DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

BUREAU OF COMMUNITY AND HEALTH SYSTEMS

LICENSING ADULT FOSTER CARE FACILITIES

(By authority conferred on the department of licensing and regulatory affairs by section 9 of the Executive organization act of 1965, 1965 PA 380, MCL 16.109, and sections 10 and 18 of the adult foster care facility licensing act, 1979 PA 218, MCL 400.710 and 400.718, and Executive Reorganization Order Nos. 1996-1, 1996-2, 2003-1, 2008-4, 2011-4, and 2015-1, MCL 330.3101, 445.2001, 445.2011, 445.2025, 445.2030, and 400.227)

PART 1. GENERAL PROVISIONS

R 400.601 Definitions.

Rule 601. (1) As used in these rules:

(a) "Act" means the adult foster care facility licensing act, 1979 PA 218, MCL 400.701 to 400.737.

(b) "Administrator" means the individual who is designated by a licensee to be responsible for the daily operation and management of an adult foster care facility. An administrator may be the licensee.

(c) "Admission policy" means a written statement of the facility's purpose, eligibility requirements for admission, fees as a condition of admission, and application procedures for admission.

(d) "Alzheimer's" means a progressive disease or like conditions that destroys memory and other important mental functions.

(e) "Assessment plan" means a written plan that is prepared in cooperation with a responsible agency or individual that identifies the specific care and on-going support, services, and activities appropriate for a resident's physical and behavioral needs and well-being and the methods of providing the care and services, considering the preferences and competency of the resident.

(f) "Assistive device" means the use of an item such as a pillow, pad, or medically supplied therapeutic support that is intended to achieve or maintain the proper position, posture, or balance of a resident. An assistive device may also be an item that is intended to promote, achieve, or maintain the resident's independence. Anything that is used with the intent to restrain a resident and that does not permit the resident to remove the device by themself is a restraint and is not an assistive device.

(g) "Continuous nursing care" means a nurse's around-the-clock presence to provide ongoing nursing assessments, judgments, or interventions.

(h) "Crisis intervention" means techniques that enable trained staff to maintain control in crisis situations through actions to deescalate the resident and reduce the chance for physical injury to those present. Physical restraint is only used when all verbal and nonverbal techniques have been exhausted, and a resident's actions are escalating toward physical aggression.

(i) "Department" means the department of licensing and regulatory affairs.

(j) "Designated representative" means an individual or agency that has been granted written authority by a resident to act on their behalf or is the legal guardian of a resident.

(k) "Direct care staff" means an individual designated by the licensee or administrator to provide personal care, protection, and supervision to residents.

(l) "Discharge policy" means a written statement of the conditions and procedures by which a resident is discharged from a facility.

(m) "Elopement" means a resident who has a service plan that requires notice or arranged supervision to leave the facility and is absent without notice or supervision.

(n) "Health care appraisal" means a written statement by a licensed physician, licensed physician's assistant, or registered nurse that provides an assessment of the general physical condition of a resident.

(o) "House rules" means those rules that may be established by the licensee and that set the expectations for resident conduct.

(p) "Incident" means an intentional or unintentional event in which a resident sustains physical or emotional harm, dies unexpectedly or unnaturally, is displaced by a natural disaster, or elopes.

(q) "Individual plan of service" means a written plan developed by the resident or the resident's designated representative and the resident's responsible agency that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services that are to be provided to the resident.

(r) "Isolation" means complete and unattended separation of a resident from staff and other residents.

(s) "Large group home" means an adult foster care large group home as that term is defined in section 3 of the act, MCL 400.703.

(t) "Members of the household" means all individuals, including adults and children, that reside in the facility exclusive of residents.

(u) "Occupants" means all individuals who reside in the facility.

(v) "Physical restraint" means the bodily holding of a resident with no more force than necessary to limit the resident's movement to prevent harm to self or others and discontinued at the earliest possible time.

(w) "Premises" means the facility, grounds, and other appurtenances.

