HANDBOOK
Ohio County Commissioners
Published by: County Commissioners Association of Ohio

37 West Broad Street, Suite 650 • Columbus, Ohio 43215-4195
Phone: 614-221-5627 • Fax: 614-221-6986 • www.ccao.org

CHAPTER 48

COUNTY HOMES

Latest Revision
1994

48.01 HISTORY

County homes have progressed greatly since 1816 when the General Assembly authorized the county commissioners to construct county poor houses for the care of paupers. County commissioners were to appoint a seven member board of directors to oversee the home's management and appoint a superintendent. Operating expenses were to be paid out of the county treasury. In 1831 the number of board members was reduced to three, and the board was empowered to send non-resident paupers back to their legal places of residence. Also, the board was given the authority to reject the admission of any pauper; those rejected consequently were cared for by township overseers of the poor.

Through legislative enactment in 1848 the poor house became the county infirmary. In addition to caring for the poor, the county infirmary served as a place of confinement for the needy sick, the mentally ill, and the epileptic. In 1884 the General Assembly prohibited admitting children who were eligible for the children's home, unless the children were separated from adults. Fourteen years later it became unlawful to confine the insane and epileptic in the infirmary.

In 1913 the board of infirmary directors was abolished and their powers assumed by the county commissioners. In 1919 the name was changed again. The new name, the county home, indicated emphasis on caring for the county's needy aged and infirmed.

In 1929 the General Assembly made provisions for a county to close its home when the physical plant became unsuitable for habitation or when the population of the home had become too small for efficient and economical operation. In such a case, the commissioners are required to contract with other county homes or private facilities. In that same year, the General Assembly ruled that commissioners of two or more counties where the county home had been closed could form a joint board to establish and administer a

district home. If the district contained three or more counties, the board of trustees was to be composed of one member from each participating county.

In January, 1974, the state Aid for the Aged, Blind and Disabled Program was discontinued and assumed by the federal Supplemental Security Income (SSI) Program. County homes are adversely affected because persons in public institutions are not eligible for SSI. This caused a greater fiscal burden on the county general fund.

Chapter 5155 of the Revised Code provides guidelines for the operation of county homes. The old image of the county home as the "poor farm" has changed greatly. Although many county homes continue to operate entirely on general revenue fund money, more county homes are becoming nursing homes and are eligible for Medicare and/or Medicaid reimbursement. The following sections discuss in a general manner Chapter 5155 of the Revised Code, federal programs relevant to county homes, and state and federal requirements.

48.02 WHAT IS A COUNTY HOME?

A county home is a facility owned and operated by the county commissioners in accordance with Chapter 5155 of the Revised Code. The facilities are specifically exempt from being licensed as a nursing home, or rest home, so do not have to meet those standards set by the state. Instead, they have a superintendent and are supervised by the county commissioners.

There are two distinct types of county homes:

1. TRADITIONAL COUNTY HOME

   A traditional county home is a facility which provides primary custodial, rest home type care and is not certified to receive Medicaid (Title XIX) or Medicare (Title XVIII) payments. Such homes are operated entirely under Chapter 5155 of the Revised Code and are not subject to licensure by the state or federal government (see section 48.021 below).

2. MEDICAID/MEDICARE CERTIFIED COUNTY NURSING HOME

   A Medicaid certified county nursing home provides primarily skilled nursing care and is operated largely on Medicaid funds. A certified county home is not subject to licensure, but must meet all state and federal standards to be certified for Medicaid/Medicare (see section 48.024 below).

Some counties have a home which operates sections under both types.

48.021 COUNTY HOMES NOT SUBJECT TO LICENSURE

Although homes seeking certification for Medicaid/Medicare funds must be surveyed and certified by the Ohio Department of Health, neither these certified homes nor the traditional county homes are licensed by the Ohio Department of Health. County homes are specifically excluded from the licensure requirement in Section 3721.05 of the Revised Code because a political subdivision (county) is not defined in Section 1.02 of the Revised Code as a person, firm, partnership, association or corporation, which are the only entities required to have a license to operate a nursing home in Ohio.

