual.

(a) The legal representative only has authority to act within the scope and limits of his or her authority as designated by the court or other agreement. Legal representatives acting outside of his or her authority or scope must meet the definition of designated representative.

(b) For an individual 18 years of age and older, a guardian appointed by a court order or an agent legally designated as the health care representative, where the court order or the written designation provide authority for the appointed or designated person to make the decisions indicated where the term "legal representative" is used in this rule.

(49) "Major Alteration":

(a) Means:

(A) Any structural change to the foundation, floor, roof, exterior, or load bearing wall of a building;

(B) The addition of floor area to an existing building; or

(C) The modification of an existing building that results in a change in use where such modification affects resident services or safety.

(b) Does not include, cosmetic upgrades to the interior or exterior of an existing building (for example: changes to wall finishes, floorings, or casework).

(50) "Management" or "Operator" means possessing the right to exercise operational or management control over, or directly or indirectly conduct, the day-to-day operation of a facility.

(51) "Modified Special Diet" means a diet ordered by a physician or other licensed health care professional that may be required to treat a medical condition (for example: heart disease or diabetes).

(a) Modified special diets include, but are not limited to:

- (A) Small frequent meals;
- (B) No added salt;
- (C) Reduced or no added sugar; and
- (D) Simple textural modifications.

(b) Medically complex diets are not included.

(52) "New Construction" means:

- (a) A new building.
- (b) An existing building or part of a building that is not currently licensed.
- (c) A major alteration to an existing building.
- (d) Additions, conversions, renovations, or remodeling of existing buildings.

(53) "Nursing Care" means the practice of nursing as governed by ORS chapter 678 and OAR chapter 851.

(54) "OHA" means the Oregon Health Authority.

(55) "Owner" means an individual with an ownership interest.

(56) "Ownership Interest" means the possession of equity in the capital, the stock, or the profits of an entity.

(57) "Person-Centered Service Plan" means the details of the supports, desired outcomes, activities, and resources required for an individual to achieve and maintain personal goals, health, and safety, as described in OAR 411-004-0030.

(a) FOR INDIVIDUALS RECEIVING MEDICAID. The person-centered service plan coordinator completes the person-centered service plan.

(b) FOR NON-MEDICAID INDIVIDUALS. The person-centered service plan may be completed by the resident, and as applicable, the representative of the individual, and others as chosen by the individual. The licensee may assist non-Medicaid individuals in developing person-centered service plans when no alternative resources are available. The elements of the individual's person-centered service plan may be incorporated into the resident's care plan.

(58) "Person-Centered Service Plan Coordinator" means a:

(a) Resident's AAA or APD case manager assigned to provide case management services or person-centered service planning for and with individuals; or

(b) Person of the individual's choice for individuals who pay privately.

(59) "Personal Incidental Funds (PIF)" means the monthly amount allowed each Medicaid resident for personal incidental needs. For purposes of this definition, personal incidental funds include monthly payments, as allowed, and previously accumulated resident savings.

(60) "Pre-Service Training" means training that must be completed before direct care staff provide care to residents.

(61) "Primary Care Provider" means the health care provider primarily responsible for the on-going diagnosis and treatment of the resident where they currently reside.

~~(61)(62)~~ "Privacy" means a specific area or time over which the resident maintains a large degree of control. Privacy is supported with services that are delivered with respect for the resident's civil rights.

~~(62)(63)~~ "Provider" means any person or entity providing HCBS.

~~(63)(64)~~ "P.R.N." means those medications and treatments that have been ordered by a qualified practitioner to be administered as needed.

~~(64) "Psychoactive Medications" mean medications used to alter mood, level of anxiety, behavior, or cognitive processes. Psychoactive medications include antidepressants, anti-psychotics, sedatives, hypnotics, and anti-anxiety medications.~~

(65) "Psychotropic Medications" means any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to drugs in the following categories:

(a) Anti-psychotic.

(b) Anti-depressant.

(c) Anti-anxiety.

(d) Hypnotic

~~(65)(66)~~ "Quality Measurement Program" means the quality metrics program, as described in OAR 411-054-0320.

~~(66)(67)~~ "Quality Measurement Council" means a group of individuals appointed by the Governor to develop and oversee the Quality Metric Reporting Program as described in OAR 411-054-0320.

