



DENVER
THE MILE HIGH CITY

Community Planning and Development
Permit and Inspection Services
Zoning Permitting

201 W Colfax Ave, Dept 205
Denver, CO 80202
p: 720-865-3000
f: 720-865-2880
www.denvergov.org/planning

RESIDENTIAL CARE USE FACILITY OPERATIONAL PLAN

NOTE: SUBMITTAL MUST INCLUDE AN ARCHITECTURAL FLOOR PLAN DRAWN TO SCALE. AFTER ZONING APPROVAL IS RECEIVED, APPLICANT MUST SUBMIT OPERATIONAL PLAN AND FLOOR PLAN TO BUILDING DEPARTMENT FOR SEPARATE REVIEW.

PERSONAL CARE: 'PERSONAL CARE' MEANS PROTECTIVE CARE OF RESIDENTS WHO DO NOT REQUIRE CHRONIC OR CONVALESCENT MEDICAL OR NURSING CARE. PERSONAL CARE INVOLVES RESPONSIBILITY FOR THE SAFETY OF THE RESIDENTS WHILE INSIDE THE BUILDING. PERSONAL CARE MAY INCLUDE DAILY AWARENESS BY THE MANAGEMENT OF THE RESIDENTS FUNCTIONING AND WHEREABOUTS, MAKING AND REMINDING A RESIDENT OF APPOINTMENTS, THE ABILITY AND READINESS FOR INTERVENTION IN THE EVENT OF A RESIDENT EXPERIENCING A CRISIS, SUPERVISION IN THE AREAS OF NUTRITION AND MEDICATION, AND ACTUAL PROVISION OF TRANSIENT MEDICAL CARE.

1. Address of Facility: _____ Zip Code _____

Legal Description: _____

2. Name of Facility: _____

3. Type of Facility: _____

4. Owner of Facility: _____

Address _____ Zip _____

Phone Number _____

4A. Contact Person: _____

Address _____ Zip _____

Phone Number _____

5. Residents - Physical And Mental Conditions:

A. Maximum Number Provided for: _____

B. Age Range of Residents: _____

C. Type and Degree of Mental Impairment: _____

D. Type and Degree of Mental Impairment: _____

E. Number Using Walkers: _____ Wheelchairs: _____

F. Number Confined to Bed: _____



6. Services:

- A. List Basic Services Provided for Residents: _____

- B. List Assistance and / or Care Provided For Residents: _____

- C. List Specific Training, Counseling or Rehabilitation Services Provided for Residents: _____

- D. List Measures for Safeguarding the Public and the Facility Residents:
 - 1. Intake Screening _____
 - 2. Supervision _____
 - 3. Security _____

7. Source of Resident Referrals:

- A. List Agencies: _____
- B. Private Referrals: _____
- C. Service Expected from Referral Agencies: _____

8. Evacuation Capabilities – (See page 4) _____

(Please include a preliminary copy of your emergency fire and evacuation plans. Floor plans drawn to scale)

9. Staff:

- Training and number of: _____
- Staff on duty each shift and hours of each shift: _____

- Skills and professional training required of staff: _____

10. Building:

- A. Year Constructed: _____
- B. Present building code occupancy classification: _____
- C. Is the proposed use a change of use? _____
- D. Number of Floors: _____
- E. Number of Bedrooms on each floor: _____
- F. Number of residents on each floor: _____
- G. Number of exits from each floor: _____
- H. Are exits locked to confine residents? _____
- I. Fire Protection (Smoke detectors, sprinklers, fire alarms system, etc.) _____

J. Spacing and density – (location, distance, and number of other residential care beds in neighborhood) _____

If you have any questions about filling out this form, contact:

Shawn Lord, Denver Fire Prevention Bureau – 720-913-3449

This must be signed in the presence of a Notary Public.

STATE OF COLORADO

CITY AND COUNTY OF DENVER

I _____ understand that a false answer to any of the foregoing may subject the application to denial or a license revocation. I certify that all the information in this Care Plan is complete and correct to the best of my knowledge and belief.

