

5122-30-26 Provisions of personal care in type 1 and 2 facilities.

(A) The provisions of this rule are applicable to type 1 and 2 residential facilities which are required to provide personal care services. The provision of room and board shall be secondary or ancillary to the primary purpose of the facility to provide personal care, but the provision of room and board for an individual resident need not terminate in the event that personal care assistance is no longer needed by or is being provided for the individual resident. Additionally, the facility may admit a person not in need of personal care, but shall be required to be licensed as a type 2 facility if the facility provides personal care to at least one resident. The provision of personal care service to a child or adolescent shall also include the consent of the parent, guardian or custodian, as appropriate. Such personal care to a child or adolescent shall be age appropriate, consistent with specified client rights requirements and, as appropriate, ISP recommendation.

(B) Personal care services include assisting residents in activities of daily living, assisting residents with self-administration of medications and/or the preparation of special diets, as specified in division (A)(1)(c) of section [5119.22](#) of the Revised Code.

(1) Personal care service, advice and assistance shall be provided to each mental health resident in accordance with that resident's individual needs and preferences. The requirement to provide such personal care shall not be construed to require or permit the imposition of such activity, advice, or assistance on any matter in which the resident is able to perform the activity under his own direction.

(2) Personal care service, advice, or assistance shall be provided in a manner and to an extent that supports individual stability, growth, privacy and personal dignity. No commentary or information about any resident's personal care skills or needs shall be communicated to any other persons without the permission of the resident.

(C) Each resident, in conjunction with the facility staff and the referring mental health entity, or the resident's current mental health provider, shall determine the individualized personal care services to be provided, and the resulting specific obligations and responsibilities of the facility to provide for those personal care needs.

(1) The agreed-upon, specific personal care services to be performed by the facility for the individual resident shall be written in the individualized service plan, and the residential agreement between the facility and the resident.

(2) Monthly progress notation documentation of personal care services rendered shall be maintained in the residential facility.

(D) Personal care service, advice, or assistance may be provided to a resident in regard to the budgeting and management of his money

(E) Residents shall be encouraged to participate in community activities, social events and mental health services. The facility staff shall demonstrate a reasonable effort to facilitate and support such involvement by providing at least one local daily newspaper or current community activity brochures and advertisements, and provide transportation or information about the accessibility of transportation.

(F) The facility shall demonstrate reasonable provision for social and recreation activities, or opportunity for such activities, within the facility by residents. This shall include, but not be limited to, the provision of television. Sufficient, well-lighted space shall be provided for engaging in crafts, reading, or games. The staffing pattern for the facility shall assure reasonable amounts of time for staff to engage in social and recreational activity with residents.

(G) The operator(s), and/or staff shall be responsible for the care of a child/adolescent.

(1) Alternative arrangements for the care of a child/adolescent in the facility, by someone other than the operator, or staff, shall be approved in writing from the custodian, guardian, or parent.

(2) The operator shall have a prior written plan of care for the child/adolescent in emergency situations. This plan shall be approved by the custodian, guardian, or parent.

(H) An operator shall have prior written approval, from the parent/guardian/custodian, for each child/adolescent specifying whether or not the child/adolescent may be left unattended, and if so, for what period of time.

R.C. [119.032](#) review dates: 11/30/2011 and 11/30/2013

Promulgated Under: [119.03](#)

Statutory Authority: [5119.22](#)

Rule Amplifies: [5119.22](#)

Prior Effective Dates: 5-10-1979, 1-1-2000

5122-30-28 Assistance with self-administration of medication in type 2 facilities.

(A) Personal care activities may include assisting residents with self-administration of medications. For children/adolescents the operator or staff shall assist with self administration or supervise the self administration of prescription medication to a child/adolescent only for whom the medication was prescribed and according to the prescribing physician's written instructions.

(1) Assistance with self-administration of medications may include any of the following staff actions:

(a) Reminding a resident when to take medication, and observing to ensure that the resident follows the directions on the container;

(b) Removing the resident's medication container from the locked area, and handing it to the resident. If the resident is unable to open the container, a staff person may open the container for the resident; and

(c) Assisting a physically impaired, but mentally alert resident, such as a resident with arthritis, cerebral palsy, or parkinson's disease, in removing oral or topical medication from containers and in consuming or applying the medication, upon request by or with the consent of the resident. If a resident is physically unable to place a dose of medication to his mouth without spilling it, the staff person may place the dose in a container and place the container to the mouth of the resident.

(2) The facility shall provide a central locked storage area for resident medications, and shall store medications for residents needing assistance with self-administration. Residents who do not require assistance with self-administration of medication shall store medications in individual locked personal storage areas or in the facility central storage area, at the discretion of the resident.

(a) All medications centrally stored by the facility shall be clearly labeled with the resident's name, the name of the medication, and instructions for use.

(b) All medications centrally stored by the facility that are no longer being used by the person for whom they were prescribed shall be promptly and safely destroyed in the presence of two staff persons. Records of medication destroyed shall be maintained.

(c) The facility shall keep a current written record of all medications prescribed for each resident as a part of the resident's emergency medical information.

(3) Residence in the facility shall not be contingent upon taking medications.

(4) Nothing stated herein shall be construed to require or permit assistance in self-administration of medications to be imposed upon a resident capable of performing this activity without assistance.

(5) Nothing stated herein shall be construed to abrogate or amend a resident's right to be free from unnecessary or excessive medication.

(B) Personal care services may include providing appropriate personal care, in agreement with the affiliating agency, such as providing aspirin, or cold remedies to residents for minor illnesses, such as colds, or flu. The facility may also provide appropriate personal care to residents with regard to self-care for conditions such as diabetes or arthritis, (e.g., assistance with determining insulin level, or providing over the counter arthritis medication).

(C) The facility shall not provide any physical health care activities for the treatment of a serious illness or disease, defined as skilled nursing care in accordance with section [3721.01\(D\)](#) of the Revised Code. In the

event of such serious illness or disease, provisions for necessary home health, visiting nurse, or similar services shall be made and monitored by the affiliating agency; similar provisions for non-mental health residents may be made by the facility with notification to the affiliating agency. Nothing stated herein shall be construed to permit the provision of skilled nursing care in the facility, nor shall any staff of the facility be delegated or accept responsibility for the provision of health care services or activities which require specialized expertise or training.

(D) The facility shall keep a current record of medical problems and allergies for each resident.

R.C. [119.032](#) review dates: 11/30/2011 and 11/30/2013

Promulgated Under: [119.03](#)

Statutory Authority: [5119.22](#)

Rule Amplifies: [5119.22](#)

Prior Effective Dates: 5-10-1979, 5-1-1981, 10-14-1982, 1-1-2000