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Chapter DHS 88

LICENSED ADULT FAMILY HOMES

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Subchapter I — General Provisions

DHS 88.01 Authority and purpose. (1) This chapter is promulgated under the authority of s. 50.02 (2)(am)2. and 50.033 (2), Stats., to develop and establish licensing regulations and standards for the care, treatment or services, and health, safety, rights, welfare, and comfort of residents in Adult Family Homes (AFHs).

(2) The chapter is intended to ensure all AFHs provide a living environment for residents that is as homelike as possible and is the least restrictive of each resident's freedom; and the care and services a resident needs are provided in a manner that protects the

rights and dignity of the resident and that encourages the resident to move toward functional independence in daily living or to maintain independent functioning to the highest possible extent.

DHS 88.02 Definitions. In this chapter:

- (1) "Abuse" has the meaning given in s. DHS 13.03 (1) (a).
- (2) "Accessible" means barriers are not present that prevent a person from entering, leaving, or functioning within an AFH without physical help.
- (3) "Activities of daily living" or "ADL" means bathing, eating, oral hygiene, dressing, toileting and incontinence care, mobility and transferring from one surface to another such as from a bed to a chair.
- (4) "Adult" means an individual who is at least 18 years of age.
- (5) "Adult Family Home" or "AFH" has the meaning given in s. 50.01 (1), Stats.
- (6) "Advanced practice nurse" has the meaning given in s. N 8.02 (1).
- (7) "Ambulatory" means the ability to walk without difficulty or help.
- (8) "Applicant" means the person seeking licensure of an AFH.
- (9) "Assessment" means gathering and reviewing information about a prospective or existing resident's needs and abilities as provided in s. DHS 88.33.
- (10) "Basement" means that portion of a building that is partly or completely below grade.
- (11) "Care, treatment or services" means the provision of personal care, supervision, and supervision or assistance with medication administration or management, to a resident by an AFH employee, or by a person, agency or corporation affiliated with or under contract to the licensee that is above the level of room and board.
- (12) "Caregiver" has the meaning given in s. 50.065 (1) (ag), Stats.
- (13) "Case manager" means a person who plans, coordinates, and oversees the care of a resident.
- (14) "Chemical restraint" means a psychotropic medication used for discipline or convenience, and not required to treat medical symptoms.
- (15) "Client group" means a group of individuals who need similar services because of a common disability, condition, or status. "Client group" includes a group of individuals who have any of the following:
 - (a) Functional impairments commonly associated with advanced age.
 - (b) Dementia, such as Alzheimer's disease.
 - (c) A developmental disability, as defined in s. 51.01 (5), Stats.
 - (d) An emotion disturbance or a mental illness, as defined in s. 51.01 (13) (a), Stats.
 - (e) An alcohol dependency, as defined in s. 51.01 (1), Stats., or a drug dependency, as defined in s. 51.01 (8), Stats.
 - (f) A physical disability.
 - (g) A pregnancy with the need for counseling services.
 - (h) Under the legal custody of a government correctional agency or under the legal jurisdiction of a criminal court.
 - (g) A terminal illness diagnosis.
 - (h) A traumatic brain injury.
 - (i) Acquired immunodeficiency syndrome (AIDS).
- (16) "Common dining and living space" means areas within the AFH that are available to all residents for living and dining.
- (17) "Department" means the Wisconsin department of health services.
- (18) "Dietary supplement" means a product taken by mouth that contains a dietary ingredient such as vitamins, minerals, herbs or other botanicals, amino acids, and substances such as enzymes, organ tissues, glandulars, and metabolites.
- (19) "Dietitian" means a person certified under subch. V of ch. 448, Stats.
- (20) "External Medications" include cream, foam, gel, lotion, ointment, paste, powder, tincture, topical solution, and transdermal patch.
- (21) "Employee" means any person who works for an AFH or for an entity that is affiliated with the AFH or that is under contract to the AFH, who is under direct control of the AFH or corporation affiliated with the AFH and who receives compensation subject to state and federal employee withholding taxes.
- (22) "Habitable floor" means any floor level used by residents or other occupants of the AFH, for sleeping, living, cooking, or dining, including a basement.
- (23) "Habitable room" means any room used for sleeping, living, cooking, or dining, excluding enclosed places such as closets, pantries, hallways, laundries, storage spaces, utility rooms and administrative offices.
- (24) "Incapacitated" means a person is unable to receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions.
- (25) "Involuntary administration of psychotropic medication" means any one of the following:
 - (a) Placing psychotropic medication in an individual's food or drink with knowledge that the individual protests receipt of the psychotropic medication.
 - (b) Forcibly restraining an individual to enable administration of psychotropic medication.
 - (c) Requiring an individual to take psychotropic medication as a condition of receiving privileges or benefits.
- (26) "Legal representative" means any of the following:
 - (a) The health care agent under an activated power of attorney for health care under ch. 155, Stats.

- (b) A person appointed as a durable power of attorney under ch. 244, Stats.
- (c) A guardian, guardian of the estate, or guardian of the person, as defined in s. 54.01 (10), (11), or (12), Stats.
- (27)** “Licensee” means a person or legal entity licensed to operate an adult family home.
- (28)** “MAR” is a Medication Administration Record.
- (29)** “Medication administration” means the direct injection, ingestion, or other application of a prescription or over-the-counter drug or device to a resident by a practitioner, the practitioner’s authorized agent, AFH employees or the resident, at the direction of the practitioner. Medication administration does not include reminders to take medication, assisting resident in drinking fluids to take medication, assisting with opening secure medication storage, and opening a medication package or container if resident is temporarily unable to do so.
- (30)** “Misappropriation of property” has the meaning as given in s. DHS 13.03 (12).
- (31)** “Neglect” has the meaning as given in s. DHS 13.03 (14).
- (32)** “NFPA” means the National Fire Protection Association.
- (33)** “Non-ambulatory” means a person who is unable to walk, but who may be mobile with the help of a wheelchair or other mobility devices.
- (34)** “Nursing care” means nursing procedures, other than personal care or supportive care, that a registered nurse or a licensed practical nurse performs directly on or to a resident.
- (35)** “Occupant” means any of the following:
- (a) A person who lives and sleeps in the AFH, but who is not a resident.
 - (b) A non-client resident, as defined in s. 50.065 (1) (cn), Stats.
- (36)** “Personal care” means assistance with activities of daily living but does not include nursing care.
- (37)** “Pharmaceutical Services” means the pharmacist or pharmacy processes (including documentation, as applicable) of receiving and interpreting prescriber’s orders; acquiring, receiving storing, controlling, reconciling, compounding (e.g., intravenous antibiotics), dispensing, packaging, labeling, distributing, administering, monitoring responses to, using and/or disposing of all medications, biologicals, chemicals (e.g. povidone, iodine, hydrogen peroxide); the provision of medication related information to health care professionals and residents; the process of identifying, evaluating and addressing medication-related issues including the prevention and reporting of medication errors, and the provision, monitoring and/or the use of medication-related devices.
- (38)** “Pharmacist” means an individual licensed under ch. 450, Stats.
- (39)** “Physical restraint” means any manual method, article, device, or garment interfering with the free movement of the resident or the normal functioning of a portion of the resident’s body or normal access to a portion of the resident’s body, and which the resident is unable to remove easily, or confinement of a resident in a locked room.
- (40)** “Practitioner” means a person licensed in Wisconsin to prescribe and administer drugs or licensed in another state and recognized by this state as a person authorized to prescribe and administer drugs.
- (41)** “Practitioner Order” means any of the following:
- (a) A written order mailed, faxed, or hand delivered from the practitioner.
 - (b) A MAR signed by the practitioner that is faxed, mailed, or hand delivered.
 - (c) A copy of a prescription that is faxed, mailed, or hand delivered by the pharmacist.
 - (d) A MAR signed by the pharmacist based on prescription orders signed by the practitioner the pharmacist has on file.
 - (e) An electronic order that is transmitted directly to the AFH’s electronic health record (computer to computer transmission).
 - (f) A printed copy of the electronic order contained in the practitioner’s electronic health record that indicates the practitioner electronically signed the order. This printed copy is provided directly to the AFH from the provider.
 - (g) A printed copy of the electronic order from the pharmacy with evidence of signature.
- (42)** “Psychotropic medication” means a prescription drug, as defined in s. 450.01 (20), Stats., that is used to treat or manage a psychiatric symptom or challenging behavior.
- (43)** “Qualified resident care staff” means an employee who has successfully completed all of the applicable training and orientation under subch. IV.
- (44)** “Relative” means a spouse, parent, stepparent, child, stepchild, sibling, grandchild, grandparent, aunt, uncle, niece, or nephew.
- (45)** “Remodeling” means to make over or rebuild a portion of a building, structure, or room, thereby modifying its structural strength, fire hazard character, exiting, heating and ventilating systems, electrical system, fire alarm, and fire protection systems, call system, internal circulation or use as previously approved by the local authority. Construction of interior walls shall be considered remodeling. Remodeling does not include minor repairs necessary for the maintenance of a building such as replacing like components of existing systems, redecorating existing walls or replacing floor finishes.
- (46)** “Reside” means the intent to remain in the AFH permanently or continuously for more than 28 consecutive days.
- (47)** “Resident” means an adult, unrelated to the licensee who resides in the AFH with intent to remain in the AFH permanently or continuously for more than 28 days, and who receives care, treatment, or services in addition to room and board.
- (48)** “Resident care staff” means the licensee, an employee, or a volunteer who has one or more of the following responsibilities for a resident:
- (a) Supervising a resident’s activities or whereabouts.

- (b) Managing or administering medications.
- (c) Providing personal care or treatments.
- (d) Planning or conducting activity programming.
- (49) “Respite care” means temporary placement of an adult, unrelated to the licensee, in an AFH for no more than 28 consecutive days for care, treatment, or services as established by the primary care provider.
- (50) “Room” means a space that is completely enclosed by walls and a ceiling.
- (51) “Seclusion” means physical or social separation of a resident from others by actions of caregivers. Seclusion does not include separation to prevent the spread of communicable disease or voluntary cool-down periods in an unlocked room with an appropriate care plan including supervision.
- (52) “Semi-ambulatory” means a person is able to walk with difficulty or only with the assistance of an aid such as crutches, cane, or a walker.
- (53) “Serious injury” means an injury from any incident or accident which results in any of the following:
 - (a) A temporary or permanent increase in the level of assistance needed in one or more ADL categories, such as bathing, eating, oral hygiene, dressing, toileting, incontinence care, or mobility and transferring.
 - (b) A fracture.
 - (c) A pronounced decline in communication or cognitive abilities.
- (54) “Significant change” in a resident’s physical or mental condition means any of the following:
 - (a) A decline in a resident’s medical condition that results in further impairment.
 - (b) A decline in 2 or more ADLs.
 - (c) A pronounced decline in communication or cognitive abilities.
 - (d) A decline in behavior or mood which requires either a temporary or permanent increase in the level of assistance needed in one or more ADL categories, such as bathing, eating, oral hygiene, dressing, toileting, incontinence care, or mobility and transferring.
 - (e) A significant improvement in any of the conditions in pars. (a) to (d).
- (55) “Standard precautions” are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are used when providing care to all individuals, whether or not they appear infectious or symptomatic.
- (56) “Supervision” means oversight of a resident’s daily functioning, keeping track of a resident’s whereabouts, and providing guidance and intervention when needed by a resident.
- (57) “Terminal illness” means a medical prognosis issued in writing by a physician or other qualified medical professional that an individual’s life expectancy is less than 12 months.
- (58) “Therapeutic diet” means a diet ordered by a physician or other authorized medical professional that is part of the treatment for a disease or clinical condition, to eliminate, decrease or increase specific nutrients in the diet, or to provide mechanically altered food when indicated.
- (59) “Transferee” means the recipient of a property or business in a change of ownership process who will submit application for a new license.
- (60) “Transferor” means the current operator in a change of ownership process who will voluntarily relinquish the current license.
- (61) “Unit dose” means medications packaged by a pharmacist in blister cards, punch cards, strip packaging, medication reminder boxes or other similar packaging where the medication dose is packaged in a pre-selected dose.
- (62) “Utensils” means dishes, silverware and pots and pans used for storing, preparing, serving, or consuming food.
- (63) “Variance” means an alternate means of meeting a requirement in this chapter, as approved by the department under s. DHS 88.03.
- (64) “Volunteer” means any person who provides services for residents without compensation, except for reimbursement of expenses related to services provided at the AFH.
- (65) “Waiver” means an exemption from a requirement in this chapter, as approved by the department under s. DHS 88.03.

DHS 88.03 Variance and waiver. A waiver or variance may be granted if the department finds that the waiver or variance will not adversely affect the health, safety, or welfare of any resident.

(1) APPLICATIONS.

- (a) All applications for waiver or variance from the requirements of this chapter shall be made in writing to the department, specifying the following:
 1. The rule from which the waiver or variance is requested;
 2. The time period for which the waiver or variance is requested;
 3. If the request is for a variance, the specific alternative action which the AFH proposes;
 4. The reasons for the request; and
 5. Justification the waiver or variance will not adversely affect the health, safety, or welfare of any resident.
- (b) Requests for a waiver or variance may be made at any time.
- (c) The department may require additional information from the AFH prior to acting on the request.

(2) GRANTS AND DENIALS.

- (a) The department shall grant or deny each request for waiver or variance in writing. Notice of denials shall contain the reasons for denial.
- (b) The terms of a requested variance may be modified upon agreement between the department and the AFH.
- (c) The department may impose such conditions on the granting of a waiver or variance which it deems necessary.
- (d) The department may limit the duration of any waiver or variance.
- (3) **REVOCAION.** The department may revoke a waiver or variance if:
 - (a) It is determined that the waiver or variance is adversely affecting the health, safety or welfare of any residents;
 - (b) The AFH has failed to comply with the waiver or variance as granted;
 - (c) A change in circumstances from the time the waiver or variance approval was initially granted;
 - (d) The AFH failed to disclose a fact that is material to the approval;
 - (e) The AFH notifies the department in writing that it wishes to relinquish the waiver or variance and be subject to the rule previously waived or varied; or
 - (f) Required by a change in law.

Subchapter II — Licensing

DHS 88.04 Licensing classification. The department shall license each AFH as follows:

- (1) **Class A.** A class A AFH serves only residents who are ambulatory and who are mentally and physically capable of responding to a fire alarm by exiting the AFH without any verbal or physical prompting in 2 minutes or less.
- (2) **Class B.** A class B AFH serves only residents who are ambulatory or semi-ambulatory and who are capable of exiting the AFH with an evacuation time up to 4 minutes, with or without verbal or physical prompting. Any resident who is semi-ambulatory shall have his or her bedroom, bathroom, and all common living areas on the first floor.
- (3) **Class C.** A class C AFH serves residents who are non-ambulatory, or ambulatory or semi-ambulatory and who are capable of exiting the AFH with an evacuation time of 4 minutes or more, with or without verbal or physical prompting. Any resident who is semi-ambulatory or non-ambulatory shall have his or her bedroom, bathroom, and all common living areas on the first floor.

