

Plan of Operation for One Administrator to Serve over Multiple Facilities

Administrator Information

Name of Administrator	<input type="text"/>	RCA #	<input type="text"/>
Home Address	<input type="text"/>		
Cell Phone Number	<input type="text"/>	E-mail	<input type="text"/>

Facility Information

No facilities may have more than 50 licensed beds.
 RALF and SNF must be on same campus.
 A third facility will only be approved when each of the three facilities has 16 beds or fewer.
 The combined number of beds in all facilities may not exceed 80.

Facility 1

Name of Facility	<input type="text"/>		
Facility Address	<input type="text"/>		
Licensed Beds	<input type="text"/>	RALF	<input type="text"/>
		SNF	<input type="text"/>
Miles from Administrator's Home (Not more than 75 miles)	<input type="text"/>		

List the hours and days the Administrator will be on site at this facility each week.

1-15 beds - Administrator must be on site a minimum of ten hours each week.

16+ beds - Administrator must be on site a minimum of fifteen hours each week.

Sunday	<input type="text"/>	Monday	<input type="text"/>
Tuesday	<input type="text"/>	Wednesday	<input type="text"/>
Thursday	<input type="text"/>	Friday	<input type="text"/>
Saturday	<input type="text"/>		

The plan must provide for full-time on-site supervision at each facility by trained and experienced staff, including:

- Who is responsible for on-site management of each facility when administrator is not on-site;
- How each individual responsible for on-site management of each facility is qualified to perform those duties. (Provide supporting documentation for each person listed below)

I certify that I have been trained in the following areas: Emergency P&P's, Fire Alarm/Smoke Detection System, Evacuation Procedures, Resident NSA's, Incident, Accident & Investigations P&P's, Complaint Policy, Abuse Policy, Reportable Incident Reporting, Resident Admission & Discharge Procedures

16.03.22.153.

- 01. Response of Staff to Abuse, Neglect or Exploitation of Residents.
- 02. Response of Staff to Emergencies. How staff are to respond to emergency situations.
- 03. Notification of Changes to Resident Health or Mental Status.
- 04. Provided Care and Services by Staff.
- 05. Resident Property Identified and Safe.
- 06. Intervention Procedures to Assure Safety of Residents and Staff.
- 07. Behavior Management for Residents.
- 08. Staff Procedures for Accidents, Incidents, and Complaints.
- 09. Facility Operations, Inspections, Maintenance, and Testing.
- 10. Hazardous Materials.
- 11. Mechanical Equipment.

16.03.22.154.

- 01. Emergency Preparedness Plan.
- 02. Written Procedures.

Name	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>

Facility 2

Name of Facility	<input type="text"/>		
Facility Address	<input type="text"/>		
Licensed Beds	<input type="text"/>	RALF	<input type="text"/>
		SNF	<input type="text"/>

Miles from
Administrator's
Home (Not
more than 75
miles)

Per Google
Maps, driving
time from
facility 1 (Not
more than 2
hours)

Per Google
Maps, driving
time from
facility 3 (Not
more than 2
hours)

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16.03.22.154.

01. Emergency Preparedness Plan.
02. Written Procedures.

Name	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>

Facility 3

Name of Facility

Facility Address

Licensed Beds RALF SNF

Miles from Administrator's Home (Not more than 75 miles)	<input type="text"/>	Per Google Maps, driving time from facility 1 (Not more than 2 hours)	<input type="text"/>	Per Google Maps, driving time from facility 2 (Not more than 2 hours)	<input type="text"/>
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Name	<input type="text"/>	Signature	<input type="text"/>

I, the licensed facility administrator, understand that I am responsible for the day to day operation and for assuring that the care and services to residents are in compliance with the rules and standards for residential care or assisted living facilities (IDAPA 16.03.22).

In addition, I understand that if approval is granted by the Division of Licensing & Certification - RALF Program, the approval is good only for the above named facilities and me as the identified licensed residential care administrator.

A new plan of operation must be submitted to the department and approved before any facility in the plan is changed.

I hereby certify that I have an established record of compliance including:

- No unresolved core issues.
- No repeat deficiencies.
- No enforcement actions.
- A history of submitting timely and acceptable evidence of resolution and plans of corrections for deficiencies.
- At least two years experience working as a licensed residential care administrator in Idaho

Licensed Administrator Signature	<input type="text"/>	Date	<input type="text"/>
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Attach:

Proof of current Idaho RCA license with no disciplinary actions

A copy of your work history