~~(67)~~(68) "Remodel" means a renovation or conversion of a building that requires a building permit and meets the criteria for review by the Facilities Planning and Safety Program as described in OAR 333-675-0000.

~~(68)~~(69) "Renovate" means to restore to good condition or to repair.

~~(69)~~(70) "Residency Agreement" means the written, legally enforceable agreement between a facility and an individual, or legal representative receiving services in a residential setting.

~~(70)~~(71) "Resident" means any individual who is receiving room, board, care, and services on a 24-hour basis in a residential care or assisted living facility for compensation.

~~(71)~~(72) "Residential Care Facility (RCF)" means a building, complex, or distinct part thereof, consisting of shared or individual living units in a homelike surrounding, where six or more seniors and adult individuals with disabilities may reside. The residential care facility offers and coordinates a range of supportive services available on a 24-hour basis to meet the activities of daily living, health, and social needs of the residents as described in these rules. A program approach is used to promote resident self-direction and participation in decisions that emphasize choice, dignity, individuality, and independence.

(73) "Resident Evaluation" means an evaluation that uses the information obtained when addressing the elements required in OAR 411-054-0034 (5). The evaluation identifies the resident's preferences, strengths, relationships and activities that are meaningful to them as well as their physical health status and environmental factors that help them function at their optimal level. The resident evaluation provides the foundation of the resident's service plan.

~~(72)~~(74) "Restraint" means:

(a) Physical restraints are any manual method or physical or mechanical device, material, or equipment attached to or adjacent to the individual's body that the individual cannot remove easily, which

restricts freedom of movement or normal access of the individual to the individual's body. Any manual method includes physically restraining someone by manually holding someone in place.

(c) Chemical restraints are any substance or drug used for the purpose of discipline or convenience that has the effect of restricting the individual's freedom of movement or behavior and is not used to treat the individual's medical or psychiatric condition.

~~(73)~~(75) "Retaliation" means to threaten, intimidate, or take an action that is detrimental to an individual (for example, harassment, abuse, or coercion).

~~(74)~~(76) "Risk Agreement" means a process where a resident's high-risk behavior or choices are reviewed with the resident. Alternatives to and consequences of the behavior or choices are explained to the resident and the resident's decision to modify behavior or accept the consequences is documented.

~~(75)~~(77) "Service Plan" means a written, individualized plan for services, developed by a service planning team and the resident or the resident's legal representative, that reflects the resident's capabilities, choices, and if applicable, measurable goals, and managed risk issues. The service plan defines the division of responsibility in the implementation of the services.

~~(76)~~(78) "Service Planning Team" means two or more individuals, as set forth in OAR 411-054-0036, that assist the resident in determining what services and care are needed, preferred, and may be provided to the resident. For IICs, the term "interdisciplinary team" is synonymous with "service planning team."

~~(77)~~(79) "Services" mean supervision or assistance provided in support of a resident's needs, preferences, and comfort, including health care and activities of daily living, that help develop, increase, maintain, or maximize the resident's level of independent, psychosocial, and physical functioning.

~~(78)~~(80) "Subject Individual" means any individual 16 years of age or older on whom the Department may conduct a background check as defined in OAR 407-007-0210 and from whom the Department may require fingerprints for the purpose of conducting a national background check.

- (a) For the purpose of these rules, subject individual includes:
 - (A) All applicants, licensees and operators of a residential care or assisted living facility.
 - (B) All individuals employed or receiving training in an assisted living or residential care facility.
 - (C) Volunteers, if allowed unsupervised access to residents.
- (b) For the purpose of these rules, subject individual does not apply to:
 - (A) Residents and visitors of residents.
 - (C) Individuals that provide services to residents who are employed by a private business not regulated by the Department.

~~(79)~~(81) "Substantial Compliance" means a level of compliance with state law and rules of the Department such that any identified deficiencies pose a risk of no more than negligible harm to the health or safety of residents of a facility.

~~(80)~~(82) "Supportive Device" means a device that may have restraining qualities that supports and improves a resident's physical functioning.

~~(81)~~(83) "These Rules" mean the rules in OAR chapter 411, division 054.