DHS 88.05 Application requirements. (1) No person may conduct, maintain, or operate an AFH unless the AFH is licensed by the department. A person who assumes ownership interest in a licensed AFH, regardless of whether the transfer includes title to the real estate, or changes the location of the AFH shall complete an application as required under sub. (2).

- (2) An application for licensure shall be submitted through a web-based system provided by the department and shall include all of the following:
 - (a) A program statement as specified under s. DHS 88.06 (1).
 - (b) A floor plan specifying dimensions of the AFH, including exits, planned room usage, and required door widths as specified under s. DHS 88.49.
 - (c) All required fees.
 - (d) A balance sheet.
 - (e) Evidence that the applicant has 60 days of projected operating funds in reserve.
 - (f) Proof of transportation liability insurance if the AFH provides transportation.
 - (g) Homeowners or renters insurance.
 - (h) Well water test results if the AFH does not use a public water supply.
 - (i) A program evaluation plan as specified under s. DHS 88.36 (5).
 - (j) Any additional information requested by the department.
 - (k) A provider agreement form signed and dated by an authorized representative of the AFH to agree to accept the results of a survey including Statements of Deficiency and to agree to submit a Plan of Correction, when required, through email.
- (3) An AFH may not be located on a parcel of land zoned for commercial, industrial, or manufacturing use.

DHS 88.06 Program statement. (1) **CONTENT.** The program statement shall include all of the following:

- (a) The name of the licensee, and the staff position in charge when the licensee is away from the AFH.
- (b) Resident care staff availability, including 24 hour staffing patterns, and the availability of a licensed nurse, if any.
- (c) The resident capacity of the AFH.
- (d) The licensure class of the AFH under s. DHS 88.04 including the designation of each bedroom with the resident mobility and cognitive requirements.
- (e) The client group to be served. If serving more than one client group, the program statement shall include an explanation of how the client groups are compatible. The program statement shall include how the AFH will meet the physical, social, and behavioral and safety needs of each client group.
- (f) A brief description of the home, its location, the services available, who provides them, and community resources available to residents who live in the home.
- (g) Limitations of services, including the criteria for determining who may reside in the AFH.
- (h) Respite care services, if provided.

- (i) Limited health services as defined in s. DHS 88.36 (3), if provided.
- (j) Sources of payment accepted.
- (k) Description of the admission process.
- (L) Requirements for employee training.
- (m) Summary of the licensee's grievance procedure as defined in s. DHS 88.31.
- (n) Summary of the licensee's annual program review plan as defined in s. DHS 88.36 (5).
- (2) AVAILABILITY.** (a) Before finalizing an agreement to provide care, the AFH shall provide its program statement to each person seeking placement or to the person's legal representative.
- (b) The program statement shall be available to employees, to residents and to any other person upon request.
- (3) CHANGE IN PROGRAM STATEMENT.**
- (a) The licensee shall report any change in client group in writing to the department at least 30 calendar days in advance and may not implement the change until the licensee receives written approval from the department.
- (b) The licensee shall report any change in capacity or class and may not implement the change until the licensee receives written approval from the department.
- (c) The licensee shall provide to each resident, or the resident's legal representative, and referral agency a 30 calendar day written notice of any change in size, class, client group, grievance procedure, or sources of payment accepted.

DHS 88.07 Fit and qualified determination. An applicant may not be licensed unless the department determines the applicant is fit and qualified to operate an AFH. To determine whether a person is fit and qualified, the department shall consider all of the following:

- (1)** Whether the applicant, any operator, or any non-client residents, as defined in s. 50.065 (1) (cn), meet the requirements of ch. DHS 12 and s. 50.065, Stats.
- (2)** The applicant's compliance history with Wisconsin or any other state or federal licensing or certification requirements, including any license revocation or denial.
- (3)** The applicant's arrest and criminal records, including any of the following:
 - (a) Crimes or acts involving abuse, neglect or mistreatment of a person or misappropriation of property of the person.
 - (b) Crimes or acts subject to elder abuse reporting under s. 46.90, Stats.
 - (c) Crimes or acts related to the manufacture, distribution, use, or dispensing of a controlled substance.
 - (d) Fraud or substantial or repeated violations of applicable laws and rules in the operation of any health care center or in the care of dependent persons.
 - (e) A conviction or pending criminal charge which substantially relates to the care of adults or minors, to the funds or property of adults or minors, or to the operation of a residential or health care center.
- (4)** The financial history and the financial viability of the applicant or the applicant's organization, including any outstanding debts, fees, or fines due to the department or other government agencies.
- (5)** If an allegation of financial insecurity, noncompliance with applicable licensing regulations or pending criminal charges, the department may conduct a fit and qualified review.

DHS 88.08 Department action. (1) INITIAL LICENSE. (a) Within 70 calendar days after receipt of a complete application, the department shall either approve or deny the license.

- (b) A license issued by the department shall be only for the premises and persons named in the application. A license may not be transferred or assigned to another licensee without following the change of ownership provisions in s. DHS 88.10.
- (c) A license is valid until suspended or revoked by the department.

(2) LICENSE DENIAL. The department shall deny a license to any applicant who does not substantially comply with any provision of this chapter or ch. 50, Stats., or who is not deemed fit and qualified as specified in s. DHS 88.07, or who has failed to pay any fee or any outstanding amounts due to the department. The department shall provide the reasons for denial and the process for appeal of the denial in a written notice to the applicant.

(3) MONITORING.

- (a) The department may, without notice, visit a home at any time to evaluate the status of resident health, safety, or welfare or to determine if the home continues to comply with this chapter or ch. 50, Stats. The licensee shall permit the department representative to enter the home.
- (b) The licensee shall comply with all department requests for information about the residents, services, or operation of the home.
- (c) The department may require the licensee provide proof of building, fire, health, sanitation or safety inspection of the home and premises to document compliance with this chapter and with other applicable statutes, ordinances, rules, and regulations. Such an inspection shall be performed by a qualified professional as determined by the department. Any inspection shall be at the licensee's expense.

(4) ACTION TO ENFORCE THIS CHAPTER

- (a) Notice of violation. The department shall issue a written notice of violation when it finds that an adult family home is in violation of this chapter or ch. 50, Stats. The notice shall explain the grounds for the notice of violation, the sanctions to be imposed, if any, and the process for appeal, if any.

(b) Plan of correction. If requested by the department, an adult family home shall submit a written plan of correction to the department within 10 working days after the date of receipt of the notice of violation.

(c) Placing limits on the client groups served. The department may, at any time, following notice to the licensee and by modifying a license, limit the client groups served by an adult family home or the number of residents served by an adult family home for any of the following reasons:

1. The client groups are not compatible.
2. The licensee and service providers do not have the appropriate training to serve the residents.
3. The licensee is unable to demonstrate that the needs of residents as identified in their individual service plans under s. DHS 88.33 (3) are being met.

(d) Placing conditions on license. The department may place a condition on a license if the department finds that a condition or occurrence relating to the operation and maintenance of the adult family home directly threatens the health, safety, or welfare of a resident.

(e) Revocation. The department may revoke an adult family home's license if the department determines that the home has intentionally and substantially violated a requirement of this chapter or ch. 50, Stats., or fails to meet the minimum requirements for licensure. The department shall give the licensee written notice of revocation and the grounds for the revocation and shall inform the licensee of the right to appeal that decision under sub. (4) (j).

(f) Suspension. The department may summarily suspend a license following procedures in ch. 227, Stats., when it finds there is imminent danger to the health, safety, or welfare of the residents in care. A finding of imminent danger may be based on but is not limited to any of the following:

1. Failure of the licensee to provide environmental protections such as heat, water, electricity, or telephone service.
2. The licensee, a service provider, or any other person affiliated with or living in the adult family home or who has contact with residents has been convicted of or has a pending charge for a crime against life or for causing bodily harm.
3. The licensee, a service provider, or any other person living in the adult family home or who has contact with residents has been convicted of a felony, misdemeanor or other offense or has a pending criminal charge which is substantially related to the care of the residents or activities of the home.
4. The licensee, a service provider, or any other person living in the adult family home or who has contact with residents is the subject of a current investigation of alleged abuse or neglect of a resident.

(g) Injunction. Pursuant to s. 50.033 (5), Stats., the department may commence an action in circuit court to enjoin the operation of an adult family home that is not licensed under this chapter or that is licensed and has repeatedly used methods of operation in substantial violation of this chapter, or that endangers the health, safety or welfare of any adult receiving care and maintenance in the home.

(h) Sanctions. The department may order one or more of the following sanctions:

1. That the licensee stop violating the applicable provisions of this chapter.
2. That the licensee submit, implement and comply with a plan of correction for violations, subject to department review and approval. The department may require the plan of correction to be submitted and implemented within a time period specified by the department and may require modifications to the licensee's proposed plan of correction.
3. That the licensee comply with a plan of correction developed and imposed by the department.
4. That the licensee stop admissions until the violations are corrected and correction is verified by the department.
5. That the licensee provide or secure training for the licensee or employees as specified by the department.
6. That payment be disallowed for services provided during the period of noncompliance.

(i) Penalties. Pursuant to s. 50.033 (6), Stats., any person who violates s. 50.033, Stats., or this chapter may be fined not more than \$500 or imprisoned for not more than one year in the county jail or both.

(j) Appeals.

1. Any person whose application for a license is denied under sub. (2) or revoked under sub. (4) (e) or suspended under sub. (4) (f) may request a hearing on that decision under s. 227.42, Stats.
2. A request for a hearing shall be in writing and shall be filed with the department of administration's division of hearings and appeals and shall be sent to that office so that it is received there within 10 calendar days after receipt of the notice under sub. (2) or (4).

DHS 88.09 Reporting requirements and fees.

(1) Every 24 months, on a date determined by the department, the licensee shall submit a biennial report through a web-based system provided by department and shall submit payment of the license continuation fees.

(2) Every 12 months, on a date determined by the department, the licensee shall submit an annual report through a web-based system provided by department with information regarding the current assessed needs of each resident in the AFH, and any other information requested from the department.

DHS 88.10 Change of ownership. (1) When an AFH seeks a change of ownership, the transferor shall notify the department within 90 calendar days before a change of ownership of the AFH and shall include the name and contact information of the transferee.

(2) The transferee shall submit a complete application for licensure as required under s. DHS 88.05 (2) at least 90 calendar days

prior to the change of ownership.

- (3) The transferor remains responsible for the operation of the AFH until the department issues a license to the transferee, unless the AFH voluntarily closes, and relocates all residents.
- (4) The transferor shall disclose to the transferee any waiver or variance granted by the department under s. DHS 88.03, or outstanding deficiencies. The transferee shall apply for continuation of any existing waivers or variances, if necessary.
- (5) Any deficiency reported in a department inspection report shall be in substantial compliance prior to the change of ownership. Any correction must be verified by the department prior to the issuance of the license to the transferee.
- (6) The transferor shall follow the requirements for transferring financial responsibility under s. DHS 88.32 (7).
- (7) If a resident, or their legal representative, is given less than 30 calendar days notice of the change of ownership, neither the transferor nor the transferee may enforce any advanced notice requirements for discharge as specified in any resident's admission agreement.
- (8) The department shall issue a license only for the premises and persons named in the license application. A license may not be transferred or reassigned without following the change of ownership provisions in this section.
- (9) The licensee shall notify the department in writing at least 30 calendar days before the effective date of any of the following changes:
 - (a) Removing, adding, or substituting an individual as a partner in the association, dissolving the existing partnership and creating a new partnership.
 - (b) Removing, adding, or substituting any member in a limited liability company.
 - (c) Making a change in a corporate structure under which the same corporation no longer continues to be responsible for making operational decisions or for the consequences of those decisions.

DHS 88.11 Closure and relocation planning. (1) An AFH that intends to close shall notify the department, each resident or legal representative, and case manager, if any, in writing at least 60 calendar days before closing. The notice shall include the name, address, and telephone number of the regional office of the board on aging and long term care's ombudsman program. For residents with developmental disability or mental illness, the notice shall include the name, address and telephone number of the protection and advocacy agency designated under s. 51.62 (2) (a), Stats.

(2) Relocation planning. The AFH shall ensure:

- (a) At the time the AFH notifies the department of closure, the AFH shall submit to the department a list of the residents to be relocated, the name of their legal representative, if any, and the name of their managed care organization, if any.
- (b) The AFH shall conduct a planning conference to develop an individual relocation plan with the resident, with the resident's legal representative, if any, the case manager, if any, and with a member of the resident's family, if practicable, unless the resident requests that a family member not be present.
- (c) Each resident is involved in planning the relocation and shall choose among the available alternative placements.
- (d) The resident shall be provided with an opportunity to visit potential alternative placements prior to relocation.
- (e) Residents are provided with assistance in transferring to the new placement.
- (3) The AFH shall surrender the license to the department when the AFH closes.
- (4) The AFH shall surrender its license if it has not served any residents at the AFH location for 24 months.

NOTE: For emergency and disaster relocation requirements, see s. DHS 88.51(2).

DHS 88.12 Investigation, notification, and reporting requirements. (1) **DEATH REPORTING.** (a) The AFH shall report to the department a resident death related to physical restraint, psychotropic medication, or suicide no later than 24 hours after the death.

- (b) The AFH shall report to the department when a resident dies as a result of an incident or accident not related to the use of a physical restraint, psychotropic medication, or suicide, within 3 working days of the resident's death.
- (c) The AFH is not required to report a death to the department if the death is the result of natural causes, and none of the circumstances surrounding the death involve a condition under par. (a) or (b).

(2) **MISCONDUCT REPORTING.** When an AFH becomes aware of an allegation or incident of resident abuse or neglect, or misappropriation of resident property, the AFH shall take immediate action to ensure the safety of each resident and security of their property. The AFH shall do all of the following:

- (a) Thoroughly investigate and document in writing any allegation or alleged incident of resident abuse or neglect, or misappropriation of resident property, including the AFH's rationale for concluding the allegation or incident did or did not meet the definitions in ss. DHS 13.03(1)(a), (14), or (12).
- (b) Within 7 calendar days from the date the AFH knew or should have known about the allegation or incident, and using the web-based application provided by the department, report any allegations or incidents that meet the definition of abuse, neglect, or misappropriation of property in ss. DHS 13.03(1)(a), (14), or (12).

Note: Information, guidance and resources for reporting misconduct through the Misconduct Incident Reporting system are available at <https://www.dhs.wisconsin.gov/caregiver/complaints.htm>.