Date _____ Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

WITNESS my hand and official seal

NOTARY PUBLIC

My commission expires _____

RETURN TO: ZONING ADMINISTRATION
201 WEST COLFAX AVENUE, DEPT. 205
DENVER, CO 80202

EVACUATION CAPABILITY

The evacuation capability of the residents and staff is a function of both the ability of the residents to evacuate and the assistance provided by the staff. When a facility is occupied, the evacuation capability is determined by having the Denver Fire Department conduct a fire drill, observing the reactions of the staff and residents and, when practical, timing the duration of total evacuation. (Total evacuation is not practical when residents are bedridden or otherwise confined).

When a facility is in the planning stage, obviously the building is not built or occupied and a fire drill cannot be conducted. In this case, it is the responsibility of the facility owner or his representative to determine approximately how long it would take the residents and staff to evacuate the building. In doing this, any physically and/or mentally impaired condition the prospective residents may have should be taken into account.

Evacuation capability in all cases is based on the time of day or night when evacuation of the facility would be most difficult (i.e., sleeping residents or fewer staff present).

Translation of fire drill times to evacuation capability is determined as follows: (a) 3 minutes or less, PROMPT; (b) over 3 minutes but not in excess of 13 minutes, SLOW; and (c) more than 13 minutes, IMPRACTICAL.

(The above has been condensed from the National Fire Protection Association Life Safety Code 101).

Please write in your evacuation capability at item #8, page 2.

Complete the Evacuation Capability Chart below (pages 5, 6, 7) by initialing the appropriate box for each category.

Facility Address _____

FACILITY AND RESIDENT CHARACTERISTICS FOR ESTABLISHING EVACUATION CAPABILITY			
EACH CATEGORY THAT APPLIES TO THIS FACILITY MUST BE INITIALED IN THE INITIAL BOX. THE EVACUATION CAPABILITY CLASSIFICATION WILL BE DETERMINED BY THE MOST RESTRICTIVE CONDITION IN ANY ONE CATEGORY.			
E.C. FACILITY	PROMPT 3 Mins. Or Less	SLOW More than 3 mins. Not in excess of 13 min.	IMPRACTICAL More than 13 min.
DESCRIPTION	Covers a broad range of housing options for persons who are functionally and socially independent most of the time.	Provides a living arrangement which integrates shelter and services for those persons who are frail, chronically, mentally or physically ill, socially maladjusted and require 24-hour supervision. Applies to adults and children.	Provides living arrangement which integrates shelter with psychosocial and rehab services for person who require 24 hour supervision.
PRIMARY SERVICES	-A- <ul style="list-style-type: none"> • Segregated building • Environmental security • Administrator may coordinate services for residents (i.e., transportation, housekeeping, etc.) • Creating opportunities for socialization 	-B- A Plus: <ul style="list-style-type: none"> • Meals • Transportation • Housekeeping Assistance • Assistance with activities or daily living • Medication monitoring • 24-hour protective oversight 	-C- A and B plus: <ul style="list-style-type: none"> • 24-hour supervision
MOBILITY	I. Capable of moving about independently. Able to seek and follow directions. Able to evacuate independently in an emergency.	I. Capable of moving about independently. Able to seek and follows directions. Able to evacuate independently in an emergency; OR II. Ambulatory with cane/walker. Independent with wheelchair but needs help in an emergency; OR III. Mobile but may require escort/assistance due to confusion, poor vision, weakness or poor motivation; OR IV. Requires occasional assistance to move about but usually independent.	I. May require assistance with transfers from bed, chair, toilet OR II. Requires transfer and transport assistance. Required turning and positioning in bed and wheelchair.
NUTRITION	I. Able to prepare own meals. Eats meals without assistance.	I. May require assistance getting to dining room and/or requires minimal assistance such as opening cartons or other packages, cutting food or preparing trays.	I. May be unable or unwilling to go to dining room. May be dependent on staff for eating/feeding needs; OR II. Totally dependent on staff for nourishment (includes reminders to eat and/or feeding.)
HYGIENE	I. Independent in all care including bathing and personal laundry.	I. May require assistance with bathing or hygiene; OR II. May require assistance, initiation, structure or reminders. Resident completes the task.	I. May be dependent on staff for all personal hygiene.
HOUSE KEEPING	I. Independent in performing housekeeping functions (includes making bed, vacuuming, cleaning and laundry)	I. Housekeeping and laundry services provided; OR II. May need assistance with heavy housekeeping, vacuuming, laundry and changing linens.	I. Housekeeping and laundry services provided.
DRESSING	I. Independent, and dressed appropriately.	I. May require occasional assistance with shoe laces, slippers, etc., and/or medical appliances or garments; OR II. May require reminders, initiation or motivations. Resident completes the task.	I. May be dependent on staff for dressing.