48.022 TRADITIONAL COUNTY HOMES

Traditional county homes operate entirely under Chapter 5155 of the Revised Code and provide primarily custodial rest home type care to residents. They operate much like licensed private rest homes, but are not subject to licensure or other state or federal regulation (other than fire and safety codes) because they are public facilities operated and regulated by the county, which is a subdivision of state government. The specific differences in operation of a traditional county home as opposed to a licensed private rest home are that as a public institution a county home is:

1. Not subject to state licensure.

2. Not eligible to receive Optional State Supplementation (OSS) payments.

3. Ineligible to receive Supplemental Security Income (SSI) payments on behalf of residents, unless the home serves 16 or fewer residents (pursuant to HR 10210 passed in 1976 by the 94th Congress).

4. Not subject to nurse aide training requirements described in section 48.026.

5. Not subject to state regulations governing administration of medication as described in section 48.023.

Because state law does not prevent the county from operating a skilled nursing facility without a license, some traditional county homes do retain residents when their health deteriorates and they require some nursing care. If a county home which is not certified for Medicaid/Medicare administers medication to residents or provides any other skilled nursing care, the county would be incurring significant liability if it does not employ a nursing home administrator licensed under Chapter 4751 of the Revised Code, employ a registered nurse to administer medication and hire only certified nurse aides from the state registry pursuant to Section 3721.32 of the Revised Code. It should be remembered that all county homes are subject to patient's rights requirements (see section 48.15). As of 1992, traditional county homes are operating in 25 counties in Ohio.

48.023 SPECIAL DIETS/ADMINISTRATION OF MEDICATION (ORC 3721.011)

HB 253 effective November 15, 1990 prohibits staff of rest homes from administering medication to residents but does allow them to:

1. Remind residents when to take medicine.

2. Assist residents by taking medicine from storage and opening containers.

3. Assist physically impaired, but mentally alert residents to physically remove medicine from containers and assist in self-administration.

The law requires that otherwise, medication be dispensed only by:

1. A registered nurse holding a valid certificate under Chapter 4723 of the Revised Code.

2. A licensed practical nurse with medication certification under the direction of a doctor or an RN.

3. A doctor licensed under Chapter 4371 of the Revised Code.

The law also prohibits a rest home from admitting or retaining a resident who requires skilled nursing care unless:

1. A home health agency provides intermittent services.

2. The resident suffers from a short term illness.

Technically speaking, Section 3721.011 of the Revised Code applies only to licensed, private rest homes and does not apply to non-Medicaid certified county homes. However, any county home which administers medication, whether it provides other nursing services or not, should have a registered nurse on staff at least part-time to supervise and/or carry out administration of medication.

48.024 MEDICAID/MEDICARE CERTIFIED HOMES

A Medicaid/Medicare certified home is a county owned nursing home which meets state and federal requirements to receive Medicaid and/or Medicare funds for patient care. Although not subject to licensure, such homes must be inspected and approved for Medicaid/Medicare funding, the requirements of which are more stringent than state licensure requirements. Such homes are also subject to the certificate of need requirements described in section 48.025 below.

Title XVIII is the Medicare or the health insurance title of the Social Security Act. It establishes certain requirements which skilled nursing facilities must meet in order to participate in the Medicare program. Title XIX is the Medicaid title of the act, and is administered by the Ohio Department of Human Services. Medicare is 100 percent federally funded while Medicaid receives 60 percent of its funds from the federal government and 40 percent from the state government and is the primary funding for long-term care and pays for short-term rehabilitative care.