(3) **ELDER ABUSE AND ADULTS-AT-RISK REPORTING.** The AFH shall follow the elder abuse reporting requirements under s. 46.90, Stats., and the adult at risk requirements under s. 55.043, Stats., whichever is applicable.

(4) **INJURIES OF UNKNOWN SOURCE.** When an AFH receives a report of a resident's injury with an unknown cause, the

AFH shall thoroughly investigate, document, and report an injury of unknown source in a manner consistent with the requirements under sub. (2) and (3) of this section when both of the following conditions are met:

- (a) The source of the injury was not observed by any person or the source of the injury could not be explained by the resident.
- (b) The injury appears suspicious because of the extent of the injury or the location of the injury on the resident.
- (c) The AFH shall maintain documentation for each investigation of an injury referenced under sub. (4) of this section.

(5) OTHER REPORTING REQUIREMENTS. An AFH shall send a written report to the department within 3 working days after any of the following occurs:

- (a) Any time a resident's whereabouts are unknown, except those instances when a resident who is competent chooses not to disclose his or her whereabouts or location to the AFH. The AFH shall also notify the local law enforcement authority immediately upon discovering that a resident is missing.
- (b) Any time law enforcement is called to the AFH as a result of an incident that jeopardizes the health, safety, or welfare of a resident or caregiver. The AFH's report to the department shall provide a description of the circumstances requiring the law enforcement intervention.
- (c) Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident.
- (d) A catastrophe causing structural damage to the AFH that results in any change in services provided to the residents.
- (e) A fire occurs on the premises of the AFH.
- (f) Any time the AFH must evacuate and temporarily relocate residents and caregivers from the AFH for reasons other than a fire drill.
- (g) The use of an emergency restraint shall with documentation of the incident, the actions taken by the adult family home, and the outcome.

(6) NOTIFICATION OF CHANGES AFFECTING A RESIDENT. (a) The AFH shall immediately notify the resident's legal representative and the resident's physician and document the notification when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition.

(b) The AFH shall immediately notify the resident's legal representative and document the notification when there is an allegation of abuse or neglect of the resident.

(c) The AFH shall notify the resident's legal representative within 3 calendar days when there is an allegation of misappropriation of property and document the notification.

(7) OTHER DUTIES. Filing reports under sub. (2) or (3) of this section does not relieve the licensee of any obligation to report an incident to any other authority, including law enforcement or the coroner, or both.

(8) DOCUMENTATION REQUIREMENT. All written reports required under s. DHS 88.12 shall include, at a minimum, all of the following:

- (a) The time, date, place, and details of the occurrence.
- (b) Any individuals involved in the occurrence.
- (c) The action taken by the provider to ensure the health, safety, welfare, and well-being of each resident following the occurrence.

DHS 88.13 Record retention. The AFH shall retain all records required under this chapter for 2 years, unless otherwise specified within this chapter or under sub. (1) and (2).

(1) Resident records shall be retained for 7 years following the date of a resident's final discharge.

(2) Employee records shall be retained for 3 years following an employee's separation from employment at the AFH.

Subchapter III — Personnel

DHS 88.14 Licensee. (1) QUALIFICATIONS. (a) A licensee shall be at least 21 years of age and exhibit the capacity to respond to the needs of the residents and manage the complexity of the AFH.

(b) A licensee shall meet requirements to be considered fit and qualified under s. DHS 88.07.

(c) A licensee shall meet the caregiver background requirements under s. 50.065, Stats., and ch. DHS 12.

(d) A licensee shall have at least one of the following qualifications:

1. An associate degree or higher from an accredited college in a health care related field.
2. A bachelor's degree in a field other than in health care from an accredited college and one year experience working in a health care related field having direct contact with one or more of the client groups identified under s. DHS 88.02 (15).
3. At least 2 years experience working in a health care related field having direct contact with one or more of the client groups identified under s. DHS 88.02 (15) and have successfully completed an assisted living administrator's training course approved by the department or the department's designee.
4. A valid nursing home administrator's license issued by the department of safety and professional services.

(2) RESPONSIBILITIES. The licensee shall:

(a) Ensure the AFH and its operation comply with this chapter and with all laws governing the AFH.

(b) Supervise the daily operation of the AFH, including resident care and services, personnel, finances, and physical plant.

(c) Provide the supervision necessary to ensure that each resident receive proper care and treatment, that their health and safety are protected and promoted, and that their rights are respected.

- (d) Be responsible for the training and competency of each employee.
 - (e) Designate a qualified resident care staff as in charge whenever the licensee is absent from the AFH.
 - (f) Ensure the home is not used for any business purpose that regularly brings customers to the home so that the residents' use of the home as their residence or the residents' privacy is adversely affected.
 - (g) Provide, in a format approved by the department, information required by the department to assess the AFH's compliance with s. 55.14, Stats., relating to involuntary administration of psychotropic medication to a resident.
 - (h) Inform all current or prospective residents, resident's legal representative, case manager or family member, that the results of all department statements of deficiencies, notice of revocation, and any other notice of enforcement, licensing surveys, complaint, verification, and monitoring visits for the preceding 2 years are available at the AFH upon request.
 - (i) Not permit the existence or continuation of any condition which is or may create a substantial risk to the health, safety, or welfare of any resident.
- (3) EXEMPTIONS.** The licensee of record with the department for an AFH, at the time this rule becomes effective, shall be exempt from the qualification requirements as specified under sub. (1) of this section.

DHS 88.15 Employee. **(1)** Each employee shall have the skills, education, experience, and ability to fulfill the employee's job requirements.

(2) Resident care staff shall be at least 18 years old.

DHS 88.16 Hiring and employment. **(1) EMPLOYEE AND CONTRACTOR BACKGROUND CHECKS.** The AFH shall obtain a background check pursuant to s. 50.065, Stats., and ch. DHS 12, for any person who is, or is expected to be, an employee or contractor of the AFH, who is or is expected to be under the control of the AFH, and who has, or is expected to have, regular, direct contact with residents.

(2) EMPLOYEE HEALTH COMMUNICABLE DISEASE CONTROL. **(a)** The AFH shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating each employee has been screened for clinically apparent communicable diseases including tuberculosis. Screening for tuberculosis shall be conducted in accordance with current standards of practice. The screening and documentation shall be completed within 90 calendar days before the start of employment or before assumption of duties in which the caregiver will have direct contact with residents. The AFH shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.

(b) Employees shall be re-screened for clinically apparent communicable diseases as described in par. (a) of this subsection based on the likelihood of exposure to communicable diseases, including tuberculosis.

(c) A person who has a communicable disease shall not be permitted to work or be present in the AFH if the disease would present a risk to the health or safety of any resident. The employee's return to work shall be in accordance with the guidance from the Center for Disease Control and Prevention (CDC) or the local public health department.

DHS 88.17 Employee records. **(1)** A separate record for each employee shall be maintained and kept current. Employee records shall include, at a minimum, all of the following information:

(a) A written job description including duties, responsibilities and qualifications required for the employee.

(b) Beginning date of employment.

(c) A completed background check following procedures under s. 50.065, Stats. and ch. DHS 12.

(d) Documentation of orientation and training, or exemption verification.

(2) Employee records shall be available at the AFH for review by the department

Subchapter IV — Orientation and Training

DHS 88.18 Orientation. Before performing any job duties, all employees shall receive appropriate orientation training which shall include, at a minimum, all of the following:

(1) Job responsibilities.

(2) Prevention and reporting of resident abuse, neglect, and misappropriation of resident property.

(3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible.

(4) Emergency and disaster plan and evacuation procedures under s. DHS 88.50 and 88.51.

(5) AFH policies and procedures.

(6) Recognizing and responding to resident changes of condition.

(7) Resident Rights. Training shall include general rights of residents including rights as specified under s. DHS 88.30. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the AFH's complaint and grievance procedures.

DHS 88.19 Department-approved training.

(1) Approved training.

(a) Training for standard precautions, fire safety, first aid and choking, medication administration and management, assessment

of residents, and individual service plan development, shall be approved by the department or designee and shall be provided by trainers approved by the department or designee.

(b) The AFH shall maintain documentation of the training in par. (a), including the trainer approval number, the name of the employee, training topic and the date training was completed.

(2) Approved courses.

(a) Standard precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material.

(b) Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety.

(c) First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking.

(d) Medication administration and management. Any employee who manages, administers, or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.

(e) Assessment of residents. All employees responsible for conducting a resident assessment as specified under s. DHS 88.33 shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, identification and reporting of changes in condition, sources of assessment information, and documentation of the assessment.

(f) Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident's needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress.

DHS 88.20 All employee training. The AFH shall provide, obtain, or otherwise ensure adequate training for all employees in the following areas within 90 days after starting employment:

(1) Client group.

(a) Employees shall receive training for each client group listed on the AFH license.

(b) Training for each client group shall include the physical, social, and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of each client group, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities.

(2) Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition.

DHS 88.21 Task specific training. The AFH shall provide, obtain, or otherwise ensure adequate training for employees performing job duties in all of the following:

(1) Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting, and incontinence care, positioning and body alignment, and mobility and transferring.

(2) Dietary training. All employees performing dietary duties shall receive training specific to assigned duties prior to assuming these job duties. Training topics may include: determining nutritional needs, menu planning, food preparation, and sanitation.

DHS 88.22 Employee supervision. Until an employee has completed all required training, the employee shall be directly supervised by the licensee or by qualified resident care staff.

DHS 88.23 Exemptions. (1) EXEMPTIONS FOR COMPLETED TRAINING. Employees who have completed department-approved training in standard precautions, fire safety, first aid and choking, and medication administration and management after April 1, 2010, shall be exempt from these training requirements as specified under s. DHS 88.19.

(2) EXEMPTIONS FROM STANDARD PRECAUTIONS TRAINING. Except as stated under sub. (1), the following individuals are exempt from training in standard precautions:

(a) A practitioner, licensed pharmacist, registered nurse, or licensed practical nurse.

(b) Emergency medical technician.

(c) Employee who can provide documentation that they have had training from a regulated health care entity in the practice of standard precautions within the previous year.

(d) A nurse aide in good standing on the Wisconsin Nurse Aide Registry.

(3) EXEMPTIONS FROM FIRE SAFETY TRAINING. Except as stated under sub. (1), firefighters are exempt from training in fire safety.

(4) EXEMPTIONS FROM FIRST AID AND CHOKING TRAINING. Except as stated under sub. (1), the following

individuals are exempt from training in first aid and choking:

- (a) A practitioner, licensed pharmacist, registered nurse, or licensed practical nurse.
- (b) Emergency medical technician.
- (c) Student nurse who has successfully completed related training.

(5) EXEMPTIONS FROM MEDICATION ADMINISTRATION AND MANAGEMENT TRAINING. Except as stated under sub. (1), the following individuals are exempt from medication administration and management training:

- (a) A practitioner, licensed pharmacist, registered nurse, or licensed practical nurse.
- (b) Nurse aide who has completed a medication aide training program and in good standing on the Wisconsin Nurse Aide Registry.
- (c) Student nurse currently enrolled in a nursing program that has successfully completed a medication administration course.
- (d) Other licensed health care persons whose licensure and scope of practice allows medication administration.

(6) EXEMPTIONS FROM CLIENT GROUP TRAINING, RESIDENT RIGHTS TRAINING, AND CHALLENGING BEHAVIOR TRAINING. All of the following individuals are exempt from client group training, resident rights training, and challenging behavior training:

- (a) A practitioner, licensed pharmacist, registered nurse, or licensed practical nurse.
- (b) Licensed nursing home administrator.
- (c) Substance abuse counselors as defined under s. SPS 160.02 (26).
- (d) Employee with a degree in social work, psychology, or a similar human services field.
- (e) Student nurse who has successfully completed related courses.
- (f) A nurse aide in good standing on the Wisconsin Nurse Aide Registry.

(7) EXEMPTION FROM PROVISION OF PERSONAL CARE TRAINING.

- (a) A practitioner, licensed pharmacist, registered nurse, or licensed practical nurse.
- (b) A nurse aide in good standing on the Wisconsin Nurse Aide Registry.

(8) EXEMPTIONS FROM ASSESSMENT AND INDIVIDUAL SERVICE PLAN DEVELOPMENT TRAINING. The following individuals are exempt from assessment and individual service plan development training:

- (a) A practitioner, licensed pharmacist, registered nurse, or licensed practical nurse.
- (b) Licensed nursing home administrator.
- (c) Substance abuse counselors as defined under s. SPS 160.02 (26).
- (d) Employee with a degree in social work, psychology, or a similar human services field.
- (e) Student nurse who has successfully completed related courses.

(9) EXEMPTIONS FROM DIETARY TRAINING. The following individuals are exempt from training in determining dietary needs, menu planning, food preparation and sanitation:

- (a) Registered dietitians.
- (b) Employee who has completed an associate degree in culinary arts.
- (c) A certified dietary manager.

DHS 88.24 Continuing education. The licensee and resident care staff shall receive at least 12 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following:

- (1) Infection prevention and control program procedures, including standard precautions.
- (2) Client group training for each client group identified on the AFH license.
- (3) Medications.
- (4) Resident rights.
- (5) Prevention and reporting of abuse, neglect, and misappropriation.
- (6) Fire safety and emergency procedures, including first aid, and delayed egress door lock systems, when applicable.
- (7) Exemption for dementia client group training. Resident care staff meeting the continuing education requirements in s. DHS 88.36 (2) (e) shall be exempt from this client group training under s. DHS 88.24 (2).

DHS 88.25 Documentation. (1) The AFH shall maintain documentation of all orientation and training under subch. IV, and s. DHS 88.36 (2) and (3), to include the name of the employee, the name of the instructor, the dates of training, a description of the course content, and the length of the training.

- (2) All required training shall be documented in the employee's file.

Subchapter V — Admission, Retention and Discharge

DHS 88.26 Limitations on admissions and retentions. (1) LICENSE CAPACITY. (a) No AFH may have more residents, including persons admitted for respite care than the maximum bed capacity on its license.

(2) ADMISSION AND RETENTION LIMITATIONS. An AFH may not admit or retain any of the following persons:

- (a) A person who has an ambulatory or cognitive status that is not compatible with the license classification under s. DHS 88.04.
- (b) A person who is destructive of property or self, or who is physically or mentally abusive to others, unless the AFH has

sufficient resources to care for such an individual and is able to protect the resident and others.

(c) A person who has physical, mental, psychiatric, or social needs that are not compatible with the client group as described in the AFH's program statement.

(d) A person who is incapacitated, unless the person has a health care agent under a valid and properly activated power of attorney for health care under ch. 155, Stats., or a court appointed guardian under ch. 54, Stats.

(e) A person whose clinical condition is unstable and unpredictable, changes rapidly, and medical orders are likely to involve frequent changes or complex modifications.

