

# REGULATORY COMPLIANCE

**Elaine Rawes RN**

**Director of Developmental Programs, CAHF**




# Intermediate Care Facilities

## ICF/DD, ICF/DD-H, ICF/DD-N, and ICF/DD-CNC

Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/IID) are health facilities licensed by the Licensing and Certification Division of the [California Department of Public Health \(CDPH\)](#) to provide 24-hour-per-day residential services.

There are four types of ICF/IID's, which primarily provide services to regional center clients with developmental disabilities



### **ICF/DD (Developmentally Disabled)**

“Intermediate care facility/developmentally disabled” is a facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services.

### **ICF/DD-H (Habilitative)**

“Intermediate care facility/developmentally disabled-habilitative” is a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, habilitation, developmental, and supportive health services to 15 or fewer developmentally disabled persons who have intermittent recurring needs for nursing services, but have been certified by a physician and surgeon as not requiring availability of continuous skilled nursing care.


## ICF/DD-N (Nursing)

“Intermediate care facility/developmentally disabled-nursing” is a facility with a capacity of 4 to 15 beds that provides 24-hour personal care, developmental services, and nursing supervision for developmentally disabled persons who have intermittent recurring needs for skilled nursing care but have been certified by a physician and surgeon as not requiring continuous skilled nursing care.

The facility shall serve medically fragile persons who have developmental disabilities or demonstrate significant developmental delay that may lead to a developmental disability if not treated.

The regulations have long expired.

There are alternative regulations that may be cited. A list is on your CD.



## **Developmentally Disabled-Continuous Nursing Care (DD-CNC)**


There is an additional facility type, the Developmentally Disabled – Continuous Nursing Care (DD-CNC). The DD-CNC Waiver program provides 24-hour continuous skilled nursing care in home and community-based residential settings to persons with developmental disabilities who are medically fragile. Eligibility criteria requires that DD-CNC Waiver participants be Medi-Cal eligible, enrolled in, and certified by a Regional Center as having a developmental disability, exhibit medical necessity for 24-hour continuous skilled nursing care and free of any clinically active communicable disease. Participants must also meet specific minimum medical criteria as described in the waiver. The program provides home and community-based services that assist Medi-Cal beneficiaries to live in the community and avoid institutionalization. The DD-CNC program is initially licensed as an ICF/DD-N type facility. However, the license is suspended while the facility operates under a Waiver program.

DD-CNC development is currently limited by a regional center's assessed need for this program.

# COMPLIANCE:



**To assure compliance, the ICF facility must understand the following:**

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1. The **types of surveys** conducted by CDPH L&C:
    - a. Initial (Certification)
    - b. Fundamental (The four CORE Conditions of Participation)
    - c. Full and when to initiate a 'Full' survey
  
  2. The **eight Conditions of Participation** including 'Governing Body, Client Protections, Facility Staffing, Active Treatment, Client Behavior and Facility Practices, Health Care Services, Physical Environment and Dietary Services.'
  
  3. The *three aspects* of the survey process:
    - a. **Observations** - across the entire survey (e.g., early morning, afternoon and evening observations." Included are visits to day programs/schools or vocational sites.
    - b. **Interview**
    - c. **Record Review**



**1. The 'eight tasks' of the survey:**

- a. Task 1 - Sample Selection – This is random. (Task 1). Prepare a guide to names of all clients, degree of mental retardation, day program/school or vocational sites with location and directions, meal times and medication pass times.
- b. Task 2 - Review of the facility system to prevent abuse, neglect and mistreatment and to resolve complaints.
- c. Task 3: Individual observations
- d. Task 4: Interviews with individual clients, family, and/or advocate and direct care staff.
- e. Task 5: Drug pass observation(s).
- f. Task 6: Assessment of the physical safety of the environment: temperatures of water, refrigerator, and freezer. Assessment that the facility proactively asserts and protects individual rights.
- g. Task 7: Record verification for individuals in sample
- h. Task 8: Team assessment of compliance and formation of the report of ICF/IID deficiencies (CMS 2567 Report)





# Elements of a Plan of Correction:

**Look carefully at your letter from the Department and follow the instructions.**

1. How the correction will be accomplished for the client(s) identified to have been affected by the deficient practice and other clients having the potential to be affected by the same deficient practice?
1. The title or position of the person responsible for correction (i.e., Administrator, QIDP Registered Nurse)
1. A description of the monitoring process to prevent recurrence of the deficiency.
1. The date that immediate correction of the deficiency (s) will be accomplished.