County nursing homes desiring to provide services under the Medicare and/or Medicaid programs must be surveyed and certified as meeting regulations by the Ohio Department of Health. The health department is the standard-setting authority and survey agency in accordance with written agreements with the U.S. Department of Health, and Human Services. Certification as a skilled nursing facility is contingent upon full compliance with all applicable federal, state, and local laws and regulations. There are three components of the survey to determine compliance. They include:

1. Nursing

2. Physical environment/sanitation

3. Life safety code, 1967

The federal regulations deal with structural as well as administrative, staffing, accounting and management requirements, which must be complied with before federal financial reimbursement can be forthcoming. Ohio laws relating to nursing homes must also be complied with, along with the Ohio Building Code.

Nurse and sanitation consultants are employed by the Ohio Department of Health to conduct the related surveys. In addition, the Department of Industrial Relations, Division of Factory and Building is under contract to conduct the life safety code surveys.

Included in the regulations are the ANSI standards, which are "American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped." Of course some of these standards are now succeeded by the Americans With Disabilities Act (ADA). Some of these standards, as well as the life safety code and certain physical environment standards are waiverable items, but some are not, such as minimum square footage per patient.

Certified county homes are treated like any privately owned Medicaid/Medicare facility in terms of determining reimbursable costs and receiving payments for services rendered. Each home must submit an annual cost report prepared by an accountant to the Ohio Department of Human Services, which also monitors patient care in order to determine a service mix for which the home is reimbursed for the actual costs and services rendered. This reimbursement system is very complex and in constant flux. The detailed procedures

can be found in Section 5111.20 - .32 of the Revised Code and Ohio Administrative Code Sections 5101:3-3-1 to 5101:3-3-70.

The basic differences between a Medicaid/Medicare certified county home and a private nursing home are:

1. The county home is not licensed.

2. The county home must comply with Chapter 5155 of the Revised Code.

3. The county home must be operated by a superintendent appointed by and under the supervision of the county commissioners.

4. The county home must follow civil service requirements and state law relative to payment and benefits for employees including sick leave, vacation, holidays, collective bargaining, etc.

5. The county home may charge a lower rate for private pay patients than it charges Medicaid, whereas a private home's Medicaid rate can be no higher than the home's private pay rate (per diem rate is figured by dividing the total cost of operation by the number of patients days of service--patients times 365) (see section 48.17 below). (As of 1992 Medicaid/Medicare certified homes are being operated by 27 counties in Ohio).

48.025 CERTIFICATE OF NEED (ORC 3702.51 to 3702.62)

A certificate of need is a document issued by the Ohio Department of Health/Ohio Public Health Council certifying the need for the building or expansion of a health facility or the provision of major health care equipment and is governed by Section 3702.51 to 3702.62 of the Revised Code. A provider must apply for and be granted a certificate of need in order to build or expand a facility or to obtain state approval for Medicaid reimbursement for patients in a proposed facility.

Traditional county homes and county nursing homes for which the county is not seeking Medicaid/Medicare payments are <u>not</u> subject to certificate of need.

If a county seeks to build a Medicaid/Medicare skilled nursing facility, expand a current certified facility or certify a currently non-certified facility, it must seek and obtain a certificate of need.

A non-certified county home for which the commissioners wish to seek certification for Medicaid/Medicare, must obtain a certificate of need from the Ohio Department of Health. In 1984 with the passage of Am. Sub. SB 386, the certificate of need law was amended to include a bed need formula. By a standard formula the Ohio Department of Health determines whether each county has a deficit or surplus of beds. No certificate of need

will be issued to anyone to build a new nursing home, expand an existing home or to certify a non-certified county home for Medicaid if the state shows a surplus of beds in the community.

In such a situation, if the commissioners were to attempt to sell the home to a private operator, the private operator would also be denied a certificate of need. However, a 1985 case in state appeals court determined that the Hill-Burton bed need formula cannot be used as the sole basis when denying a certificate of need application unless it clearly outweighs all other factors. (Oak Park Manor v State Certificate of Need Review Board, 27 O App 3d 216).