(f) An AFH may retain a person whose clinical condition is unstable and unpredictable, changes rapidly, and medical orders are likely to involve frequent changes or complex modifications if the following conditions are met:

1. The resident's condition is treatable, improves, or resolves in no more than 30 days.

2. The resident is otherwise appropriate for the level of care provided in the AFH.

3. The services needed to treat the resident's condition are provided in the AFH. An AFH may provide limited health services in accordance with requirements under s. DHS 88.36 (3).

(3) ADMISSION OF MINORS. The AFH may not admit a person under 18 years of age without written approval from the department and one of the following apply:

(a) The AFH is dually licensed under ch. DCF 56 as a children's foster home. The combined licensed bed capacity for a dually licensed AFH shall not exceed 4 residents.

(b) The minor has been waived to an adult court under s. 938.18, Stats.

(c) The minor is the child of an adult resident. When the child of an adult resident resides in an AFH, all of the following shall apply:

1. The adult resident retains custody and control of the child.

2. The minor is a nonclient resident. The nonclient resident is not included in the license capacity of the AFH.

3. The AFH shall have written policies related to the presence of a minor in the AFH, including policies on parental responsibility for supervision, school attendance, and any services provided to the minor by the AFH.

DHS 88.27 Admission procedures.

(1) HEALTH SCREENING. (a) Resident health screening. 1. Within 90 calendar days before or 7 calendar days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the AFH for clinically apparent communicable disease, including tuberculosis, and document the results of the screening.

2. Screening for tuberculosis and all immunizations shall be conducted in accordance with current standards of practice.

3. The AFH shall maintain the screening documentation in each resident's record.

(2) RESIDENT RIGHTS, GRIEVANCE PROCEDURE AND HOUSE RULES. Before or at the time of admission, the AFH shall provide and explain resident rights, the house rules, if any, and the grievance procedure including written information regarding the names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the AFH, including the long term care ombudsman program and the protection and advocacy services of Disability Rights Wisconsin, Inc. The resident or the resident's legal representative shall be asked to sign a statement to acknowledge the receipt of an explanation of resident rights, house rules, if any, and the grievance procedure. The AFH shall document the date the information was provided.

(3) RESIDENT PROTECTION. Before or at the time of admission, the AFH shall inform the resident or the resident's legal representative, that pursuant to s. DHS 13.05 (4) (a) and s. 146.40 (4r) (a), Stats., any individual may report to the department that he or she believes that any person employed by or under contract with the AFH has neglected or abused a resident or misappropriated a resident's property. The resident or the resident's legal representative shall be asked to sign a statement to acknowledge the receipt the information.

Note: To report a complaint, access <https://www.dhs.wisconsin.gov/guide/complaints.htm> or call and leave a message at 800-642-6552.

(4) TEMPORARY SERVICE PLAN. Upon admission, the AFH shall develop a temporary service plan as required under s. DHS 88.33 (2).

(5) ADVANCED DIRECTIVES. At the time of admission, the AFH shall determine if the resident has executed an advanced directive. An advanced directive may be a living will, power of attorney for health care, or a do-not-resuscitate order under ch. 154 or 155, Stat., or other authority as recognized by the courts of this state. A copy of the document shall be maintained in the resident record as required under s. DHS 88.40. An AFH may not require an advanced directive as a condition of admission or as a condition of receiving any health care service.

DHS 88.28 Admission agreement. (1) SERVICES AND CHARGES. (a) Before or at the time of admission, the AFH shall provide written information regarding services available and the charges for those services to each resident, or the resident's legal representative. This information shall include any charges for services not covered by the daily or monthly rate, any assessment fees and security deposit.

(b) Written notice of any change in services or in charges. The AFH shall give the resident or the resident's legal representative a 30 calendar day written notice of any change in services available or in charges for services that will be in effect for more than 30 calendar days.

(2) ADMISSION AGREEMENT REQUIREMENTS. The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person's legal representative signing and dating an admission agreement. The admission agreement shall include all of the following:

- (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment.
- (b) Information about all additional services offered, but not included in the basic services. The AFH shall provide a written statement of the fees charged for each of these services.
- (c) The method for notifying residents of a change in charges for services.
- (d) Terms for resident notification to the AFH of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency.
- (e) Terms for refunding charges for services paid in advance, or security deposits in the case of transfer, death or voluntary or involuntary discharge.
- (f) A statement that the amount of the security deposit may not exceed one month's fees for services if a security deposit is collected.
- (g) Terms for holding and charging for a resident's room during a resident's temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency.
- (h) Reasons and notice requirements for involuntary discharge or transfer. This paragraph does not apply to a resident in the custody of a government correctional agency.

(3) REFUNDS. The AFH shall return all refunds due a resident under the terms of the admission agreement within 30 calendar days after the date of discharge.

(4) CONFLICT WITH THIS CHAPTER. No statement of the admission agreement may be in conflict with any part of this chapter unless the department has granted a waiver or variance of a provision of this chapter. No provision in the admission agreement may waive any right afforded to residents by law.

DHS 88.29 Discharge or transfer. (1) APPLICABILITY. This section applies to all resident discharges.

(2) EMERGENCY OR TEMPORARY TRANSFERS. If a condition or action of a resident requires the emergency transfer of the resident to a hospital, nursing home or other facility for treatment not available from the AFH, the AFH may not involuntarily discharge the resident unless the requirements under sub. (4) are met.

(3) DISCHARGE OR TRANSFER INITIATED BY RESIDENT. (a) Any competent resident may initiate transfer or discharge at any time in accordance with the terms of the admission agreement if the resident is not in the custody of a government correctional agency, committed under s. 51.20, Stats., or under a court-ordered protective placement under s. 55.12, Stats.

(b) If a resident found incompetent under ch. 54, Stats., protests the resident's admission or continued stay, the licensee or designee shall immediately notify the legal representative and the county protective services agency to obtain a determination about whether to discharge the resident under s. 55.055 (3), Stats.

(4) DISCHARGE OR TRANSFER INITIATED BY AFH. (a) Notice and discharge requirements. 1. Before an AFH involuntarily discharges a resident, the licensee shall give the resident or legal representative a 30 calendar day written advance notice. The notice shall explain to the resident or legal representative the need for and possible alternatives to the discharge. Termination of placement initiated by a government correctional agency does not constitute a discharge under this section. 2. The AFH shall provide assistance in relocating the resident and shall ensure that a living arrangement suitable to meet the needs of the resident is available before discharging the resident.

(b) Reasons for involuntary discharge. The AFH may not involuntarily discharge a resident except for any of the following reasons:

- 1. Nonpayment of charges, following reasonable opportunity to pay.
- 2. Care is required that is beyond the AFH's license classification.
- 3. Care is required that is inconsistent with the AFH's program statement and beyond that which the AFH is required to provide under the terms of the admission agreement and this chapter.
- 4. Medical care is required that the AFH cannot provide.
- 5. There is imminent risk of serious harm to the health or safety of the resident, other residents, or employees, as documented in the resident's record.
- 6. As otherwise permitted by law.

(c) No resident may be involuntarily discharged due to closure of the AFH.

(d) Notice requirements. Every notice of involuntary discharge shall be in writing to the resident or resident's legal representative and shall include all of the following:

- 1. A statement setting forth the reason and justification for discharge listed under par. (b).
- 2. The name, address, and telephone number of the regional office of the board on aging and long term care's ombudsman program. For residents with developmental disability or mental illness, the notice shall include the name, address and telephone number of the protection and advocacy agency designated under s. 51.62 (2) (a), Stats.

(5) DISBURSEMENT OF FUNDS. (a) The AFH shall return all refunds due a resident within 30 calendar days of the date of discharge as required under s. DHS 88.28 (3).

(b) The AFH shall return all resident funds held by the AFH to the resident or the resident's legal representative within 14 calendar days after discharge as required under s. DHS 88.32 (4).

(6) INFORMATION PROVIDED AT THE TIME OF TRANSFER OR DISCHARGE. At the time of a resident's transfer or discharge, the AFH shall inform the resident or the resident's legal representative and the resident's new place of residence that all of the following information is available in writing upon request:

- (a) Facility information. The name and address of the AFH, the dates of admission, and discharge or transfer, and the name of a person to contact for additional information.
- (b) Medical providers. Names and addresses of the resident's physician, dentist, and other medical care providers.
- (c) Emergency contacts. Names and addresses of the resident's legal representative or person to contact in case of emergency.
- (d) Assessment and individual service plan. The resident's assessment and individual service plan, or a summary of each.
- (e) Medical needs. The resident's dietary, nursing, physical and mental health needs, if not included in the assessment or individual service plan. When a resident is discharged, the resident's medications with current orders shall be sent with the resident.
- (f) Reason for discharge or transfer.

Subchapter VI — Resident Rights and Protections

DHS 88.30 Rights of residents. (1) LEGAL RIGHTS. A licensee shall comply with all applicable statutes and rules relating to resident rights, including s. 51.61, Stats., chs. 54, 55, 155, and 304, Stats., and chs. DHS 92 and 94. These laws may clarify, or condition a particular resident's right, depending on the legal status of the resident or a service received by the resident.

(2) RIGHTS OF RESIDENTS. Any form of coercion to discourage or prevent a resident or the resident's legal representative from exercising any of the rights under this subchapter is prohibited. Any form of retaliation against a resident or the resident's legal representative for exercising any of the rights in this subchapter, or against an employee or any other person who assists a resident or the resident's legal representative in the exercise of any of the resident rights in this subchapter, is prohibited. The rights established under this subsection do not apply to a resident in the legal custody of a government correctional agency, except as determined by a government correctional agency. Each resident shall have all of the following rights:

- (a) Fair treatment. To be treated with courtesy, respect and full recognition of the resident's dignity and individuality.
- (b) Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing, and dressing. The resident, resident's room, any other area in which the resident has a reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's legal representative except when there is a reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search.
- (c) Communications. To have private and unrestricted communications with the resident's family, physician, physician assistant, advanced practice nurse prescriber, attorney, and any other person, unless medically contraindicated as documented by the resident's physician, physician assistant, or advanced practice nurse prescriber in the resident's medical record, except that communications with public officials or with the resident's attorney shall not be restricted in any event. The right to private and unrestricted communications shall include, but is not limited to, the right to make and receive telephone calls within reasonable limits and in privacy. The AFH shall provide a non-pay telephone for resident use. The AFH may require a resident who makes long distance calls to do so at the resident's own expense.
- (d) Confidentiality. Confidentiality of health and personal information and records, and the right to approve or refuse release of that information to any individual outside the AFH, except when the resident is transferred to another facility or as required by law or third-party payment contracts. The AFH shall make the record available to the resident or the resident's legal representative for review within 7 calendar days. Copies of the record shall be made available within 30 calendar days, if requested in writing, at a cost no greater than the cost of reproduction.
- (e) Presumption of competency. To be treated as mentally competent unless there has been a court determination of incompetency under ch. 54, Stats. A resident who has been adjudicated incompetent has a right to have his or her guardian fully informed and involved in all aspects of his or her relationship to the adult family home. A resident who has been adjudicated incompetent shall be allowed decision-making participation to the extent that the resident is capable of participating.
- (f) Free from labor. Not be required to perform services for the AFH that are not included for therapeutic purposes in the resident's individual service plan.
- (g) Freedom from mistreatment. Be free from physical, sexual, and mental abuse and neglect, and from financial exploitation and misappropriation of property.
- (h) Freedom from seclusion. Be free from seclusion.
- (i) Freedom from chemical restraints. Be free from all chemical restraints.
- (j) Freedom from physical restraints. Be free from physical restraints except as authorized in writing by a physician, physician assistant, or advanced practice nurse prescriber for a specified and limited period of time and prior approval by the department. The department may place conditions on the use of a restraint to protect the health, safety, welfare, and rights of the resident. Physical restraints may be used in an emergency when necessary to protect the resident from injury to himself or herself or others or to property. Authorization for continuing use of the physical restraints shall be secured from a physician, physician assistant, or advanced practice nurse prescriber within 12 hours. The use of an emergency restraint shall be reported to the department within 3 working days with documentation of the incident, the actions taken by the adult family home, and the outcome. Use of a physical restraint shall be documented in the resident's medical record.

- (k) Receive medication and treatments. Receive all prescribed medications and treatments as prescribed by the resident's practitioner. The resident has the right to refuse medication and treatment unless the medication or treatment is court ordered.
- (L) Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident's needs.
- (m) Treatment options. Participate in the planning of care and treatment, be fully informed of care and treatment options, and have the right to refuse any form of care or treatment unless the care or treatment has been ordered by a court.
- (n) Self-determination. Make decisions relating to care, activities of social, religious and community group participation, daily routines, and other aspects of life which enhance the resident's self-reliance and support the resident's autonomy and decision making.
- (o) Least restrictive environment. Have the least restrictive conditions necessary to achieve the purposes of the resident's admission. The AFH may not impose a curfew, rule, or other restriction on a resident's freedom of choice.
- (p) Recording, filming, photographing. Not be recorded, filmed, or photographed without informed, written consent by the resident or resident's legal representative. The AFH may take a photograph of the resident for identification purposes. The department may photograph, record or film a resident pursuant to an inspection or investigation under s. 50.03 (2), Stats., without his or her written informed consent.
- (q) Safe environment. Live in a safe environment. The AFH shall safeguard a resident from environmental hazards to which it is likely the resident will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the resident's conditions or disabilities.
- (r) Financial affairs. To manage his or her own financial affairs, including any personal allowances under federal or state programs, unless the resident delegates, in writing, responsibility for financial management to the licensee or someone else of the resident's choosing or the resident is adjudicated incompetent in which case the guardian or guardian's designee is responsible.
- (s) Clothing and possessions. To retain and use personal clothing and effects and to retain, as space permits, other personal possessions in a reasonably secure manner.
- (t) Mail. To receive and send sealed, unopened mail, including packages. The licensee shall give mail to the resident on the day it is received or as soon as possible thereafter, unless the licensee has reasonable cause to believe that the mail being sent or received contains contraband, in which case a resident's mail may be opened by the licensee but only in the presence of the resident.
- (u) Visits. To have private visitors and have adequate time and private space for visits.
- (v) Choice of providers. To exercise complete choice of providers of physical health, mental health care and pharmaceutical services if the pharmaceutical services meet regulatory requirements for the adult family home.