# ICF/IID REPORTING REQUIREMENTS TO CDPH L&C

Requirement	ICF/IID	ICF/DD	ICF/DD-H	ICF/DD-N (and CNC)
UNUSUAL OCCURRENCE	<p>Appendix J - W106; W107; W108 and W109</p> <p>The facility must be compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to health, safety, and sanitation.</p>	<p>Title 22 - 76551</p> <p>(a) Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, deaths from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of clients, personnel or visitors shall be - Reported by the facility within 24 hours either by telephone, with written confirmation to the Department.</p> <p>(b) In the event of any unusual occurrence, including serious illness or accident, impending death or death, the client's parent, guardian or authorized representative shall be notified promptly.</p> <p>(c) An unusual occurrence report shall be retained on file by the facility for five years. The facility shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require. Every fire or explosion, which occurs in or on the premises, shall be reported within 24 hours to the local fire authority.</p> <p>(d) Any facility receiving a client exhibiting a physical injury or condition, which, in the opinion of the admitting physician, reasonably appears to be the result of neglect or abuse, shall report such fact by telephone, and in writing as soon as possible, not to exceed 36 hours, to the local police authority having jurisdiction, the local health department, placement agency and to the Department.</p>	<p>Title 22 - 76923</p> <p>Not limited to epidemic outbreaks of any disease, prevalence of communicable disease, infestation be parasites or vectors, poisonings, fires, major accidents, deaths from unnatural causes or other catastrophes which threaten the health or safety of clients, personnel; or visitors shall be - Reported within 24 hours with written confirmation.</p>	<p>Title 22 - 73924</p> <p>Occurrences – epidemic outbreaks of any disease, prevalence of communicable diseases. <u>Section 2500</u> – Infestation by parasites or vectors, poisonings, fires, major accidents, deaths from unnatural causes or other catastrophes, which threaten the safety or health of clients shall be - Reported within 24 hours to the local health officer and the CDPH</p> <p>Any fires are to be reported within 24 hours to the local fire authority.</p>
REPORTING OF CHANGES (Licensure)		<p>Title 22 - 76225</p> <p>(a) The licensee shall, within 10 days, notify the Department and shall provide all information and documentation of any change in the information to satisfy the provisions of Section 76205.</p> <p>(b) Each licensee shall inform the Department within 10 days in writing of any change of the mailing address of the licensee.</p>	<p>Title 22 - 76851</p> <p>(a) The licensee shall notify the Department, within 10 days, in writing, of any of the following: Any change in administrator, principal officers of the corporation. (3) Any change of the principal mailing or business address of the licensee or officer(s).</p>	<p>Title 22 – 73852</p> <p>The licensee shall notify the Department, in writing, within ten (10) days of any in administrator or QMRP (QIDP), principal officers of the corporation or any change of the principle mailing/business address of the licensee/officers and change of stock options or ownership of facility.</p>
DISRUPTION OF SERVICES		<p>Title 22 - 76566</p> <p>Each facility shall develop a written plan to be used when a discontinuance or disruption of services occurs.</p>	<p>Title 22 - 76930</p> <p>Each facility shall have a written plan for when a discontinuance/disruption of service occurs.(Utilities, food, laundry, and employee services such as walkouts or strikes.)</p>	<p>Title 22 - 73931</p> <p>Each facility shall develop a written plan for discontinuance/disruption of services – provision of utilities, food, laundry and employee services.</p>