The bed need formula is found in Ohio Administrative Code 3701-12-23 is in effect from 1989 to 1993 as follows:

$$\text{TOTAL BED NEED} = (\text{Population} \times .163) \times \text{Risk Adjustment ratio}) \text{ minus } \frac{(\text{net migration} \times .5)}{.9}$$

POPULATION - projected number of persons over age 75 .163 = rates of existing beds to population over 75 as of 12/31/80

RISK ADJUSTMENT RATIO = county specific ratio of the risk a county resident entering a long-term care facility based on a series of standard indicators

NET MIGRATION x .5 = adjusts the bed to population factor to account for the 48% of a county's population which enters long-term care beds in another county .9 = 90% average occupancy rate for long-term care facilities

According to this formula, most counties have a surplus of beds. Certificates of need are very hard to get.

The designated health service agency established in each region of the state pursuant to Section 3702.58 of the Revised Code is involved in the certificate of need process to:

1. Provide technical assistance to CON applicants and advice to the state on reviews of applications.

2. Conduct hearings on CON requests.

3. Coordinate health service and facility planning and research in its area.

48.026 NURSE AID TRAINING AND COMPETENCY EVALUATION (ORC 3721.28 to 3721.35)

Effective June 1, 1990, no long-term care facility may continue for more than four months to use a nurse aide who has not successfully completed a training and competency evaluation program approved by the Director of the Ohio Department of Health. Even those nurse aides employed under the temporary provision must have completed course work specified under Section 3721.28(E) of the Revised Code and work under personal supervision of an RN or LPN. Permanent nurse aides must be certified and listed by the state nurse aide registry established under Section 3721.32 of the Revised Code.

The definition of long-term facility in Ohio Administrative Code 3701-17-071 includes county homes which are certified for Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act. Sections 3721.28-35 of the Revised Code and the requirement for nurse aide training do not apply legally to non-Medicaid certified county homes. However, if the county is operating a county non-Medicaid certified nursing home as described in section 48.022, and is providing nursing services, it is advisable to limit the county's liability, to follow the provisions of Sections 3721.28-35 of the Revised Code. Non-Medicaid certified county homes which operate as rest homes as described in section 48.022 are not providing nursing services and do not, therefore, need nurse aides.

48.03 RESPONSIBILITY OF THE COMMISSIONERS FOR THE COUNTY HOME (ORC 5155.01)

County commissioners appoint the superintendent or administrator, who is responsible for its operation, subject to their rules. Specifically, Section 5155.03 of the Revised Code states that superintendent or administrator shall perform such duties as the commissioners impose, and shall be governed in all respects by their rules. Though some counties have entered into contracts with private firms to operate county homes, commissioners responsibility for the home cannot be delegated. According to the Attorney General county commissioners may not delegate or contract the entirety of their duties, obligations and responsibilities in administering a county home to a private non-profit corporation (OAG 87-034).

48.031 INSPECTION OF THE COUNTY HOME

Effective September 4, 1985, with the passage of HB 68 the commissioners are no longer required to inspect the county home monthly. Although there is no longer a requirement for inspection by the commissioners, in the interests of the broad range of their responsibilities relative to the county home, the commissioners should maintain a close relationship with the county home and should inspect the home periodically.

48.032 COUNTY HOME JOURNAL (ORC 5155.02)

County commissioners must keep a record of its actions respecting the county home. If the commissioners elect to keep a separate county home journal it must be maintained in the same manner as the commissioners' journal, however, it need not be kept in a book.

48.04 SUPERINTENDENT OR ADMINISTRATOR (ORC 5155.03)

The county commissioners appoint the superintendent of the county home, who is responsible for its operation, subject to their rules. Commissioners may authorize the superintendent to use the title "administrator", however, it should be noted that Chapter 4751 of the Revised Code prohibits the use of this title by anyone not licensed by the Board of Examiners of Nursing Home Administrators. County homes that are providing nursing care should have a licensed administrator.

The superintendent may then appoint an administrative assistant and other necessary employees at rates of pay determined by the commissioners. The superintendent may be removed by the commissioners for "good and sufficient" cause. He and all other employees of the county home are classified employees, and the procedures of Chapter 124 of the Revised Code must be followed. The superintendent must give bond in a sum not exceeding $20,000 nor less than $2,000 as determined by the commissioners and filed with the county treasurer (ORC 5155.04).