DHS 88.31 Grievance procedure. (1) An AFH shall have a written grievance procedure and shall provide a copy to each resident and the resident's legal representative before or at the time of admission. The grievance procedure shall specify all of the following:

- (a) A resident or any individual on behalf of the resident may file a grievance with the AFH, the department, the resident's case manager, if any, the board on aging and long term care, Disability Rights Wisconsin, Inc., or any other organization providing advocacy assistance. The resident and the resident's legal representative shall have the right to advocate throughout the grievance procedure. The written grievance procedure shall include: the name, address and phone number of organizations providing advocacy for the client groups served; the name, address and phone number of the department's regional office that licenses the AFH; and the department's webpage and phone number to report a complaint.
 - (b) Any person investigating the facts associated with a grievance shall not have had any involvement in the issue leading to the grievance.
 - (c) Any form of coercion to discourage or prevent any individual from filing a grievance or in retaliation for having filed a grievance is prohibited.
 - (d) The AFH shall provide a written summary of the grievance, the findings and the conclusions and any action taken to the resident or the resident's legal representative and the resident's case manager, if any. The AFH shall maintain a copy of the investigation.
- (2)** The AFH shall follow the grievance procedures under s. DHS 94.40 for any resident placed or funded by a county department of social services under s. 46.21 or 46.22, Stats., a county department of human services under s. 46.23, Stats., a county department of community programs, under s. 51.42, Stats., a county department of developmental disabilities services under s. 51.437, Stats., or for any resident who is receiving protective services or protective placement under ch. 55, Stats.
- (3)** The AFH shall assist residents with grievance procedures as required under this section.

DHS 88.32 Resident funds. (1) AUTHORIZATION. Except for a resident in the custody of a government correctional agency, the AFH may not obtain, hold, or spend a resident's funds without written authorization from the resident or the resident's legal representative. The resident or the resident's legal representative may limit or revoke authorization at any time by writing a statement that shall specify the effective date of the limitation or revocation.

(2) FUNDS UNDER \$200. (a) Upon written authorization, an AFH may hold no more than \$200 cash for use by the resident. The AFH may not commingle residents' funds with the funds or property of the AFH, the licensee, employees, or relatives of the licensee or employees.

(b) The AFH shall have a legible, accurate accounting method for tracking residents' cash and shall include a record of any deposits, disbursements and earnings made to or on behalf of the resident. The AFH shall provide a receipt to the resident or the resident's legal representative for all expenditures in excess of \$20.

(c) The AFH shall provide a written report of the resident's account to the resident or the resident's legal representative upon written request from the resident or resident's legal representative within 3 business days.

(3) **FUNDS IN EXCESS OF \$200.** An AFH receiving more than \$200 of personal funds from a resident shall deposit funds in excess of \$200 in an interest-bearing account in the resident's name in a savings institution insured by an agency of, or a corporation chartered by, this state or the United States.

(4) **FINAL ACCOUNTING.** Within 14 calendar days after a resident is discharged, the AFH shall provide to the resident or the resident's legal representative a written final accounting of all the resident's funds held by the AFH and shall disburse any remaining money to the resident or to the resident's legal representative.

(5) **LIMITATIONS.** (a) No AFH licensee or any individual employed by or under contract with the AFH may do any of the following:

1. Sell to or purchase from a resident or prospective resident, real or personal property.
2. Accept or borrow money from a resident or prospective resident.
3. Be appointed as power of attorney for any resident unless related to the resident by blood or adoption.
4. Accept personal gifts, including monetary gifts, from a resident.

(b) No AFH licensee or any individual employed by or under contract with the AFH, may accept donations from any resident, except those made by a competent resident or made with the knowledge of the resident's legal representative acting within the scope of their authority and only for the benefit of the residents of the AFH.

(6) **SECURITY DEPOSIT.** (a) If an AFH collects a security deposit, the funds shall be deposited in an interest-bearing account insured by an agency of, or a corporation chartered by, this state or the United States.

(b) The amount of the security deposit shall not exceed one month's fees for services.

(c) The AFH shall keep the security deposit account separate from other funds of the AFH.

(d) Within 30 calendar days after the resident's discharge, the security deposit and any interest earned shall be paid to the person who made the security deposit. Interest paid shall be the actual interest earned.

(7) **TRANSFER OF FINANCIAL RESPONSIBILITY.** When a change of ownership of the AFH occurs, the transferor shall:

(a) Notify the transferee in writing of any financial relationships between the transferor and residents.

(b) Notify each resident or legal representative in writing where any financial relationship exists between the transferor and residents of the pending transfer.

(8) **AUDIT.** An AFH handling residents' funds under this section is subject to an accounting audit as ordered by the department. The accounting audit shall be completed by a certified public accountant paid for by the AFH.

Subchapter VII — Resident Care and Services

DHS 88.33 Assessment, individual service plan and evaluations. (1) **ASSESSMENT.** (a) **Scope.** The AFH shall assess each resident's needs, abilities, and physical and mental condition before admitting the person to the AFH, when there is a change in needs, abilities, or condition, and at least annually. The assessment shall include all areas listed under par. (c). For emergency admissions, the AFH shall conduct the assessment within 5 calendar days after admission.

(b) **Information gathering.** The AFH shall base the assessment on the current diagnostic, medical and social history obtained from the person's health care providers, case manager and other service providers. The licensee or designee shall hold a face-to-face interview with the person and the person's legal representative, if any, to determine what the person views as his or her needs, abilities, interests, and expectations.

(c) **Areas of assessment.** The assessment, at a minimum, shall include all of the following areas:

1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care.
2. Nutritional needs, including the need for a therapeutic diet or dietary supplements.
3. Medications the resident takes and the resident's ability to control and self-administer medications.
4. Presence and intensity of pain.
5. Nursing procedures the resident needs and the number of hours per week of nursing care to meet identified needs.
6. Mental and emotional health including symptoms of mental illness and participation in treatment or programming.
7. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property.
8. Restrictive measures including purpose, alternatives to use, and potential health and safety risks associated with use.
9. Risks, including, choking, falling, elopement, and suicide.
10. Capacity for self-care including the need for any personal care services, adaptive equipment, or training.
11. Capacity for self-direction, including the ability to make decisions, to act independently, to make wants or needs known, and to give consent to consensual sexual activity.
12. Social participation, including interpersonal relationships, leisure time activities, family and community contacts and vocational needs.

(d) **Assessment documentation.** The AFH shall document the results of the assessment and shall retain the assessment in the

resident's record.

(2) **TEMPORARY SERVICE PLAN.** Upon admission, the AFH shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, until the individual service plan under sub. (3) is developed and implemented.

(3) **COMPREHENSIVE INDIVIDUAL SERVICE PLAN.** (a) **Scope.** Within 30 calendar days after admission and based on the assessment under sub. (1), the AFH shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following:

1. Identify the resident's needs and desired outcomes.
2. Identify the services, frequency, and approaches to be provided, including the use of adaptive equipment.
3. Establish measurable goals with specific time limits for attainment.
4. Specify who is responsible for delivering the care.

(b) **Development.** The AFH shall involve the resident and the resident's legal representative, as appropriate, in developing the individual service plan. The AFH representative and the resident, or the resident's legal representative, shall sign and date the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness and elected to receive supporting services from a hospice program or home health care agency, the AFH shall coordinate the development of the individual service plan and its approval with the identified agency. The resident's case manager, if any, shall be invited to participate in the development of the service plan.

(c) **Implementation.** The AFH shall implement and follow the individual service plan as written.

(d) **Individual service plan review.** Annually or when there is a change in a resident's needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, resident care staff, and other service providers as appropriate. The resident's case manager, if any, shall be invited to participate in the review of the service plan. The AFH representative and the resident, or resident's legal representative, shall sign and date the individual service plan, acknowledging their involvement in, understanding of and agreement with the reviewed and revised individual service plan.

(e) **Documentation of review.** The AFH shall document and date any changes made as a result of an individual service plan review.

(f) **Availability.** All employees who provide resident care and services shall have continual access to the resident's individual service plan.

(4) **EVALUATION OF RESIDENT EVACUATION LIMITATIONS.** (a) **Initial evaluation.** The AFH shall evaluate each resident prior to or within 3 calendar days of the resident's admission to determine whether the resident is able to evacuate the AFH within the applicable period of time as required by the AFH's licensure class. A form provided by the department shall be used for the evaluation. The resident's evaluation shall be retained in the resident's record.

(b) The AFH shall identify each resident's evacuation needs in the individual service plan and the specific interventions or approaches to ensure a safe and timely evacuation in an emergency.

(c) **Evaluation update.** The AFH shall evaluate each resident's mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident's mental or physical capability to respond to a fire alarm.

DHS 88.34 Medications. (1) GENERAL REQUIREMENTS. (a) **Practitioner's order.** There shall be a written practitioner's order in the resident's record for any prescription medication, over-the-counter medication or dietary supplements administered to a resident within 2 business days. The AFH may follow the instructions on the prescription label when the pharmacy or practitioner is unavailable to immediately provide the written order.

(b) **Medications.** Prescription medications shall come from a licensed pharmacy or a physician and shall have a label permanently attached to the outside of the container. Over-the-counter medications maintained in the manufacturer's container shall be labeled with the resident's name. Over-the-counter medications not maintained in the manufacturer's container shall be labeled by a pharmacist. The AFH may use medications the resident received prior to admission to the AFH. The AFH shall have a policy to ensure these medications meet the current practitioner's orders and are of good quality.

(c) **Packaging.** The AFH shall develop and implement a policy that identifies the medication packaging system used by the AFH. Any pharmacy selected by the resident whose medications are administered by AFH employees shall meet the medication packaging system chosen by the AFH. This does not apply to residents who self-administer medications.

(d) **Documentation.** When a resident is taking prescription or over-the-counter medications or dietary supplements, the resident's record shall include a current list of the type and dosage of medications or supplements, directions for use, and any change in the resident's condition.

1. When an employee of the AFH administers a resident's medication, the AFH shall provide a list of the resident's current medications to the resident's primary practitioner.

2. When a resident self-administers medications, the AFH shall provide a list of the resident's current medications for the resident to provide to all practitioners.

(e) **Medication Regimen Review.** 1. If a resident's medications are administered by an AFH employee, the AFH shall arrange for a pharmacist or a physician to review each resident's medication regimen. This review shall occur within 30 calendar days before or 30 calendar days after the resident's admission, whenever there is a significant change in medication, and at least every 12 months.

2. The AFH shall obtain a written report that the medication review was completed and any medication related problems

identified. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are medication related problems identified with the resident's medication regimen, which may need practitioner involvement to address.

(f) Disposition of medications. 1. When a resident is discharged, the resident's medications with current orders shall be sent with the resident.

2. If a resident's medication has been changed or discontinued, the AFH may retain a resident's medication for no more than 90 calendar days unless an order by a physician or a request by a pharmacist is written every 90 calendar days to retain the medication. Medications that are retained shall be separated from medications in use and those awaiting destruction.

3. The AFH shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state, and local standards or laws. The AFH shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications for disposal shall be separated from other medication in current use in the AFH and stored in a locked area, with access limited to the licensee or designee. The licensee or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength, and amount.

(g) Psychotropic medications. When a psychotropic medication is prescribed for a resident, the AFH shall ensure all resident care staff understands the potential benefits and side effects of the medication.

(h) As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the AFH shall do all of the following:

1. The resident's individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication.

2. The licensee or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication including any use that is contrary to the individual service plan and take action to correct any use contrary to the intended use.

(i) Proof-of-use record. The AFH shall maintain a proof-of-use record for schedule II drugs, subject to 21 USC 812 (c), and Wisconsin's uniform controlled substances act, ch. 961, Stats., that contains the date and time administered, the resident's name, the practitioner's name, dose, signature of the person administering the dose, and the remaining balance of the drug. The licensee or designee shall audit, sign and date the proof-of-use records on a daily basis. The AFH shall have a system to account for other medications of abuse to prevent and detect diversion of controlled substances.

(j) Medication error or adverse reaction. 1. The AFH shall document in the resident's record any error in the administration of prescription or over-the-counter medication, known adverse drug reaction or resident refusal to take medication.

2. The AFH shall report all errors in the administration of medication and any adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately. Unless otherwise directed by the prescribing practitioner, the AFH shall report to the prescribing practitioner, supervising nurse or pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days. If a medication error involves a medication that was missed, the AFH shall follow the printed medication instructions provided by the pharmacy and do not need to report a missed medication error if the medication instructions do not require.

(k) Medication information. The AFH shall make available written information to resident care staff on the purpose and side effects of medications taken by residents.

(2) MEDICATION ADMINISTRATION. (a) Medication administration supervised by a registered nurse. When medication administration is supervised by a registered nurse, the AFH shall ensure all of the following:

1. The registered nurse directs and inspects the administration of medications and the medication administration system.

2. The registered nurse, participates in the resident's assessment and development and review of the individual service plan regarding the resident's medical condition and the goals of the medication regimen.

(b) Medication administration not supervised by a registered nurse. When the AFH administers medication, and administration is not supervised by a registered nurse, the AFH shall arrange for a pharmacist to package and label a resident's prescription medications in unit dose. Medications available over-the-counter may be excluded from unit dose packaging requirements, unless the physician specifies unit dose.

(c) Documentation of medication administration. At the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date, and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The rationale for use for any PRN medication and the resident's response shall be documented. This does not apply to residents who self-administer medications.

(d) Other administration. Nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally, and injectables, except epinephrine auto injectors and naloxone, and shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2) (d) may be delegated to non-licensed employees pursuant to s. N6.03 (3).

(e) Emergency drug.

1. An AFH can store and administer epinephrine auto-injectors pursuant to s. 255.07 Stats.

2. An AFH can administer epinephrine auto-injectors for residents who have a prescription if the staff administering has taken the training pursuant to s. 255.07 (5) Stats.

3. An AFH can store and staff can administer naloxone as an injection or nasal spray if the AFH has an opiate overdose response policy and procedure and staff who administer naloxone have received training in opiate overdose response and

naloxone administration.

(f) Point of Care Testing. AFH staff may administer testing such as blood glucose testing in order to administer medication. AFHs that administer testing must obtain Clinical Lab Improvements Amendments (CLIA) certificate of waiver.

(3) MEDICATION STORAGE. (a) Original containers. The AFH shall keep medications in the original containers and not transfer medications to another container, unless the AFH complies with all of the following:

1. Transfer of medications from the original container to another container shall be done by a practitioner, registered nurse, or pharmacist. Transfer of medication to another container may be delegated to other personnel by a practitioner, registered nurse, or pharmacist.

2. If a medication is administered by AFH employees and the medication is transferred from the original container by a registered nurse, or practitioner or other personnel who were delegated the task, the AFH shall have a legible label on the new container that includes, at a minimum, the resident's name, medication name, dose, and instructions for use. The AFH shall maintain the original pharmacy container until the transferred medication is gone.

3. For use during unplanned or non-routine events or activities, employees who have completed medication administration training without delegation may transfer a single dose of medication into packages for the resident.

4. If a resident self-administers medications, family members, guardians, or individuals with power of attorney for health care for the resident can set up medications for the resident in alternate packaging.

