Exception Request For Out Of Class Resident

MCAR 023-050-105: Adult care home license applicants or Operators must apply in writing to the ACHP for an exception to a specific requirement of the ACHP rules. The Operator must prove to the ACHP by clear and convincing evidence that such an exception does not jeopardize the care, health, welfare or safety of the residents. Evidence must indicate that all residents' needs can be met and that all occupants can be evacuated within three minutes.

Name of Operator:	License:	Date:	
Adult Care Home Address:	City:	State:	Zip:
Resident Name:	Age:		
Case Manager/Representative Name:	Case Manager/Representative Phone:		

1. Exception Requested: <u>to allow a resident whose care needs exceed the classification of the home to live in the adult care home (MCAR 023-041-160). The ACHP may grant an exception if the Operator provides clear and convincing evidence that the following criteria are met:</u>

2. It is the choice of the resident to reside in the home:

3. The exception will not jeopardize the care, health, safety or welfare of any other resident.

4. The 3-minute fire evacuation of all residents in the home can be met and a fire drill has been done within the past 30 days.

5. The Operator is able to provide appropriate care to this resident in addition to the care of the other residents. Please explain how you will provide the care for this resident in addition to the care of the current residents.

6. Is there another resident with an exception living in the home? ☐ Yes ☐ No

7. Do you currently have any bedbound residents? ☐ Yes ☐ No

8. Adequate staff are available to meet the care needs of all occupants in the home. Please describe your staffing plan and submit a copy of the current and proposed new staffing plans for the typical week.

9. Outside resources are available and obtained, if necessary, to meet the resident's care needs. Please describe what resources you will need (RN Delegation, OT, PT Home Health, etc.) to meet the resident's care needs, including special equipment.

10. Name and phone number of the RN or physician who will monitor the resident in the home.

11. Required documents: include a copy of the following:
- ☐ screening sheet for the potential new resident or a copy of the up-to-date care plan for current resident.
- ☐ most recent fire drill record
- ☐ a copy of written evacuation plans for each resident
- ☐ a copy of the current written staffing plan and proposed new staffing plan if exception is approved

Signature of Provider:_____ Date:_____

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☐ Approved ☐ Denied

REASON FOR GRANTING EXCEPTION / NOT GRANTING EXCEPTION

Licenser:_____ Date:_____

If an exception to any provision of these rules is denied, the applicant or licensed Operator may request an administrative conference with the ACHP (MCAR 023-050-125).To request an administrative conference, please call 503-988-3000 or email: advsd.adult.carehomeprogram@multco.us