48.05 EMPLOYEES OF THE COUNTY HOME

The superintendent/administrator and all other employees of the county home are in the classified service and are subject to the procedures in Chapter 124 of the Revised Code. Employees are appointed by the superintendent at rates of pay determined by the commissioners.

48.051 COLLECTIVE BARGAINING

Employees of the county home have the same right to organize and bargain collectively under Chapter 4117 of the Revised Code as all county employees. The major difference from other county employees is that a unit consisting entirely of nurses has no right to strike. Such a unit is subject to binding arbitration in the same manner as safety employees. (See chapter 65, Collective Bargaining).

48.052 SPECIAL PROVISIONS FOR EMPLOYEES OF 24 HOUR OPERATIONS

Since the county home is in operation 24 hours a day, seven days a week, the employees are subject to special provisions regarding vacation, overtime, and other leave. (See chapter 63, Civil Service)

48.06 MONTHLY REPORT (ORC 5155.19)

The superintendent must file a monthly report with the county commissioners containing:

1. The number of residents at the start of the month.

2. The number of persons admitted during the month.

3. The number of residents discharged during the month.

4. The total current expenses excepting farm products.

5. The total value of farm products.

6. Any other information the commissioners require.

48.07 ANNUAL REPORT (ORC 5155.16)

Each year the county home superintendent must submit an annual report to the county commissioners. This report must include the following information.

1. The number of residents at the beginning of the year.

2. The number of persons admitted during the year.

3. The total number of residents and days.

4. The number of residents discharged.

5. The number of deaths and the number removed to other counties, states and institutions.

6. The total current expense exclusive of farm products.

7. The total value of farm products.

8. The amount paid for "outside relief".

9. The amount of salaries paid to the superintendent and administrative assistant.

10. The amount of wages paid to all other employees.

11. The amount of money received by the superintendent and paid into the treasury to the credit of the county home fund.

The report is examined by the commissioners, and if accepted, such action is entered on the county home journal. The report is then sent to the county auditor. In addition, the superintendent must annually submit an inventory to the county commissioners as required by Section 305.18 of the Revised Code.

48.08 ADMISSION TO THE COUNTY HOME (ORC 5155.22)

Admissions to the county home are the responsibility of the superintendent, and are often restricted to applicants who are residents of the county. The reason for this is that many county homes are financially supported from the general fund. The applicant's financial capability is also taken into consideration. Those capable of supporting themselves in a proprietary institution are often urged to do so. Those admitted should be carefully screened to determine their physical, mental and medical needs and to insure that the home can meet these needs legally and professionally.

48.09 SUPPORT OF RESIDENTS (ORC 5155.23 AND 5155.261)

Unless the county home is participating in a federal medical assistance program most of the funds for maintenance of the home are appropriated from the general fund. In some cases residents are able to pay for their care or a portion of the costs. Law does, however, provide that if a resident has property, the county will file a petition in probate court to sell the property and use the proceeds to maintain the resident. This money would be paid into the county treasury and the county would maintain an account charging the resident for his support. As an alternative, the county may take a lien on any property owned. If a resident later leaves the home, any remaining assets would be paid to him; upon death, any remainder would go into his estate for distribution to heirs.

48.10 PERSONAL FUNDS OF RESIDENTS (ORC 5155.23)

Personal funds of the residents must be kept by the superintendent in such a manner that the resident will have access to them at reasonable hours. Those residents that receive social security checks,

for example, are entitled to a portion of this check for personal use not for their maintenance in the county home. These personal funds cannot be deposited in the county home fund. The superintendent must keep accurate records for each resident. For further information see section 48.154 below.