(b) Administered by the AFH. The AFH shall keep medicine cabinets locked and the key available only to personnel identified by the AFH.

(c) Self-administered. The AFH shall provide a secure storage area for the resident's medication when the resident self-administers their medication.

(d) Refrigeration. Medications stored in a common refrigerator shall be stored in a locked box. Medications stored in a dedicated refrigerator shall be locked. Refrigerator temperatures shall be monitored at frequencies necessary to ensure medications are stored at the required temperatures.

(e) Proximity to chemicals. The AFH may not store prescription and over-the-counter medications or dietary supplements within the same container or cabinet with chemicals or other contaminants that would make the medications or supplements dangerous to use.

(f) Internal and external application. The AFH shall physically separate medications for internal consumption from medications for external application.

(g) Controlled substances. The AFH shall provide separately locked and securely fastened boxes or drawers within the locked medications area for storage of schedule II drugs. This does not apply to residents who self-administer medications.

DHS 88.35 Staffing requirements. (1) ADEQUATE STAFFING. (a) The AFH shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents.

(b) The AFH shall ensure all of the following:

1. At least one qualified resident care staff is present in the AFH when one or more residents are present in the AFH.

2. At least one qualified resident care staff is on duty and awake if at least one resident is in need of supervision, intervention, or services on a 24-hour basis to prevent or improve the resident's constant or intermittent mental or physical condition. This may include residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have a changing health condition that requires close monitoring.

3. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is greater than 2 minutes.

(c) When all of the residents are away from the AFH, at least one qualified resident care staff shall be on call to provide coverage if a resident needs to return to the AFH before the regularly scheduled return time. The AFH shall provide each resident or the off-site location a means of contacting the resident care staff who is on call.

(d) The AFH shall develop and implement procedures to establish notification requirements and duties in the event of resident care staff absences or emergencies.

(e) The use of technology to provide supervision and support to residents in the AFH shall be approved by the department prior to use in accordance with the requirements at s. DHS 88.03.

(2) STAFFING SCHEDULE. The licensee shall maintain a current written staffing schedule for any individual employed by or under contract with the AFH. The schedule shall include each employee's full name and time worked. Any changes to the staffing schedule shall be documented on the schedule.

DHS 88.36 Program services. (1) GENERAL SERVICES. As appropriate, the AFH shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 88.33 (1), the AFH shall provide or arrange services adequate to meet the needs of the residents in all of the following areas:

(a) Personal care. Personal care services shall be provided to meet the resident's assessed needs and to promote the resident's highest level of function.

(b) Supervision. The AFH shall provide supervision appropriate to the resident's needs.

(c) Leisure time activities. The AFH shall provide a daily activity program to meet the interests and capabilities of the

residents.

(d) Community activities. The AFH shall provide information and assistance to facilitate participation in personal and community activities.

(e) Family and social contacts. The AFH shall encourage and assist residents in maintaining family and social contacts.

(f) Communication skills. The AFH shall provide services to meet the resident's communication needs.

(g) Health monitoring. 1. The AFH shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02 (1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02 (1) more frequently.

2. When indicated, an AFH shall observe residents' food and fluid intake and acceptance of diet. The AFH shall report significant deviations from normal food and fluid intake patterns to the resident's physician or dietician.

3. The AFH shall document communication with the resident's physician and other health care providers, and shall record any changes in the resident's health or mental health status in the resident's record.

(h) Medication administration. The AFH shall provide medication administration appropriate to the resident's needs.

(i) Behavior management. The AFH shall provide services to manage resident's behaviors that may be harmful to themselves or others.

(j) Information and referral. The AFH shall provide information and referral to appropriate community services.

(k) Transportation. The AFH shall provide or arrange for transportation when needed for medical appointments, work, educational or training programs, religious services and for a reasonable number of community activities of interest. AFHs that transport residents shall develop and implement written policies addressing the safe and secure transportation of residents.

(2) DEMENTIA SERVICES. AFHs providing care and services to a resident with a diagnosis of dementia shall meet all of the requirements of this chapter, in addition to requirements specified in this subsection.

(a) The AFH's license and program statement must identify the client group of dementia, such as Alzheimer's disease.

(b) In addition to training required under subchapter IV, within 90 days after starting employment all resident care staff shall receive specialized dementia care training to include, at a minimum, the following:

1. The nature of dementia, including the cause, development, and symptoms of dementia. The effects that brain changes have on the person's moods, abilities, and functioning.

2. The effects on verbal and nonverbal communication; and ways to change these interactions and approaches to assist effective interaction between residents and staff.

3. Feeding and fluid intake challenges associated with dementia and techniques for addressing those challenges.

4. Environmental effects including ways to reduce stress and enhance normal functioning.

5. Ways to help the resident continue meaningful involvement in his or her day, the importance of structure and routine and incorporation of the person's life story and past interests and routines.

6. Behavioral changes associated with dementia and attempts to communicate unmet needs.

7. Person centered care approaches.

(c) Qualifications of trainer. Training shall be provided by an individual with a minimum of 2 years of experience in the subject area or an entity with a recognized expertise in the subject area.

(d) Exemptions for training.

1. Resident care staff meeting the training requirements in s. DHS 88.36 (2) (b) shall be exempt from client group training under s. DHS 88.20 (1).

2. Resident care staff who are certified nursing assistants in good standing are exempt from the additional training under s. DHS 88.36 (2).

(e) Continuing education. In addition to annual continuing education training requirements in s. DHS 88.24, staff caring for residents with dementia will have 2 additional hours annually of dementia specific topics.

(f) Physical environment. The AFH shall have an enclosed outdoor space that allows residents to ambulate in a safe environment.

(3) LIMITED HEALTH SERVICES. (a) An AFH providing limited health services shall meet all of the requirements of this chapter, in addition to requirements specified in this subsection:

1. Obtain a written order from the resident's practitioner for each service provided.

2. Ensure services are performed, or delegated to a qualified resident care staff, by a registered nurse or other licensed practitioner within the scope of their license. The AFH shall maintain written evidence for each limited health service task delegated to a qualified resident care staff. The written evidence shall be maintained in the employee's file.

3. Provide all care and services in accordance with current standards of practice.

(b) An AFH may provide the following services:

1. Stage I and stage II pressure injury treatment and prevention, and stasis ulcer care; limited to applying and changing routine dressings that do not require packing.

2. Simple wound care including postoperative suture care or removal.

3. Ostomy care including appliance changes for residents with established stomas, such as: colostomy, ileostomy, urostomy for bowel or bladder excretion.

4. Urinary catheter care including urethral and suprapubic indwelling catheter cares to include routine changing bags, cleaning

skin around tube and tube flushing.

5. Gastrostomy or other feeding tubes including cares related to cleaning of skin around the tube and flushing of the tube. Tube placement and re-insertion shall be completed by credentialed individuals.

6. Passive range of motion exercises.

7. Nail care for residents with a diagnosis of diabetes or other circulatory concerns.

(c) A resident in need of one or more limited health services shall be informed by the AFH, in writing, of their right to receive care from a licensed home health agency or hospice provider, as appropriate. This notification shall be provided to the resident's legal representative, if appropriate.

(d) The AFH shall develop, in consultation with a qualified, licensed health care professional, written policies and procedures regarding the provision of limited health services. The policies and procedures shall be reviewed annually or when there is a change in the services provided.

(e) Staffing requirements.

1. The AFH must employ or contract with a registered nurse, who shall be available to provide nursing services as needed by residents. The registered nurse shall participate in the development of service plans and perform monthly nursing assessments of residents receiving limited health services.

2. The AFH shall provide an adequate number of resident care staff on duty and awake who are qualified to provide limited health services and to meet the needs of the residents.

(4) RESPITE CARE SERVICES. An AFH shall meet all requirements of this chapter in the provision of care and services to an adult admitted for respite care, except as specified in this subsection.

(a) Closure and relocation planning. Section DHS 88.11 does not apply to persons in respite care.

(b) Health screening. [replaces 88.27 (1)]

1. Within 90 calendar days before or 7 calendar days after admission for persons in respite care who will reside in the AFH for more than 7 calendar days, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each respite care person for clinically apparent communicable disease, including tuberculosis, and document the results of the screening.

2. If the person did not provide evidence of health screening required under subd. 1., prior to the second admission in a calendar year for respite care, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each respite care person for clinically apparent communicable disease, including tuberculosis, and document the results of the screening.

3. Screening for tuberculosis and all immunizations shall be conducted in accordance with current standards of practice.

4. The AFH shall maintain the screening documentation for each respite care person.

(c) Discharge or transfer. Section DHS 88.29 does not apply to persons in respite care.

(d) Individual service plan. [replaces 88.27(4), 88.33 (2) and (3)]

1. Upon admission, the AFH shall prepare and implement a written service plan to meet the needs of the person based on the assessment under s. DHS 88.33 (1).

2. The service plan shall identify the services, frequency, and approaches to be provided, the use of adaptive equipment, and who is responsible for delivering the care.

3. The AFH shall involve the person and legal representative, as appropriate, in developing the individual service plan. The AFH representative and the person, or legal representative, shall sign and date the plan acknowledging their involvement in, understanding of and agreement with the plan.

4. All employees who provide care and services shall have continual access to the resident's individual service plan.

(e) Medications. The AFH shall meet the medication requirements specified under s. DHS 88.34 for a person admitted for respite except subsection (1), pars. (d), (e) and (h) 2.

(f) Immunization. The requirements specified under s. DHS 88.37 (4) do not apply to persons in respite care.

(g) Records. The AFH shall meet the record requirements specified under s. DHS 88.40 (1) for persons admitted for respite except pars. (f) and (o).

(h) Record retention. The AFH shall retain the record for each person admitted for respite care for 7 years following the date of the person's discharge.

(5) ANNUAL PROGRAM REVIEW. (a) The AFH shall develop and implement an annual plan to evaluate and improve the effectiveness of the program's operation and services to ensure continuous improvement in service delivery. The evaluation process shall include:

1. A review of the existing program to identify quality of care issues.

2. The opportunity for each resident or their legal representative to complete a satisfaction survey regarding the services provided at the AFH.

3. The development and implementation of a plan of action to address issues identified in the provider's internal review and the satisfaction survey.

4. A process for monitoring the effectiveness of the plan of action taken by the AFH.

(b) The department may not require disclosure of the annual program review records except to determine compliance with requirements of this subsection.

DHS 88.37 Infection prevention and control. (1) The licensee shall establish and maintain an infection prevention and control program based on current standards of practice to prevent the development and transmission of communicable diseases and infection.

(2) The infection prevention and control program shall include, at a minimum, a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, other occupants, employees, volunteers, and visitors.

(3) Written procedures shall include, but are not limited to:

- (a) A system to identify possible communicable diseases or infections before they can spread to other persons in the home.
- (b) When and to whom possible incidents of communicable disease or infections should be reported.
- (c) A system for documenting incidents of communicable disease or infections and the corrective actions taken by the AFH.
- (d) Standard and transmission-based precautions to be followed to prevent spread of infections.

(e) When and how isolation should be used for a resident to ensure the isolation shall be the least restrictive possible for the resident under the circumstances.

(f) Circumstances under which the AFH must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food if direct contact will transmit the disease.

(g) Hand hygiene procedures to be followed by all staff.

(h) A system for establishing testing requirements for residents and employees based on public health guidance. An AFH shall obtain Clinical Lab Improvements Amendments (CLIA) certificate of waiver, as appropriate.

(4) Immunization. The AFH must develop a procedure to ensure that each resident or the resident's representative receives education regarding the benefits and potential side effects of the influenza and other immunizations as recommended by the Center for Disease Control and Prevention (CDC).

(a) Influenza and other immunizations. The AFH shall ensure each resident is offered an influenza immunization annually, and other immunizations as recommended by CDC, unless:

- 1. The immunization is medically contraindicated.
- 2. The resident has already been immunized.
- 3. The resident or the resident's legal representative has refused immunization.

(b) The resident's medical record includes documentation of the type of immunization that the resident received or did not receive due to medical contraindications or refusal.

(5) Linens. Employees must handle, store and process linens so as to prevent the spread of infection.

(6) Other occupants shall comply with infection control requirements as stated in s. DHS 88.16 (2).

(7) The AFH shall ensure pets are vaccinated against diseases, including rabies, if appropriate.

(8) Annual review. The AFH shall conduct and document an annual review of the infection prevention and control program and revise, as necessary.

DHS 88.38 Oxygen storage. Oxygen storage shall be in an area that is well ventilated and safe from environmental hazards, tampering, or the chance of accidental damage to the valve stem. If oxygen cylinders are in use, oxygen cylinders shall be secured in an upright position. If stored upright, cylinders must be secured. If stored horizontally, cylinders shall be on a level surface where they will remain stationary.

DHS 88.39 Food service. (1) GENERAL REQUIREMENTS. (a) Food supply. The AFH shall obtain food from acceptable sources that meets the dietary needs of each resident.

(b) Equipment and utensils. The AFH shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair. Single use utensils may not be reused.

(c) Dishwashing. 1. Whether washed by hand or mechanical means, all equipment and utensils shall be cleaned using separate steps for washing, rinsing, and sanitizing.

2. Mechanical washing of dishes and utensils in a residential-type dishwasher will have a temperature setting of at least 120 degrees Fahrenheit. Upon removal from a residential-type dishwasher, a separate process must be completed for sanitization of all items that is in accordance with current standards of practice, unless the dishwasher performs a separate sanitization process.

3. Dishes and utensils shall be air dried, unless a dishwasher, which performs this function, is used.

Note: Wisconsin Food Code and Food Code Fact Sheets can be found at

https://datcp.wi.gov/Pages/Programs_Services/FoodCode.aspx.

(2) NUTRITION. (a) Diets. 1. The AFH shall provide each resident with palatable food that meets the recommended dietary allowance based on current dietary guidelines for Americans and any special dietary needs of each resident.

2. The AFH shall provide a therapeutic diet as ordered by a resident's physician.

(b) Meals. 1. The AFH shall provide meals that are routinely served family or restaurant style, unless contraindicated in a resident's individual service plan or for short-term medical needs.

2. The AFH shall provide at least 3 meals a day, unless otherwise arranged according to a resident's individual service plan. A nutritious snack shall be offered in the evening or more often as consistent with a resident's dietary needs.

3. If a resident is away from the AFH during the time a meal is served, the AFH shall offer food to the resident on the resident's return.

