

After thoughtful deliberation and consideration of testimony we adopted the proposed rules in their entirety with the following amendments:

### **MCAR 023-020-105(71)**

Proposed: Occupant - anyone who sleeps in the home or uses the facilities of the adult care home more than 4 days in any 30-day period, including all residents, Operators, Resident Managers, caregivers, friends, family members, day care persons, and boarders.

Adopted: No change from the current rule: "Occupant - anyone residing in or using the facilities of the adult care home including all residents, Operators, Resident Managers, caregivers, friends, family members, day care persons, and boarders."

### **MCAR 023-060-120(f)**

Proposed: Whether or not there is a lost room key replacement fee, not to exceed the actual cost of the key.

Adopted: MCAR 023-100-609 "Operators are responsible for replacing the key if a resident loses the personalized key to their bedroom door. If a resident is unable to appropriately maintain their key, Operators are encouraged to work with the resident, the resident's representative, the resident's case manager or services coordinator to engage in behavioral support and write support into the resident's care plan, ISP, and/or behavioral support plan. Operators may charge privately-paying residents a lost room key replacement fee, not to exceed the actual cost of the key."

### **MCAR 023-060-120(n)**

Proposed: The resident's right to have visitors of their choosing at any time and that visitors who sleep in the home or use the facilities of the adult care home for more than 4 days in any 30-day period shall be considered occupants and shall be considered subject individuals for the purposes of background checks.

Adopted: MCAR 023-060-120(m) “The resident’s right to have visitors of their choosing at any time and include a disclosure that a visitor may be prohibited from the premises if the visitor threatens the health, safety, or welfare of the resident or other occupants. See MCAR 023-090-105.”

#### **MCAR 023-060-120(t)**

Proposed: The noise level during the hours of 10PM to 7AM should be kept at a level such that it does not disturb any occupants of the home. This does not include the normal level of noise from conversation or other activities, including television and music, and shall not limit resident and/or visitor access to the home.

Adopted: 023-060-120(s): “The Operator is committed to supporting a home-like environment where noise levels are such that they do not disturb the comfort and peace of other residents. This does not include the normal level of noise arising from an individual’s care needs, from conversation or other activities, including television and music, and shall not limit resident and/or visitor access to the home.”

#### **MCAR 023-070-510**

Proposed: Prior to interacting with residents and providing residential care to residents at a home in Multnomah County, all caregivers must complete and submit a caregiver application and appropriate fees to the ACHP for approval.

Adopted: Prior to interacting with residents and providing residential care to residents in a Multnomah County adult care home, all caregivers must complete and submit a caregiver application, appropriate fees and be approved by ACHP.

## **MCAR 023-080-524**

Proposed: No rule.

Comment: *There is a need for separate documentation of Narcotic medications.*

Adopted: When a controlled substance is prescribed, the administration of the controlled substance shall be documented on an ACHP approved form separate from the medication administration record.

## **MCAR 023-080-835**

Proposed: Weekly menus shall be archived in the adult care home business records.

Adopted: Weekly menus shall be archived and kept in the adult care home for 12 months.

## **MCAR 023-100-185**

Proposed: No Rule.

Comment: *Per HCBS rules, video camera are not allowed in Adult Care Homes.*

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Adopted: Monitors and intercoms shall only be used in common areas with resident consent and written consent shall be obtained from each resident and anyone else impacted by the monitor. If a resident or residents do not want monitors to be used, the Operator shall develop a safe alternative plan to ensure the needs of residents are met. Intercoms shall not violate the residents' right to privacy and must have the capability of being turned off by or at the residents' request. Monitors shall utilize a secure feed.

## **MCAR 023-100-425**

Proposed: Intercoms and monitors shall only be used with resident consent and that consent shall be documented in each residents' person-centered service plan. Intercoms shall not violate the resident's right to privacy and must have the capability of being turned off by or at the resident's request. Intercoms and monitors shall have no video function.

Adopted: Intercoms and monitors shall only be used with resident consent and that consent shall be documented in each residents' person-centered service plan. If a resident does not want monitors to be used, the Operator shall develop alternative plans to ensure the needs of residents are met. Intercoms shall not violate the resident's right to privacy and must have the capability of being turned off by or at the resident's request. Monitors shall utilize a secure feed. Video monitoring is not permitted and any intercom or monitor used shall have no video function.