48.11 MEDICAL SERVICES AND RECORDS (ORC 5155.27)

County commissioners may contract with physicians to provide medical care to the residents of the county home. Medical records must be maintained by the county home and include:

1. The nature and extent of services rendered.

2. The individual receiving the service.

3. The character of the diseases treated.

48.12 SUPERINTENDENTS RECORD OF RESIDENTS (ORC 5155.07)

The superintendent must keep a record of the following information on each resident:

1. Name

2. Sex

3. Age

4. Maturity

5. Date of admission

6. Length of residence in the state and county

7. Township of residence

8. Current medical diagnosis

9. Date of discharge

10. Reasons for discharge

11. Date of all deaths and cause of death

12. Number of births and the names of parents and the christened name of children born at the county home.

48.13 COUNTY HOME FUND (ORC 5155.06, 5155.14 and 5155.16)

Revenue received by the county home superintendent or administrator which is derived from patient fees, county home farm rent, and reimbursement from Medicaid for medical care provided to county home patients, must be credited to the county home fund, a special fund established within the county treasury (OAG 86-100).

48.131 COUNTY HOME RESERVE FUND (ORC 5155.14)

The county commissioners may provide the superintendent with a reserve fund of not more than $400 for emergency supplies and expenses. The superintendent must keep a record

of how the reserve fund is used. The $400 can be replenished any number of times during the year.

48.132 NURSING HOME ENTERPRISE FUND (ORC 5705.12)

If the county commissioners and the county home superintendent/administrator agree that it would best suit county operations and county budgeting procedures, the commissioners may apply to the auditor of state pursuant to Section 5705.12 of the Revised Code to establish a special enterprise fund for the county home.

The resolution of the commissioners establishing the fund should state that receipts from private pay patients and state and federal funds render the county home self-supporting. It should also state that all monies received by the home in the form of charges for service, donations, fund raising activities, sale of capital items located at the home and any other miscellaneous income be recorded in a separate fund to be expended solely for the benefit of the home and that all expenditures for the benefit of the home be drawn against this special fund.

48.14 SPRINKLER SYSTEM REQUIREMENTS (ORC 3721.071)

State law requires automatic sprinkler systems in county homes. Such systems were to have been installed in all homes by January 1, 1976. Enforcement authority for this requirement rests with the State Fire Marshall of the Ohio Department of Commerce. Although the Attorney General had earlier ruled state fire safety requirements did not apply to county homes it was later held by the court to apply in re: Hennis 7 OO 3d 170 (App) 1977.

48.15 RESIDENT'S RIGHTS (ORC 3721.13)

In early 1979 the General Assembly passed Am. Sub. HB 600 - the Nursing Home Bill of Rights. The requirements of this law apply to all county homes even if no nursing care is being provided. The law specifies a long list of patient rights in Section 3721.13 of the Revised Code that is too long to include in this handbook.

The following sections will detail some of the administrative, notice and procedural requirements of the law. It should be noted, however, that the law has been detailed by rules of the Ohio Department of Aging and Ohio Department of Health.

48.151 RESPONSIBILITIES OF COUNTY SUPERINTENDENT FOR PATIENTS' RIGHTS

Following are the major responsibilities of the county home superintendent:

1. Each county home superintendent must establish a grievance committee to review complaints from residents. The committee will be comprised of members of the

county home staff, residents, sponsors of residents or outside representatives. Of the total committee, there must be at least two times as many non-staff members as there are staff members.

2. The county home superintendent must establish written policies concerning the applicability and implementation of the residents rights; the responsibilities of residents; and the county home's grievance procedure. These items must also undergo an annual review. These policies must be written with the advice of the residents and/or sponsors of residents of the county home. Superintendents must develop and adhere to procedures implementing these policies.

3. The following materials must be given to all residents and sponsors before or upon admission; and to each member of the staff of the county home:

    a. A copy of the rights established under Sections 3721.10 to 3721.17 of the Revised Code.

    b. Those policies and procedures of the county home that were developed as set forth above.

    c. Rules of the county home.

    d. Address and phone number of:

        (1) county health department

        (2) county department of human services

        (3) Ohio Department of Health

        (4) Ohio Department of Human Services

        (5) Ohio Department of Aging

        (6) areawide agency on aging

        (7) any Ohio nursing home ombudsman program

Residents must acknowledge receipt of these materials and such acknowledgement placed in the resident's file. A similar acknowledgement must be placed in each employee's personnel file.