Facility Address _____

RESIDENT ASSESSMENT CRITERIA (Continued)			
TOILETING	<p>I. Independent and completely continent; OR</p> <p>II. May have incontinence, colostomy or catheter, but independent in caring for self through proper use of materials/supplies.</p>	<p>I. Same as Independent Living; OR</p> <p>II. May have occasional problem with incontinence, colostomy or catheter, and may require assistance in caring for self through proper use of materials/supplies.</p>	<p>I. May have problem with incontinence, colostomy/catheter; OR</p> <p>II. May be dependent and unable to communicate needs.</p>
MEDICATIONS	<p>I. Responsible for self administration of all medications.</p>	<p>I. Able to self-administer medications. Facility staff may remind and monitor the actual process; OR</p> <p>II. May arrange for family or home health agency to establish a medication administration system. Staff may remind and monitor; OR</p> <p>III. Facilities staffed by RNs and LPNs who can administer medications to residents.</p>	<p>I. Medications administered by licensed personnel.</p>
MENTAL STATUS	<p>I. Oriented to person, place and time; AND</p> <p>II. Memory is intact, but has occasional forgetfulness without consistent pattern of memory loss; AND</p> <p>III. Orientation to time and place or person may be minimally impaired.</p>	<p>I. May require occasional direction or guidance in getting from place to place; OR</p> <p>II. May have difficulty with occasional confusion which may result in anxieties, social withdrawal or depression; OR</p> <p>III. Orientation to time or place or person may be minimally impaired.</p>	<p>I. Judgment is likely to be poor and the resident may not attempt tasks which are not within capabilities; OR</p> <p>II. May require strong orientation and reminder program. May need guidance in getting from place to place; OR</p> <p>III. Disoriented to time place and person; OR</p> <p>IV. Memory is severely impaired. Usually unable to follow directions.</p>
BEHAVIORAL STATUS	<p>I. Deals appropriately with emotions and uses available resources to cope with inner stress; AND</p> <p>II. Deals appropriately with other residents and staff.</p>	<p>I. Deals appropriately with emotion and uses available resources to cope with inner stress; AND</p> <p>II. Deals appropriately with other residents and staff; OR</p> <p>III. May require periodic intervention from staff to facilitate expression of feelings in order to cope with inner stress; OR</p> <p>IV. May require periodic intervention from staff to resolve conflict with others in order to cope with situation stereo.</p>	<p>I. May require regular intervention from staff to facilitate expression of feelings and to deal with periodic outbursts of anxiety or agitation; OR</p> <p>II. Maximum staff intervention is required to manage behavior. Resident may be a physical danger to self or others; OR</p> <p>III. Expectations are unrealistic and approach to staff is uncooperative.</p>

Facility Operator _____ Signature _____ Date _____

APPLICANTS ARE ADVISED TO KEEP A COPY OF THE INFORMATION THEY HAVE PROVIDED FOR ZONING REVIEW. UPON APPROVAL BY ZONING, A SEPARATE SUBMITTAL MUST BE MADE TO THE BUILDING DEPARTMENT FOR REVIEW.