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- (c) Menus. 1. The AFH shall make reasonable adjustments to the menu for individual resident's food likes, habits, customs, conditions, and appetites.
2. The AFH shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu.
3. Dated menus shall be retained for 60 calendar days.
- (3) SANITATION AND SAFETY.** (a) Infection control. 1. Each employee who prepares or serves food shall be free from open, infected wounds and from communicable disease and shall maintain clean and safe work habits.
2. Use of a common towel for hand drying is prohibited.
- (b) Food safety. The AFH shall store, prepare, distribute, and serve food under sanitary conditions for the prevention of food borne illnesses, according to all of the following:
1. The AFH shall refrigerate all foods requiring refrigeration at or below 41 degrees Fahrenheit. Food shall be covered and stored in a sanitary manner.
2. The AFH shall maintain freezing units at 0 degrees Fahrenheit or below.
3. The AFH shall hold hot foods at 135 degrees Fahrenheit or above and shall hold cold foods at 41 degrees Fahrenheit or below until served.
4. The AFH shall keep food storage areas clean and dry and store food at least 6 inches off the floor. All stored food shall be packaged, labeled, and dated. Food shall be disposed in accordance with marked expiration dates.
5. Refrigerator and freezer temperatures shall be monitored at frequencies necessary to ensure food is stored at the required temperatures.

DHS 88.40 Resident records. (1) The AFH shall maintain a record for each resident at the AFH. Each record shall include all of the following:

- (a) Resident's full name, gender, date of birth, admission date and last known address.
- (b) Name, address and telephone number of designated contact person, and legal representative, if any.
- (c) Medical, social, and, if any, psychiatric history.
- (d) Current primary physician.
- (e) Results of the initial health screening under s. DHS 88.27, 88.36 (4), and subsequent health examinations under s. DHS 88.36 (1).
- (f) Documentation of annual influenza immunization or evidence of medical contraindications or refusal.
- (g) Admission agreement.
- (h) Documentation of significant accidents, incidents, and illnesses, including the dates, times, and circumstances.
- (i) Assessments completed as required under s. DHS 88.33 (1).
- (j) Individual service plan.
- (k) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment.
- (L) Results of all resident evacuation evaluations as required in s. DHS 88.33 (4).
- (m) Any department approved resident specific waiver, variance, or approval.
- (n) Written practitioner's orders for nursing care, any prescription medication, over-the-counter medication, or dietary supplements administered to a resident, rehabilitation services, restrictive measures, if any, and therapeutic diets.
- (o) Results of the monthly PRN psychotropic medication monitoring as required in s. DHS 88.34 (1) (h).
- (p) Documentation of administration of any prescription medication, over-the-counter medication, dietary supplement, and treatment, the person administering the medications, supplements or treatments, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident's response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions.
- (q) Photocopy of any court order, advance directive, or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident.
- (r) Documentation of all other services including rehabilitation services.
- (s) Nursing care procedures and the amount of time spent each week by a nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time.
- (t) Date, time, and circumstances of the resident's death, including the name of the person to whom the body is released.
- (2)** The licensee shall ensure all resident records are safeguarded against destruction, loss or unauthorized access or use.
- (3)** The employee in charge on each work shift shall have a means to access resident records.

Subchapter VIII — Physical Environment

DHS 88.41 Common areas. (1) LIVING AND DINING. The home shall have space to accommodate all household activities and occupants comfortably as follows:

- (a) Common areas shall be adequate in size and with sufficient furnishings so all occupants of the home can comfortably share the space at the same time.
- (b) There shall be sufficient space and equipment in the kitchen for the sanitary preparation and storage of food.

- (c) The dining area shall be large enough so that all household members may dine together.
- (2) ACCESS. All common dining and living space shall be physically accessible to all residents. The resident living space shall be internally accessible to all residents.
- (3) CEILING HEIGHT. All common-use rooms shall have a ceiling height of at least 7 feet.
- (4) FURNISHINGS. All common-use rooms shall contain furnishings appropriate to the intended use of the room that are clean and maintained in good repair.

DHS 88.42 Resident bedrooms. (1) DESIGN. (a) Bedrooms shall be designed and equipped to provide comfort and privacy and shall be fully accessible to the resident.

- (b) Bedrooms shall be enclosed by floor to ceiling walls and shall have a rigid door that the resident can open and close.
- (c) Bedrooms shall open directly into a hallway, the resident's private living area or common living space.
- (d) Each resident shall have or be provided within the bedroom, a closet or wardrobe with clothes hanging rods and shelves, and drawer space adequate to reasonably meet the needs of the resident. The bedroom shall have adequate accessible space for a resident's wheelchair or other adaptive or prosthetic equipment.
- (e) Each resident bedroom shall have a ceiling height of at least 7 feet.
- (f) A resident's bedroom may not be used by anyone else to get to any other part of the home.

(2) LOCATION. Resident bedrooms shall be located near toilet and bathing facilities. The bedroom for any resident who is blind, semi-ambulatory, or non-ambulatory shall be on the first floor.

(3) CAPACITY. Resident bedrooms shall accommodate no more than 2 residents or 1 resident and the resident's minor child per room.

(4) SIZE. A resident bedroom shall have a floor area of at least 60 square feet per resident in shared bedrooms and 80 square feet in single occupancy rooms. For a resident requiring a wheelchair, the bedroom space shall be 100 square feet for that resident.

(5) BASEMENT BEDROOMS. A resident bedroom shall not be located in the basement unless there are at least 2 unobstructed exits to the outside or grade from that floor level. Windows in the basement shall not be considered exits.

(6) BED ARRANGEMENTS. The AFH shall locate beds either the minimum distance from heat producing sources recommended by the manufacturer or 18 inches. The AFH shall have a deflector on the register when the bed is located less than 18 inches from a forced air register. Beds may not block a forced air register.

(7) FURNISHINGS. If a resident does not provide their own bed and linens, the AFH shall provide all of the following:

- (a) A bed of proper size to ensure the resident's comfort.
- (b) A clean, comfortable mattress provided with a waterproof covering, when necessary.
- (c) A clean, comfortable pillow, bedspread, and blankets adequate for the season.
- (d) Clean sheets, pillowcases, towels, and washcloths adequate to meet the needs of the resident.

DHS 88.43 Bath and toilet areas. (1) NUMBER. (a) The AFH shall provide at least one toilet, one sink and one bath or shower for every 8 individuals including residents and other occupants or fraction thereof.

(b) Bath and toilet areas used by a resident shall have sufficient space to provide a turning radius for a resident's wheelchair, walker, or other mobility device.

(c) Grab bars shall be provided at toilet and bath fixtures as necessary to meet the needs of the residents. Grab bars shall meet requirements as specified in ch. SPS 361.

(d) When fixtures are accessed only through a bedroom, the fixtures may only be counted as meeting the requirement for the occupants of that bedroom.

(2) HAND DRYING. All sink areas shall have dispensers for single use paper towels, cloth towel dispensing units that are enclosed for protection against being soiled or electric hand dryers. This requirement does not apply to sink areas located in toilet rooms accessed directly from a resident bedroom.

(3) PRIVACY. (a) Bath and toilet rooms shall have door locks to ensure privacy, except where the toilet, bath or shower room is accessed only from a resident room that is occupied by one person. All door locks shall be operable from both sides.

(b) All toilet and bathing areas shall have floor to ceiling walls and door assembly.

(4) WATER SUPPLY. (a) The AFH shall connect each sink, bathtub, and shower to hot and cold water, and supply adequate hot water to meet the needs of the residents.

(b) The AFH shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140 degrees F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115 degrees F.

(c) The fixtures at sinks used by residents shall allow for all residents to control in an easy and safe manner.

DHS 88.44 Housekeeping services. (1) CLEANLINESS. (a) The AFH shall provide a living environment that is safe, clean, comfortable, and homelike.

(b) The AFH shall keep all rooms clean and free from odors.

(2) LAUNDRY. The AFH shall have laundry appliances available to residents who choose to do their own laundry.

(a) Clothes dryers. The AFH shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature

rating of the dryer. The dryer vent tubing shall be maintained in a safe and functioning condition.

(3) BATH AND TOILET AREAS. All bath and toilet areas, including fixtures, shall be clean and in good working order.

DHS 88.45 Storage areas. The AFH shall have adequate storage space for resident care supplies and equipment. The AFH shall maintain storage areas in a safe, dry, and orderly condition.

DHS 88.46 Building maintenance and site. (1) MAINTENANCE. (a) Exterior areas. The AFH shall maintain the yard, any fences, sidewalks, driveways, and parking areas of the AFH in good repair and free of hazards.

(b) Interior areas. Every interior floor, wall and ceiling shall be clean and in good repair to include being free of stains, soil, chipping paint, and holes.

(c) Building integrity. The AFH shall be structurally sound without visible evidence of structural failure or deterioration.

(d) Surface drainage. The AFH shall ensure the yard or other area on the premises of the AFH is drained or graded to divert water away from the building.

(e) Systems. The AFH shall maintain all electrical, mechanical, water supply, plumbing, fire protection and sewage disposal systems in a safe and functioning condition.

(2) TOXIC SUBSTANCES. The AFH shall ensure that cleaning compounds, polishes, insecticides, and toxic substances are labeled and stored in a secured area.

(3) PEST CONTROL. The AFH shall implement safe, effective procedures for control and extermination of insects, rodents, and vermin.

(4) GARBAGE AND REFUSE. The AFH shall properly dispose of garbage and refuse. Garbage and refuse in inside areas shall be kept in leak-proof, non-absorbent closed containers. Garbage and refuse in outside areas shall be in closed containers. Interior and exterior containers shall be emptied on a routine, scheduled basis and not be allowed to overflow or present an unsanitary situation.

DHS 88.47 Building support systems. (1) HEATING. (a) An AFH shall maintain comfortable and safe temperatures. The heating system shall be capable of maintaining temperatures of 74° Fahrenheit in areas occupied by residents. The temperature in habitable rooms shall not be permitted to fall below 70 degrees during periods of occupancy, except that the home may reduce temperatures during sleep hours to 67 degrees Fahrenheit.

(b) The use of portable space heaters is prohibited.

(c) The AFH shall maintain the heating system in a safe manner and in accordance with the manufacturer's recommendations. The AFH shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the AFH documentation of the maintenance performed:

1. An oil furnace shall be serviced at least once each year.

2. A gas furnace shall be serviced at least once every 3 years.

3. A boiler system shall be inspected and maintained in accordance with manufacturer's recommendations.

4. The AFH shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1., 2. or 3.

(d) The AFH may not use a fuel-fired heater on the premises of the AFH unless the heater is properly vented to the outside.

(e) Any wood burning stove or fireplace shall have a flue separate from the flue used by a gas or oil fired furnace or boiler. The entire installation shall meet the requirements in NFPA 211. The AFH shall have the wood burning stove or fireplace flue cleaned as often as necessary, but at least 1 time during each heating season. The AFH shall make available documentation of the maintenance performed.

(f) Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace, or other similar equipment.

(2) VENTILATION. (a) All habitable rooms and toilet rooms shall be well ventilated.

(b) An AFH may not have transoms, transfer grills or louvers in bedroom walls or doors opening directly to a corridor.

(3) PUBLIC WATER SUPPLY. The AFH shall use a public water supply when available. If a public water supply is not available, the AFH shall have a well that is approved by the state department of natural resources. The AFH shall have the well water tested at least annually by the state laboratory of hygiene or other laboratory approved under ch. NR 149. The AFH shall maintain documentation of annual testing results.

(4) ELECTRICAL. (a) Protection. 1. 'Ground fault interruption.' Ground fault interrupt protection shall be required for all outlets within 6 feet of a plumbing fixture, all outlets on the exterior of the AFH and in the garage.

(b) Outlets. Living room, dining room and bedroom shall have one per 75 square feet of floor area with a minimum of 2.

(c) Extension cords. Extension cords shall not be used in lieu of permanent wiring.

(d) Switches. Switches or equivalent devices for turning on at least one light in each room or hallway shall be located to conveniently control the lighting in the area.

(5) WINDOWS. (a) Location. Every habitable room shall have at least one outside window. The window shall be openable from the inside without the use of tools or keys. The AFH may not impose a restriction on the openable area of the window without prior department approval for use of a restrictive measure.

(b) Screens. All required openable windows shall have insect-proof screens.

(c) Window coverings. Every habitable room shall have shades, drapes or other covering material or device that affords privacy

and light control.

DHS 88.48 Attached garages. The AFH shall have a self-closing 1¾-inch solid core wood door or an equivalent self-closing fire-resistive rated door to protect openings between an attached garage and the AFH.

DHS 88.49 Exits and doors.

- (1) **EXITS.** All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. An AFH with no more than 2 habitable floors above grade level may have one exit from the second floor.
- (a) Class B and Class C AFHs shall have at least 2 grade level or ramped exits to grade.
- (b) Exit doors shall have a clear opening of at least 32 inches in width and 76 inches in height.
- (c) Interior doors serving all common living areas and all resident bathrooms and bedrooms in a Class B and Class C AFH shall have a clear-width opening of at least 32 inches. An AFH licensed to provide care for ambulatory or semi-ambulatory residents prior to **EFFECTIVE DATE** shall be exempt from the requirements under subsection (1), par. (c).
- (d) No exit pathway may be through areas such as a resident room, bath or toilet room, closet, or furnace room.
- (e) Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. AFHs serving only ambulatory residents shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. AFHs serving semi-ambulatory and non-ambulatory residents shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. An exit door or walkway to a cleared driveway leading away from the AFH also meets this requirement. Each required exit shall have a unique pathway to a public way or safe distance away from the building.
- (f) The exit pathway from the AFH through the garage to the outside shall be clear, safe, and unobstructed.
- (g) When a required exit leads into a garage, the garage shall have a service door to the outside with a clear opening of at least 32 inches. Overhead garage doors shall not be used as the required exit door.
- (2) **DOORS.** (a) All doors shall have latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool.
- (b) All interior doors equipped with locks shall be designed to unlock from either side in case of emergency.
- (c) Levered handles shall be provided on all doors used by residents with manual strength or dexterity limitations.
- (d) The staff member in charge on each work shift shall have a means of opening all locks or security devices on all doors in the AFH.
- (3) **PATIO DOORS.** A patio door may be used as a supplementary exit in an emergency in addition to the two required exits and shall comply with all of the following:
- (a) Factory installed door fastenings or hardware on sliding glass patio doors is acceptable. The use of bolt locks on sliding glass patio doors is prohibited.
- (b) All door fastenings or hardware on hinged, swing-type patio doors shall be operable from the inside with one hand and one motion without the use of a key or special tool.
- (4) **DELAYED EGRESS.** Delayed egress door locks are permitted with department approval only in an AFH with an automatic fire sprinkler system and an externally monitored interconnected automatic fire detection system and shall comply with all of the following:
- (a) No more than one device shall be present in a means of egress.
- (b) A sign shall be posted on the door adjacent to the locking device indicating how the door may be opened.
- (c) The doors shall unlock upon activation of the sprinkler system or fire detection system. The doors shall unlock upon loss of power controlling the lock or locking mechanism.
- (d) The door locks shall have the capability of being unlocked manually by a signal from a designated location in the AFH by the AFH's caregiver.
- (e) An irreversible process will occur which will release the latch in not more than 15 seconds when a force of not more than 15 pounds is applied for 3 seconds to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, re-locking shall be by manual means only.
- (f) To obtain department approval prior to installation for a delayed egress lock, the AFH shall submit to the department the following information:
1. Evidence the delayed egress lock is necessary to ensure the safety of residents served by the AFH, specifically persons at risk of elopement due to behavioral concerns, cognitive impairments, or dementia, including Alzheimer's disease.
 2. Documentation from a licensed contractor or the local municipality that the proposed delayed egress door lock system complies with the requirements under sub. (4) of this section and applicable building codes.
- (g) After department approval and upon installation of the approved delayed egress lock system, the licensee shall:
1. Obtain documentation from the installer that the system has been installed, tested, and is fully operational as designed and approved. The licensee shall submit the documentation to the department within 10 calendar days of completion of the installation.
 2. Train each employee in the use and operation of the delayed egress lock system prior to the employee working alone. Training will be documented in personnel records and will include the name of the employee, the name of the instructor, a

description of the course content, and the date of training.

