

Mike McCormick

**Authorized Signature**

**Number:** APD-PT-16-013

**Issue date:** 3/31/2016

**Topic:** Licensing

**Transmitting (check the box that best applies):**

- New policy   
  Policy change   
  Policy clarification   
  Executive letter  
 Administrative Rule   
  Manual update   
  Other: \_\_\_\_\_

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors                      |
| <input checked="" type="checkbox"/> Area Agencies on Aging             | <input type="checkbox"/> Health Services                                     |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs                     | <input type="checkbox"/> ODDS Children’s Intensive In Home Services          |
| <input type="checkbox"/> County DD Program Managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                |
| <input type="checkbox"/> ODDS Children’s Residential Services          | <input type="checkbox"/> Other (please specify):                             |
| <input type="checkbox"/> Child Welfare Programs                        |  |

Policy/rule title:	Adult Foster Homes		
Policy/rule number(s):	411-050-0600 -411-050-0690	Release no:	
Effective date:	01/01/2016	Expiration:	
References:			
Web address:			

**Discussion/interpretation:** The purpose of this transmittal is to clarify policy and responsibilities regarding the implementation, application and enforcement of Oregon Administrative Rules 411-050-0600 through 411-050-0690.

Specifically, when an Adult Foster Home is being licensed, relicensed or monitored the Local Licensing Authority (LLA) must ensure that necessary safety barriers are in place. OAR 411-050-0650 (2)(m) requires that all patios, decks, walkways, swimming pools, hot tubs, spas, saunas, water features and stairways are equipped with appropriate safety barriers designed to prevent injury. All resident’s access to or the use of water features such as swimming or other pools of water, hot tubs, spas, saunas, streams, rivers, lakes or other open bodies of water on the premises of the

Adult Foster Home must be supervised by the licensee or care giver.

If the Adult Foster Home licensee has accepted a resident that has known impaired judgment who is at risk to wander away, the home must have an activated alarm system that is able to alert a caregiver of the resident's unsupervised exit (411-050-0650(5)(d)(E) and 411-050-0662(15) the alarm must be activated and able to be heard by the caregiver at all times, since exits can occur at unscheduled times.

Licensees and substitute caregivers must have clear knowledge of the residents' care needs as described in the care plan of the individual. These care needs must be specific for each resident to ensure the care, health, safety and welfare of the residents.

While reviewing the licensee's documentation for each resident if it is noted that a resident has dementia, memory loss and/or wanders, the licensor must review what safety plans the licensee has implemented to ensure safety. The licensee must exercise reasonable precautions against any conditions that may threaten the health, safety or welfare of residents (OAR 411-050-0655(8)(e)).

**Implementation/transition instructions:** Local Licensing Authority must perform licensing activities as outlined in rule, including conducting inspections, investigations, issuing citations and making recommendations to the Department regarding adult foster home license denial, revocation, suspension, non-renewal and civil penalties.

**Training/communication plan:** Technical assistance will be provided to the Local Licensing Authority as needed.

**Local/branch action required:** Review transmittal, and apply policies outlined in rule.

**Central office action required:** Provide technical assistance as necessary.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:** APD Policy & APD Operations

**Filing instructions:**

*If you have any questions about this policy, contact:*

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