48.152 MATERIALS TO BE POSTED AT COUNTY HOME

The county home superintendent is required to post the following information in a prominent place at the county home:

1. A copy of the rights of the residents as established in Section 3721.13(A) of the Revised Code.

2. A copy of the rules and the home's policies and procedures concerning the rights and responsibilities of residents.

3. A notice that the following items are available for inspection at the home:

    a. Chapter 3721 of the Revised Code.

    b. Rules of the Ohio Department of Health applicable to the county home including fire inspection and industrial commission inspections.

    c. Federal regulations relative to Title XVIII (Medicare) and XIX (Medicaid) of the social security act.

    d. Ohio Department of Health inspection reports, statements of deficiencies and plans for corrections under Medicare and Medicaid, and life safety code reports and health inspections during the last three years.

    e. A list of residents' rights advocates which is supplied by the Ohio Department of Health.

48.153 TRAINING FOR COUNTY HOME STAFF

To help implement the residents' rights, all county homes must provide staff training that explains:

1. The rights of the residents and the responsibility of the staff in implementing these rights.

2. The responsibility of the staff to provide all residents of the county home having similar needs with comparable service.

48.154 MANAGING OF RESIDENTS' FINANCIAL AFFAIRS (ORC 5155.24)

For the county home to manage the financial affairs of the residents, the residents must give written authorization. A financial affairs form could be prepared by the superintendent. In addition, this written authorization must be witnessed by a person not connected in any manner with the county home or the superintendent. If a resident delegates this

responsibility, and requests in writing, a quarterly financial report must be supplied to the resident. Upon transfer, discharge or death, a final accounting is made and the remaining funds disbursed. In addition, see section 48.10 that relates to this requirement.

48.155 TRANSFER OR DISCHARGE FROM COUNTY HOME (ORC 3721.16)

Although transfer and discharge of residents are not as common in county homes as in proprietary homes, procedures concerning transfer or discharge should be noted. Generally, residents must be given 30 days advance notice of any proposed transfer or discharge. This is not required in case of an emergency or if the transfer or discharge is authorized by law or rules of the Ohio Department of Health. If there is a medical basis for the action, it must be documented in the medical record of the resident. Residents are entitled to an impartial hearing on a proposed transfer or discharge and the following procedure is specified:

1. Resident and sponsor received 30 day notice of the proposed action and reason for the action.

2. Resident and sponsor are informed of the right to request a hearing.

3. Resident or sponsor must request a hearing within 10 days.

4. Ohio Department of Health holds a hearing at the home within 10 days. This hearing is not subject to the sunshine law.

5. The Ohio Department of Health shall issue an order within five days concerning advisable actions to the resident, any sponsor, and the superintendent.

These procedures, however, are not applicable during emergencies, if the county home is closed, or if a license is revoked or Medicaid certification is refused.

48.156 GRIEVANCE PROCEDURE

Any resident may file a grievance with the county home grievance committee. If the grievance committee finds a violation, it would have to notify the superintendent who has 10 days to remedy the problem. If 10 days elapse without correction of the violation, the grievance committee refers the complaint to the Ohio Department of Aging for an investigation. In addition, persons who believe that a resident's rights have been violated could report the information directly to the Ohio Department of Aging without going through a grievance procedure.

The Ohio Department of Aging must investigate within 30 days any complaint received from a grievance committee, or complaints from any source alleging that home provided substantially less than adequate care or treatment or substantially unsafe conditions.

For complaints not received through a grievance committee and not alleging inadequate care or unsafe conditions, the department may either conduct an investigation within 30 days or refer it to the grievance committee of the county home. The department may also refer complaints to the Attorney General within seven days of receipt, if the Attorney General agrees to investigate within 30 days.