(x) "Program statement" means a written description of the program that includes all of the following:

(i) Population to be served.

(ii) Program goals, services, and community resources to meet the residents' needs.

(iii) Services provided to residents, including a description of the types of staff competencies that are necessary to carry out these services.

(iv) Description of any contract agreement for services and programs provided.

(v) Information in accordance with section 26b of the act, MCL 400.726b, when the facility represents to the public that it provides services to individuals with Alzheimer's disease or related conditions.

(y) "Resident" means an adult as defined in section 3 of the act, MCL 400.703 in need of foster care, including an individual related to a licensee or live-in staff who needs foster care.

(z) "Resident funds" means paper currency, coins, gift cards, securities, bonds, stocks, debit cards, credit cards, and other like funds received by a licensee from, or on behalf of, a resident.

(aa) "Responsible agency" means a public or private organization that, after written agreement with a resident or resident's designated representative, provides either or both of the following:

(i) Assessment planning and establishment of an individual plan of service.

(ii) Maintenance of ongoing follow-up services while the resident is in the facility.

(bb) “Restraint” means restraining a resident’s movement using a device, equipment, or medication without an order from an appropriately licensed heath care professional.

(cc) “Staff” means the administrator, direct care staff, and other employees of the facility under the direction of the licensee excluding volunteers.

(dd) "Street floor" means any story or floor level that is accessible from the street or from outside the building at grade and at the main entrance is not more than 21 inches above, nor more than 12 inches below, street or grade level at those points.

(ee) "Substantial risk" means that a resident's behavior poses a serious imminent threat of bodily harm to self or others or the threat of the destruction of property and the resident can carry out such harm or destruction.

(ff) “Traumatic brain injury” means brain dysfunction caused by an outside force, usually a violent blow to the head.

(gg) "Transportation services" means travel by public or private vehicle and related cost to and from community program resources including consultation, medical, and other services.

(hh) "Valuables" means personal property of a resident held or stored by the licensee that includes, but is not limited to, clothing, jewelry, furniture, equipment, and appliances that each have a value of more than $100.00.

(ii) “Volunteer” means an individual under the direction of the licensee or administrator who is not considered staff of the facility and does not have unsupervised direct access to residents or resident records.

(2) Terms defined in the act have the same meanings when used in these rules. When terms are not defined in the act or in these rules, the standard definition contained in the Black’s Law dictionary is to be applied.

History: 2025 AACS.

R 400.603 Applicability.

Rule 603. (1) R 400.601 to R 400.697 in parts 1 and 2 of these rules are applicable to all adult foster care facilities.

(2) R 400.699 in part 3 of these rules is applicable to family homes.

(3) R 400.701 in part 4 of these rules is applicable to small group homes, large group homes, and congregate facilities.

(4) R 400.703 to R 400.715 in parts 5 and 6 of these rules are applicable to adult foster care facilities seeking special certification.

(5) R 400.717 to R 400.745 in parts 7 and 8 of these rules are applicable to family homes and small group homes with 6 or fewer residents.

(6) An applicant or licensee shall ensure compliance with these rules.

History: 2025 AACS.

R 400.605 Rule compliance; cooperation by applicant or licensee.

Rule 605. (1) An applicant or licensee shall make available to the department any document necessary to determine compliance with the act and these rules.

(2) An applicant or licensee shall cooperate with the department to determine compliance with the act and these rules during the review of an application and during an inspection or investigation.

(3) For purposes of these rules, the licensee designee shall meet all the requirements of the licensee.

History: 2025 AACS.

R 400.607 Rule variance.

Rule 607. (1) A variance to an administrative rule may be granted by the department on written request from an applicant or licensee if there is demonstrated evidence that a proposed alternative complies with the intent of the rule from which a variance is sought.

(2) All the following apply to a variance that is granted:

(a) May be time limited and subject to conditions set by the department.

(b) Remains in effect for as long as the applicant or licensee continues to comply with the conditions set forth in the variance.