~~(82)~~(84) "Underserved" means services are significantly unavailable within the service area in a comparable setting for:

- (a) The general public.
- (b) A specific population, for example, residents with dementia or traumatic brain injury.

| ~~(83)~~(85) "Unit" means the personal and sleeping space of an individual receiving services in a RCF or ALF setting, as agreed to in the Residency Agreement.

| ~~(84)~~(86) "Universal Worker" means a facility employee whose assignments include other tasks (for example, housekeeping, laundry, or food service) in addition to providing direct resident services. Universal worker does not include administrators, clerical or administrative staff, building maintenance staff, or licensed nurses who provide services as specified in OAR 411-054-0034.

Stat. Auth.: ORS 410.070, 443.450, 443.738

Stats. Implemented: ORS 443.400 - 443.455, 443.738, 443.991

411-054-0034 Resident Move-In and Evaluation *(Amended 06/28/2016)*

(1) INITIAL SCREENING AND MOVE-IN.

(a) The facility must determine whether a potential resident meets the facility's admission requirements.

(b) Before the resident moving in, the facility must conduct an initial screening to determine the prospective resident's service needs and preferences. The screening must determine the ability of the facility to meet the potential resident's needs and preferences, while considering the needs of the other residents and the facility's overall service capability.

(c) Each resident record must, before move-in and when updated, include the following information:

(A) Prior living arrangements;

(B) Emergency contacts;

(C) Service plan involvement - resident, family, and social supports;

(D) Financial and other legal relationships, if applicable, including, but not limited to:

(i) Advance directives;

(ii) Guardianship;

(iii) Conservatorship; and

(iv) Power of attorney.

(E) Primary language;

(F) Community connections; and

(G) Health and social service providers.

(2) RESIDENT EVALUATION - GENERAL. The resident evaluation identifies the resident's preferences, strengths and relationships, as well as activities that are meaningful to the individual. It describes the resident's physical health status, mental status, and the environmental factors that help the individual function at optimal level. The evaluation is the foundation that a facility uses to develop the resident's service plan ~~and reflects the resident's current health and mental status~~. The evaluation information may be collected using tools and protocols established by the facility, but must contain the elements stated in this rule.

(a) Resident evaluations must be:

(A) Performed before the resident moves into the facility, with updates and changes as appropriate within the first 30 days; and

(B) Performed at least quarterly, to correspond with the quarterly service plan updates.

(C) Reviewed and any updates must be documented each time a resident has a significant change in condition.

(D) Done in person and the facility must gather data that is relevant to the needs and current condition of the resident.

(D) Documented, dated, and indicate who was involved in the evaluation process.

(b) 24 months of past evaluations must be kept in the resident's files in an accessible, on-site location.

(c) The facility administrator is responsible for assuring only trained and experienced staff perform resident evaluations.

(3) EVALUATION REQUIREMENTS AT MOVE-IN.

- (a) The resident evaluation must be completed before the resident moves into the facility. This evaluation provides baseline information of the resident's physical and mental condition at move-in.
- (b) If there is an urgent need and the evaluation is not completed before move-in, the facility must document the reasons and complete the evaluation within eight hours of move-in.
- (c) The initial evaluation must contain the elements specified in section (5) of this rule, and address sufficient information to develop an initial service plan to meet the resident's needs.
- (d) The initial evaluation must be updated and modified as needed during the 30 days following the resident's move into the facility.
- (e) After the initial 30 day move-in period, the initial evaluation must be retained in the resident's file for 24 months. Future evaluations must be separate and distinct from the initial evaluation.

(4) QUARTERLY EVALUATION REQUIREMENTS.

- (a) Resident evaluations must be performed quarterly after the resident moves into the facility.
- (b) The quarterly evaluation is the basis of the resident's quarterly service plan.
- (c) The most recent quarterly evaluation, with documented change of condition updates, must be in the resident's current record and available to staff.
- (d) If the evaluation is revised and updated at the quarterly review, changes must be dated and initialed and prior historical information must be maintained.

(5) The resident evaluation must address the following elements:

- (a) Resident routines and preferences including:

~~(A)~~ Customary routines, such as those related to sleeping, eating and bathing, dietary;

~~(A)(B)~~ Interests, hobbies, social, and leisure activities;

~~(B)(C)~~ Spiritual and cultural preferences and traditions; and

~~(C)~~ Additional elements as listed in 411-054-0027(2).