(5) **STAIRS AND SHAFTS.** (a) All required interior and exterior exit stairways shall be provided with a handrail.

(b) Spiral stairs are prohibited for use as required exit stairs.

(c) Any shaft such as a dumbwaiter or laundry chute leading to the basement shall be provided with a door on each level above the lowest floor. The door shall have a positive latch and an automatic closing device and shall normally be kept closed. A spring of sufficient strength to close the door and activate the door latch is acceptable for meeting the automatic closing device portion of this requirement.

(6) **RAMP REQUIREMENTS.** (a) **Slope.** All exterior or interior ramps shall have a slope of not more than one foot of rise in 12 feet of run. The ramps shall have a slip-resistant surface and shall have no side slope.

(b) **Width.** Ramps shall be at least 4 feet wide, of which not more than 4 inches on each side may be occupied by a handrail.

(c) **Handrails.** 1. Ramps shall have a handrail on each side which shall be mounted between 34 inches and 38 inches above the ramp surface.

2. Handrails on unenclosed ramps shall include an intermediate parallel rail at mid-height.

(d) **Clearance.** Where ramps are provided to doorways, the ramp on each side of the doorway shall be level for 5 feet from the door.

(e) **Platforms.** Ramps having a 1:12 slope shall have a level platform at 30-foot intervals. All ramps shall have level platforms at least 5 feet long where they turn and at least 5 feet by 5 feet level landing at the bottom of the ramp.

Subchapter IX — Safety

DHS 88.50 Resident safety requirements. The AFH shall have a written plan for responding to the following resident emergencies:

(1) A serious illness or accidents.

(2) Procedures to follow when a resident is missing.

(3) The plan is available to all employees.

DHS 88.51 Fire safety requirements. (1) GENERAL REQUIREMENTS.

(a) **Class A.** A class A AFH shall have all of the following:

1. At least one single station battery operated smoke detector located at each of the locations as required under s. DHS 88.52

(4).

2. The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced.

3. The licensee shall maintain documentation of all required smoke detector testing to include date, location of device, and initials of person conducting the test.

(b) **Class B.** A class B AFH shall have all of the following:

1. Vertical smoke separation between all floors.

2. Interconnected smoke detection system as required under s. DHS 88.52 (1).

3. Externally monitored smoke detection system with back up battery supply per requirements as stated under s. DHS 88.53 (2)

(d).

4. Twenty-four hour awake qualified resident care staff.

(c) **Class C.** A class C AFH shall have all of the following:

1. Vertical smoke separation between all floors.

2. Interconnected smoke detection system as required under s. DHS 88.52 (1).

3. Externally monitored smoke detection system with back up battery supply per requirements as stated under s. DHS 88.53 (2)

(d).

4. Sprinkler system as required under s. DHS 88.52 (5).

5. Twenty-four hour awake qualified resident care staff.

(2) **EMERGENCY AND DISASTER PLAN.** (a) **Written plan.** The AFH shall have a written plan for responding to emergencies and disasters that is available to all employees and addresses likely emergencies the AFH may encounter based on location, including flood procedures if located in a flood zone. This plan shall be coordinated with the local emergency management agency. The plan shall include all of the following:

1. Procedures for orderly evacuation or sheltering during an emergency or disaster.

2. The AFH's preparation for and response to severe weather including tornado and flooding.

3. Location of an emergency shelter for the residents.

4. A means of transporting residents to the emergency shelter.

5. How meals and medications will be provided to residents at the emergency shelter.

(b) **Succession plan for incapacitation of licensee.** The AFH shall have a written plan for responding to the incapacitation of the licensee to ensure continuity of operation and services to residents. The licensee shall review the plan annually and update the plan as necessary. The plan shall include, at a minimum:

1. Notification to the department within 24 hours of incapacitation of the licensee.

2. Notification to residents, or their legal representative and case managers, as applicable, within 24 hours.
 3. The identification of the person or persons who will temporarily ensure operation of the AFH.
 4. The location of resident records and medications.
 5. Information regarding environmental safety systems such as emergency door alarms.
- (c) Emergency and disaster procedures. Fire, tornado, flooding or other emergency or disaster procedures shall be clearly communicated to a new resident within 72 hours after admission.
- (d) Fire drills.
1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the AFH's total evacuation time. The AFH shall record residents having an evacuation time greater than the time allowed under s. DHS 88.04 and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance.
 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleep hours. Drills shall be limited to the employees scheduled to work during the residents' normal sleeping hours.
 3. If a resident cannot be safely evacuated from their bedroom as determined by the AFH's assessment, the AFH shall instruct the resident to remain in the resident's bedroom and the AFH shall be licensed as a class C AFH and meet the following requirements:
 - a. Notify the local fire department and identify the specific residents using point of rescue.
 - b. Provide the local fire department with an up-to-date floor plan identifying where those resident rooms are located.
- (e) Other emergency drills. Tornado, flooding, or other disaster evacuation drills shall be conducted at least semi-annually with both employees and residents and at different times of the day. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill.
- (f) Posting of emergency phone numbers. The phone numbers for emergency services shall be easily accessible for use by AFH employees.
- (3) FIRE EXTINGUISHER.** (a) At least one portable dry chemical fire extinguisher with a minimum 2A, 10-B-C rating shall be provided on each floor of the AFH. All fire extinguishers shall be maintained in readily usable condition. Inspections of the fire extinguisher shall be done by a qualified professional one year after initial purchase and annually thereafter. Each fire extinguisher shall be provided with a tag documenting the date of inspection.
- (b) A fire extinguisher shall be mounted on a wall or a post or in an unlocked wall cabinet used exclusively for that purpose. Fire extinguishers shall be clearly visible. The route to the fire extinguisher shall be unobstructed and the top of the fire extinguisher shall not be over 5 feet high. The extinguisher shall not be tied down, locked in a cabinet, or placed in a closet or on the floor. Fire extinguishers on upper floors shall be located at the top of each stairway. The extinguisher on the kitchen floor level shall be mounted in or near the kitchen.
- (4) SMOKING.** The AFH shall develop, implement, and clearly communicate to residents prior to admission, a written policy on smoking. The policy shall prohibit smoking in common and public areas of the AFH and may designate areas where smoking is permitted, if any. Designated smoking areas shall be well ventilated and have an approved receptacle for extinguishing smoking materials.

- DHS 88.52 Fire protection systems.** **(1) INTERCONNECTED SMOKE DETECTION SYSTEM.** (a) All class B or class C adult family homes shall have an interconnected smoke detection system so that if any detector is activated, an alarm audible throughout the building will be triggered, except as provided under sub. (2).
- (b) Smoke detectors shall be installed and maintained in accordance with the manufacturer's recommendation. At the time of installation, and at any time the system is modified, the AFH shall obtain documentation from a licensed contractor or local municipality that the smoke detection system is operating in accordance with manufacturer's recommendations and complies with the applicable building codes. The AFH shall maintain this documentation and make it available to the department upon request.
- (c) Interconnected smoke detectors shall be tested by AFH staff, or by a monitoring company under contract with the AFH, according to manufacturer's recommendation, but not less than once every other month.
- (d) The AFH shall maintain documentation of all maintenance of the detection system and required smoke detector testing. The documentation of the testing completed by the AFH staff, or by the monitoring company under contract with the AFH, shall include the date, location of device, and name of person conducting the test.
- (2) RADIO-TRANSMITTING SMOKE DETECTION SYSTEM.** An AFH may use an Underwriters Laboratories listed radio-transmitting detection system that triggers an alarm audible throughout the building and that is properly safeguarded against deactivation.
- (3) MAINTENANCE.** (a) The fire detection system shall be inspected, cleaned, and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer's specifications and procedures.
- (b) Sensitivity testing shall be performed at intervals in accordance with NFPA 72.
- (c) All smoke detectors suspected of exposure to a fire condition shall be inspected, cleaned, and tested by a certified or trained and qualified person within 5 days after each exposure in accordance with the specifications in NFPA 72 and the manufacturer's specifications and procedures. Each detector shall operate within the manufacturer's intended response or it shall be replaced within 5 days after exposure to a fire condition.

(4) LOCATION. All AFHs shall have at least one smoke detector located at each of the following locations:

- (a) At the top of every open stairway.
- (b) Outside of every enclosed stairway on each floor level.
- (c) Spaced not more than 30 feet apart in every hallway, and not further than 15 feet from any wall or in accordance with the manufacturer's separation specifications.
- (d) In each common use room, including a living room, dining room, family room, lounge, and recreation room, but excluding a kitchen or bathroom.
- (e) In each bedroom.
- (f) In all non-resident living areas.
- (g) In the furnace and laundry room.
- (h) In the basement, or in each room of the basement.

(5) SPRINKLER SYSTEMS. (a) A class C AFH shall have a sprinkler system. The types of sprinkler systems to be used are as follows:

- 1. A complete NFPA 13D residential sprinkler system shall be used in an AFH only when each room or compartment in the AFH requires no more than 2 sprinkler heads. When an NFPA 13D sprinkler system is used it shall have a 30 minute water supply for at least 2 sprinkler heads. Entrance foyers shall have sprinklers. The licensed contractor may determine an NFPA 13R residential sprinkler system shall be installed in a AFH with one or more rooms or compartments having an unusually high ceiling, a vaulted ceiling, a ceiling with exposed beams or other design or construction features that inhibit proper water discharge when the square footage of each room or compartment in the AFH would ordinarily allow an NFPA 13D sprinkler system.
- 2. A complete NFPA 13R residential sprinkler system shall be used in an AFH when one or more rooms or compartments in the AFH require more than 2 sprinkler heads and not more than 4 sprinkler heads. A fire department connection is not required for an NFPA 13R sprinkler system.
- 3. If required, the NFPA 13 automatic sprinkler system shall be used.
- 4. All sprinkler systems under this subsection shall be equipped with residential sprinkler heads in all bedrooms, apartments, all other habitable rooms, and corridors.
- 5. All class C AFHs shall be protected by a complete automatic sprinkler system, except a class C AFH that has an alternative safety system approved by the department as required under s. DHS 88.53.
- (b) Installation and maintenance.
 - 1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected, and tested at least annually.
 - 2. Sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chute terminates.
 - 3. The sprinkler system flow alarm shall be connected to the AFH's fire alarm system.
 - 4. At the time of installation, and at any time the system is modified, the AFH shall obtain documentation from the licensed contractor or local municipality that the sprinkler system is operating in accordance with manufacturer's recommendations and complies with the applicable building codes. The AFH shall maintain this documentation and make it available to the department upon request.
- (c) Reliable water supply. All sprinkler systems shall have a reliable water supply. If the sprinkler system requires a mechanical device such as a compressor, pump or motor, the device shall be supplied by a reliable source of emergency power in accordance with NFPA 20.
- (d) The AFH shall maintain documentation of all maintenance of the sprinkler system and required testing.

DHS 88.53 Alternative requirements to a sprinkler system in class C AFH. (1) 5-YEAR DELAY. Existing class C AFHs using the exemption under sub. 2 shall have a complete sprinkler system as required under s. DHS 88.52 (5), within 5 years of **[EFFECTIVE DATE]**.

(2) GENERAL REQUIREMENTS. Class C AFHs licensed before **[EFFECTIVE DATE]**, are exempt from the sprinkler system requirement under s. DHS 88.52 (5) if all of the following requirements are met:

- (a) The bedroom and congregate dining and living area for any resident requiring a class C, who is blind or not fully ambulatory shall be on the first floor. AFHs serving one or more non-ambulatory residents shall have 2 accessible exits to grade.
- (b) The AFH is not located in a building which has more than 2 living units or has more than 2 stories.
- (c) The requirements for a smoke detection system under s. DHS 88.52 (1) are met.
- (d) The smoke detection system has a backup battery power supply and is externally monitored so activation of the system automatically results in notification of the local fire department. Tape or voice type dialers are prohibited. Acceptable configurations for external monitoring are limited to any of the following:
 - 1. A digital communicator linked to a listed monitoring company.
 - 2. A digital communicator linked to the municipal or county emergency dispatch center or to the local fire department.
 - 3. A direct phone line connecting the detection system to the municipal or county emergency dispatch center or to the local fire department.
- (e) There is smoke separation between each floor level to prevent vertical movement of smoke.
- (f) The emergency and disaster plan under s. DHS 88.51 (2) specifies evacuation of residents as the response to a fire. Use of point of rescue is prohibited. No resident may have an evacuation time, as determined under s. DHS 88.33 (4) that exceeds 4

minutes.

Subchapter X — Requirements for New Construction, Remodeling, Additions, or Newly-Licensed Existing Structures

DHS 88.54 Codes. (1) The following codes and standards are adopted as part of these rules and incorporated by reference:

- (a) Wisconsin Commercial Building Code, chs. SPS 361 to 366, current edition.
- (b) NFPA 72, National Fire Alarm Code, 2013 edition.
- (c) NFPA 13, Standard for the Installation of Sprinkler Systems, 2013 edition.
- (d) NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, 2013 edition.
- (e) NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, 2013 edition.

DHS 88.55 Building standards. (1) Building systems shall be installed in accordance with all standards referenced under s. DHS 88.54. Systems include heating, ventilation and air conditioning, plumbing, electrical and fire protection.

(2) If required by the department of safety and professional services or local municipality, the AFH shall have on file an inspection report signed by an authorized agent demonstrating that the AFH including remodeling, has met applicable building codes.

(3) Interconnected detection systems in the AFH shall at minimum meet the provisions of NFPA 72, Chapter 11. Initial testing shall meet NFPA 72, Chapter 10.

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