

## **81077.2 Care for Clients Who Rely upon Others to Perform All Activities of Daily Living**

### **(a)**

A licensee may admit or retain a client who has bowel and/or bladder incontinence.

### **(b)**

Prior to admitting a client into care, the licensee shall complete the following: (1)

An approved plan of operation demonstrating the licensee's ability to care for these clients as specified in Section 81022(g). (2) A Needs and Services Plan, as required by Section 81068.2 that includes all of the following: (A) A plan to monitor the client's skin condition, including: 1. Specific guidelines for turning the client, (time, method, acceptable positions). 2. Skin breakdown. 3. Objective symptoms, observable by a lay person, indicating when a licensed professional must be contacted. (B) A method for feeding the client and providing him/her with hydration. (C) A method for determining the client's needs. (D) A method for communicating with the client. (E) A list of emergency contacts and a list of readily observable conditions that indicate when emergency intervention is necessary. (F) A list of persons to contact in the event of non-emergency client distress or discomfort and a list of readily observable conditions that indicate when the licensee is to contact those persons. (G) A description of the client-specific training that facility staff will receive. 1. The training must be provided by the client's health care provider (physician or nurse), the client's physical or mental

health therapist, social worker, and placement worker, within their individual scopes of practice. 2. The training must include the client's needs and objective symptoms that indicate when the licensee is to obtain health care or other type of assistance. (H) An agreement, signed by the placement agency, or authorized representative, to review the client's care at least once a month. A copy of the agreement shall be maintained in the client's file. (I) The licensee's agreement to document significant occurrences that result in changes in the client's physical, mental, and/or functional capabilities. This documentation must be retained in the client's record in the facility and be readily available for review by the client's health care providers and the Department.

**(1)**

An approved plan of operation demonstrating the licensee's ability to care for these clients as specified in Section 81022(g).

**(2)**

A Needs and Services Plan, as required by Section 81068.2 that includes all of the following: (A) A plan to monitor the client's skin condition, including: 1. Specific guidelines for turning the client, (time, method, acceptable positions). 2. Skin breakdown. 3. Objective symptoms, observable by a lay person, indicating when a licensed professional must be contacted. (B) A method for feeding the client and providing him/her with hydration. (C) A method for determining the client's needs. (D) A method for communicating with the client. (E) A list of emergency contacts and a list of readily observable conditions that indicate when emergency intervention is necessary. (F) A list of persons to contact in the event of non-emergency client distress or discomfort and a list of readily observable conditions that indicate when the licensee is to contact those persons. (G) A description of the client-specific training that facility staff will receive. 1. The training must be provided by the client's health care provider

(physician or nurse), the client's physical or mental health therapist, social worker, and placement worker, within their individual scopes of practice. 2. The training must include the client's needs and objective symptoms that indicate when the licensee is to obtain health care or other type of assistance. (H) An agreement, signed by the placement agency, or authorized representative, to review the client's care at least once a month. A copy of the agreement shall be maintained in the client's file. (I) The licensee's agreement to document significant occurrences that result in changes in the client's physical, mental, and/or functional capabilities. This documentation must be retained in the client's record in the facility and be readily available for review by the client's health care providers and the Department.

**(A)**

A plan to monitor the client's skin condition, including: 1. Specific guidelines for turning the client, (time, method, acceptable positions). 2. Skin breakdown. 3. Objective symptoms, observable by a lay person, indicating when a licensed professional must be contacted.

**1.**

Specific guidelines for turning the client, (time, method, acceptable positions).

**2.**

Skin breakdown.

**3.**

Objective symptoms, observable by a lay person, indicating when a licensed professional must be contacted.

**(B)**

A method for feeding the client and providing him/her with hydration.

**(C)**

A method for determining the client's needs.

**(D)**

A method for communicating with the client.

**(E)**

A list of emergency contacts and a list of readily observable conditions that indicate when emergency intervention is necessary.

**(F)**

A list of persons to contact in the event of non-emergency client distress or discomfort and a list of readily observable conditions that indicate when the licensee is to contact those persons.

**(G)**

A description of the client-specific training that facility staff will receive. 1. The training must be provided by the client's health care provider (physician or nurse), the client's physical or mental health therapist, social worker, and placement worker, within their individual scopes of practice. 2. The training must include the client's needs and objective symptoms that indicate when the licensee is to obtain health care or other type of assistance.

**1.**

The training must be provided by the client's health care provider (physician or nurse), the client's physical or mental health therapist, social worker, and placement worker, within their individual scopes of practice.

**2.**

The training must include the client's needs and objective symptoms that indicate when the licensee is to obtain health care or other type of assistance.

**(H)**

An agreement, signed by the placement agency, or authorized representative, to review the client's care at least once a month. A copy of the agreement shall be maintained in the client's file.

**(I)**

The licensee's agreement to document significant occurrences that result in changes in the client's physical, mental, and/or functional capabilities. This documentation must be retained in the client's record in the facility and be readily available for review by the client's health care providers and the Department.

**(c)**

The Department may require any additional information it considers necessary to ensure the safety of clients.