(b) Physical health status including:

(A) List of current diagnoses;

(B) List of medications and PRN use;

(C) Visits to health practitioners, emergency room, hospital, or nursing facility in the past year; and

(D) Vital signs if indicated by diagnoses, health problems, or medications.

~~(b)(c)~~ Mental health issues including:

(A) Presence of depression, thought disorders, or behavioral or mood problems;

(B) History of treatment; and

(C) Effective non-drug interventions.

~~(e)(d)~~ Cognition, including:

(A) Memory;

(B) Orientation;

(C) Confusion; and

(D) Decision making abilities.

~~(d)~~(e) Personality, including how the person copes with change or challenging situations.

~~(e)~~(f) Communication and sensory abilities including:

- (A) Hearing;
- (B) Vision;
- (C) Speech;
- (D) Use of Assistive devices; and
- (E) Ability to understand and be understood.

~~(f)~~(g) Activities of daily living including:

- (A) Toileting, bowel, and bladder management;
- (B) Dressing, grooming, bathing, and personal hygiene;
- (C) Mobility - ambulation, transfers, and assistive devices; and
- (D) Eating, dental status, and assistive devices.

~~(g)~~(h) Independent activities of daily living including:

- (A) Ability to manage medications;
- (B) Ability to use call system;
- (C) Housework and laundry; and
- (D) Transportation.

~~(h)~~(i) Pain - pharmaceutical and non-pharmaceutical interventions, including how a person expresses pain or discomfort.

~~(j)~~(i) Skin condition.

~~(j)~~(k) Nutrition habits, fluid preferences, and weight if indicated.

~~(k)~~(l) List of treatments - type, frequency, and level of assistance needed.

~~(j)~~(m) Indicators of nursing needs, including potential for delegated nursing tasks.

~~(m)~~(n) Review of risk indicators including:

(A) Fall risk or history;

~~(B)~~ ~~(B)~~ Emergency evacuation ability;

(C) Complex medication regimen;

(D) History of dehydration or unexplained weight loss or gain;

(E) Recent losses;

(F) Unsuccessful prior placements;

(G) Elopement risk or history;

(H) Smoking. The resident's ability to smoke without causing burns or injury to themselves or others or damage to property must be evaluated and addressed in the resident's service plan; and

(I) Alcohol and drug use. The resident's use of alcohol or the use of drugs not prescribed by a physician must be evaluated and addressed in the resident's service plan.

(o) Environmental factors that impact the resident's behavior including but not limited to:

(A) Noise.

(B) Lighting.

(A)(C) Room temperature.

(6) If the information has not changed from the previous evaluation period, the information does not need to be repeated. A dated and initialed notation of no changes is sufficient. The prior evaluation must then be kept in the current resident record for reference.

Stat. Auth.: ORS 410.070, 443.450

Stats. Implemented: ORS 443.400 - 443.455, 443.991

OAR 411-054-0055 Medications and Treatments

(6) ~~PSYCHOACTIVE-PSYCHOTROPIC~~ MEDICATION.

~~PsychoactivePsychotropic~~ medications may be used only pursuant to a prescription that specifies the circumstances, dosage and duration of use.

- (a) Facility-administered ~~psychoactivepsychotropic~~ medications may be used only when required to treat a resident's medical symptoms or to maximize a resident's functioning.
- (b) The facility must not request ~~psychoactivepsychotropic~~ medication to treat a resident's behavioral symptoms without a consultation from a physician, nurse practitioner, registered nurse, or mental health professional. Prior to requesting a psychotropic medication, the facility must demonstrate through the evaluation and service planning process that they have attempted non-pharmacological interventions.
- (c) Prior to administering any ~~psychoactive-psychotropic~~ medications to treat a resident's behavior, all direct care staff administering medications for the resident must know:
 - (A) The specific reasons for the use of the ~~psychoactivepsychotropic~~ medication for that resident.
 - (B) The common side effects of the medications.
 - (C) When to contact a health professional regarding side effects.
- (d) When a psychotropic medication is ordered by a health care practitioner other than the resident's primary care provider, the facility is responsible for notifying the resident's primary care provider of that medication order within 72 hours of when the order was given. This includes weekends and holidays. Notification may be either by telephone or electronic submission and should be documented by the facility.

(Rest of section will be renumbered accordingly.)