After it's investigation, if the department finds probable cause to believe that a violation has occurred, the department must refer the matter to the Ohio Department of Health. The health department must then hold a formal hearing under the administrative procedures act within 30 days. If a violation is found at this hearing, the health department would issue a compliance order, set a reasonable time for compliance, and assess a fine under a schedule set out in the law.

48.157 OTHER PATIENTS' RIGHTS REQUIREMENTS

The following requirements must be met after rules are promulgated by the director of health:

1. Arrangements for such services as podiatry, dental, hearing, vision, physical therapy, occupational therapy and psychological and social services.

2. Areas outside the home that are protected where residents may enjoy outside activity.

3. Access of certain persons to enter the home at reasonable hours unless such access would interfere with resident care or privacy:

    a. Ohio Department of Health employees.

    b. Ohio Department of Mental Health employees.

    c. Ohio Department of Aging employees.

    d. Ohio Department of Human Services employees.

    e. county department of human services employees.

    f. Prospective residents.

    g. A resident's sponsor.

    h. A resident's rights advocate.

    i. A resident's attorney.

j. Religious representatives.

k. Nursing home commission representative.

4. A description of the home's grievance procedure in writing.

48.16 FARMING OPERATIONS IN COUNTY HOMES (ORC 5155.06)

Farming operations involving patients vary among counties. The therapeutic value decreases with diminishing physical capabilities of the patients. Moreover, slaughtering, meat processing, canning, etc. are in many instances lost arts. Section 5155.06 of the Revised Code requires residents to "perform such reasonable and moderate labor, without compensation, as is suited to their age and bodily strength".

48.17 PER DIEM COST OF OPERATION

A true cost of operation should include the following:

1. Depreciation of buildings.

2. Depreciation of equipment.

3. Depreciation of transportation.

4. Retirement - county's share.

5. Insurance - fire and liability for buildings and any health insurance for employees.

6. Workers' compensation.

7. Unemployment compensation.

8. General expenses such as cost of food, salaries, linens, soaps, etc. (the actual market value of food used from the farm should be charged to the home).

9. Recoverable costs (indirect costs) for services provided by other county offices if the home is under Medicaid.

All of the above costs divided by the total number of patient days results in the per diem costs. This is usually done on a monthly basis. Patient days equal the total number of individuals staying 24 hours at the facility; i.e. 10 people staying one day equal 10 patient days. Ten patient days times seven days would equal 70 patient days for one week. Those county homes operating a farm should run the farm as a separate business when figuring the per diem costs of caring for patients.

48.18 CLOSING OF COUNTY HOME (ORC 5199.31)

The need for a county home varies from county to county. Services provided by the individual home dictate its importance to the community. The home must be operated in such a manner that the public acceptance of the home and of its functions provide enthusiasm for its continued existence and upgrading.

Ohio law allows counties to close the county home. Section 5155.31 of the Revised Code provides for the commissioners to close the county home and to see that its residents are placed in other appropriate facilities inside or outside the county. The law then provides that the commissioners may sell the personal property (contents and equipment) under Section 307.12 of the Revised Code. The commissioners may then lease or sell the real property (home and grounds) to a company or individual to operate a nursing home under Chapter 3721 of the Revised Code. Such sale or lease must meet the requirements of Sections 307.09 and 307.10 of the Revised Code, with any lease limited to no more than five years.

Pursuant to Am. HB 102, commissioners were allowed to sell or lease a county home as a functioning unit between May 25 and December 31 of 1983. On December 31, 1983 the language in Am. HB 102 sunset. After December 31, 1983, in other words, commissioners were again required to close the home and place the residents prior to any lease or sale of the real property.

48.19 DISTRICT HOMES (ORC 5155.34)

Two or more counties may join together as a joint board of county commissioners to establish a district home that will be governed by the joint board of commissioners. If three or more counties enter such a venture, a board of trustees is appointed. Maintenance costs are paid by each county in proportion to the number of residents from each county.