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AND MEDICAID CERTIFICATION****SUBCHAPTER H****QUALITY OF LIFE****RULE §19.701****Quality of Life**

A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life. If children are admitted to a facility, care must be provided to meet their unique medical and developmental needs.

(1) Dignity. The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of the resident's individuality.

(2) Self-determination and participation. The resident has the right to:

(A) choose activities, schedules, and health care consistent with the resident's interests, assessments, and plans of care;

(B) interact with members of the community both inside and outside of the facility; and

(C) make choices about aspects of the resident's life in the facility that are significant to the resident.

(3) Participation in other activities. A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility.

(4) Accommodation of needs. A resident has the right to:

(A) reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and

(B) receive notice before the resident's room or roommate in the facility is changed.

(5) Accommodations for children. Pediatric residents should be matched with roommates of similar age and developmental levels.

Source Note: The provisions of this §19.701 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective September 1, 2008, 33 TexReg 6151

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(a) The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interest and the physical, mental, and psychosocial well-being of each resident.

(b) The activities program must be directed by a qualified professional who:

(1) is a qualified therapeutic recreation specialist or an activities professional who is:

(A) licensed or registered, if applicable, by the state in which practicing; and

(B) eligible for certification as a therapeutic recreation specialist, therapeutic recreation assistant, or an activities professional by a recognized accrediting body, such as the National Council for Therapeutic Recreation Certification, on October 1, 1990; or

(2) has two years of experience in a social or recreational program within the last five years, one of which was full-time in a patient activities program in a health care setting; or

(3) is a qualified occupational therapist or occupational therapy assistant; or

(4) has completed an activity director training course approved by any state. The Texas Department of Human Services (DHS) does not review or approve any courses. DHS accepts training courses approved by a recognized credentialing body, such as the National Certification Council for Activity Professionals, the National Therapeutic Recreation Society, or the Consortium for Therapeutic Recreation/Activities Certification, Inc.

(c) Activity directors must complete eight hours of approved continuing education or equivalent continuing education units each year. Approval bodies include organizations or associations recognized as such by certified therapeutic recreation specialists or certified activity professionals or registered occupational therapists.

(d) The facility must ensure that activities assessment and care planning are completed and reviewed or updated as provided in §19.801 and §19.802 of this title (relating to Resident Assessment and Comprehensive Care Plans). If indicated by the Resident Assessment Instrument (RAI) and/or the resident's need, an in-depth activities assessment is required.

(e) Toys and recreational equipment for pediatric residents must be appropriate for the size, age, and developmental level of the residents.

Source Note: The provisions of this §19.702 adopted to be effective May 1, 1995, 20 TexReg 2393;

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amended to be effective April 1, 2001, 26 TexReg 2407

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RULE §19.703

Social Services General Requirements

(a) The facility must provide medically-related social services to attain the highest practicable physical, mental, or psychosocial well-being of each resident. See also §19.901 of this title (relating to Quality of Care) for information concerning psychosocial functioning.

(1) A facility with more than 120 beds must employ a qualified social worker on a full-time basis.

(2) A facility of 120 beds or less must employ or contract with a qualified social worker (or in lieu thereof, a social worker who is licensed by the Texas State Board of Social Work Examiners, and who meets the requirements of subsection (b)(2) of this section) to provide social services a sufficient amount of time to meet the needs of the residents.

(b) A qualified social worker is an individual who is licensed, including a temporary or provisional license, by the Texas State Board of Social Work Examiners as prescribed by Chapter 50 of the Human Resources Code, and who has at least:

(1) a bachelor's degree in social work, or a bachelor's degree in a human services field, including, but not limited to, sociology, special education, rehabilitation counseling, and psychology; and

(2) one year of supervised social work experience in a health care setting working directly with individuals.

Source Note: The provisions of this §19.703 adopted to be effective May 1, 1995, 20 TexReg 2393; amended to be effective August 1, 2000, 25 TexReg 6779

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RULE §19.704**Social Services Process**

(a) The facility must ensure that psychosocial assessment and care planning are completed and reviewed or updated as provided in §19.801 and §19.802 of this title (relating to Resident Assessment and Comprehensive Care Plans).

(b) If indicated by the Resident Assessment Instrument (RAI) and/or the resident's need, an in-depth psychosocial assessment is required. The social service needs of each resident must be identified and addressed by the direct provision of services or by arranging access to services.

Source Note: The provisions of this §19.704 adopted to be effective May 1, 1995, 20 TexReg 2393.

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RULE §19.705

Environment

The facility must provide:

- (1) a safe, clean, comfortable, and homelike environment, allowing the resident to use his personal belongings to the extent possible;
- (2) housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior;
- (3) clean bed and bath linen that are in good condition;
- (4) private closet space in each resident room;
- (5) adequate and comfortable lighting levels in all areas (see §19.1721 of this title (relating to Lighting and Illumination));
- (6) comfortable and safe temperature levels. Facilities initially licensed or certified after October 1, 1990, must maintain temperature ranges of 71-81 degrees Fahrenheit; and
- (7) for the maintenance of comfortable sound levels.

Source Note: The provisions of this §19.705 adopted to be effective May 1, 1995, 20 TexReg 2393.

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- (a) A resident has the right to organize and participate in resident groups in a facility.
- (b) A facility must assist residents who require assistance to attend resident group meetings.
- (c) A resident's family has the right to meet in the facility with the families of other residents in the facility and organize a family council. A family council may:
- (1) make recommendations to the facility proposing policy and operational decisions affecting resident care and quality of life; and
 - (2) promote educational programs and projects intended to promote the health and happiness of residents.
- (d) If a resident group or family council exists, a facility must:
- (1) listen to and consider the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility;
 - (2) provide a resident group or family council with private space;
 - (3) provide a designated staff person responsible for providing assistance and responding to written requests that result from resident group and family council meetings; and
 - (4) allow staff or visitors to attend meetings at the resident group's or family council's invitation.
- (e) If a family council exists, a facility must:
- (1) upon written request, allow the family council to meet in a common meeting room of the facility at least once a month during hours mutually agreed upon by the family council and the facility;
 - (2) provide the family council with adequate space on a prominent bulletin board to post notices and other information;
 - (3) designate a staff person to act as the family council's liaison to the facility;
 - (4) respond in writing to written requests by the family council within five working days;
 - (5) include information about the existence of the family council in a mailing that occurs at least semiannually; and

(6) permit a representative of the family council to discuss concerns with an individual conducting an inspection or survey of the facility.

(f) Unless the resident objects, a family council member may authorize, in writing, another member to visit and observe a resident represented by the authorizing member.

(g) A facility must not limit the rights of a resident, a resident's family member, or a family council member to meet with an outside person, including:

(1) an employee of the facility during the employee's nonworking hours if the employee agrees; or

(2) a member of a nonprofit or government organization.

(h) A facility must not:

(1) terminate an existing family council;

(2) prevent or interfere with the family council from receiving outside correspondence addressed to the family council or open family council mail; or

(3) willfully interfere with the formation, maintenance, or operation of a family council, including interfering by:

(A) denying a family council the opportunity to accept help from an outside person;

(B) discriminating or retaliating against a family council participant; or

(C) willfully scheduling events in conflict with previously scheduled family council meetings, if the facility has other scheduling options.

Source Note: The provisions of this §19.706 adopted to be effective September 1, 2008, 33 TexReg 6151

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