(c) Is not transferable.

(3) Denial of a variance is not subject to administrative appeal.

History: 2025 AACS.

R 400.609 Compliance with local, state, or federal laws, rules, regulations, or standards.

Rule 609. (1) An applicant or licensee shall comply with applicable local, state, and federal laws, rules, regulations, and standards relevant to the act and these rules.

(2) During review of an application, a licensure inspection, or a complaint investigation, the department may request from the facility documentation of compliance or noncompliance with local, state, or federal authorities.

(3) The department may cite this rule only if the local, state, or federal authority that has jurisdiction over the specific law, rule, regulation, or standard has found the applicant or licensee to be noncompliant in writing and the department determines there is a need to protect the health, safety, and welfare of residents receiving care and services in or from the facility.

History: 2025 AACS.

PART 2. REQUIREMENTS FOR ALL

Family Home, Small Group Home, Large Group Home, and Congregate Facility

SUBPART A: FACILITY OPERATION AND CONDUCT

R 400.611 Required information; fee; posting of license; change of information.

Rule 611. (1) An applicant or licensee shall maintain the following documents:

(a) Admission policy and program statement.

(b) Personnel policies.

(c) Job descriptions.

(d) Standard or routine procedures.

(e) Proposed staffing patterns.

(f) Organizational chart.

(g) Agreements or contracts with other organizations to provide care, treatment, or supplemental services that are required by the act or these rules.

(h) Floor plan of each level and basement of the entire structure, including the interior layout of foster care areas and room descriptions and specifics as to use, the number of beds, and the dimensions of floor space.

(i) Verification of the lease, ownership, or right to occupy arrangements.

(j) Articles of incorporation, a letter of authorization from the board of directors that designates the individual who is authorized to act on behalf of the corporation on licensing matters, a current list of the corporate directors, if applicable, and a certificate of incorporation.

(k) Emergency preparedness policy.

(2) A license fee must accompany an initial license or renewal application.

(3) A valid license, whether regular, provisional, or temporary, must be posted in the facility and available for public inspection.

(4) An applicant or licensee shall give written notice to the department within 10 business days after a change occurs in information that was previously submitted in or with an application for a license.

History: 2025 AACS.

R 400.613 Licensed capacity, occupants.

Rule 613. (1) The number of residents and number of resident beds must not be greater than the capacity authorized on the license.

(2) An individual related to the licensee or live-in staff is not counted in the licensed capacity but is considered an occupant.

(3) The total number of occupants must not be more than 6 over the licensed capacity.

(4) If an occupant subsequently requires foster care and therefore becomes a resident, which causes the licensee to exceed the licensed capacity, the licensee has no more than 30 calendar days to return to the licensed capacity.

History: 2025 AACS.

R 400.615 Resident register.

Rule 615. A licensee shall maintain a chronological register of all residents admitted that includes the following information for each resident:

(a) Resident full name.

(b) Resident date of birth.

(c) Date of admission.

(d) Date of discharge and location, if known, where the resident moved.

History: 2025 AACS.

R 400.617 Records.

Rule 617. (1) A licensee shall maintain the following records:

(a) Admission policy.

(b) Program statement.

(c) Discharge policy.

(d) Resident records.

(e) Resident register.

(f) Resident care agreement.

(g) Accident records and incident reports.

(h) Staff records.

(i) Personnel policies and procedures, excluding family homes that do not employ staff.

(j) Certification as a specialized program, if applicable.

(k) Fire drill records.

(1) Emergency preparedness plan.

(m) Reports of fire or severe property damage.

(n) Records of variances granted.

(o) Heating equipment inspection and approval records.

(p) Fire detection and sprinkler equipment inspection and approval records.

(q) Electrical inspection records.

(r) Fire safety reports from the department or the state fire marshal.

(s) Environmental inspection reports.

(t) Menus.

(u) Vaccination and licensing records of pets in the facility in accordance with section 6 of the dog law of 1919, 1919 PA 339, MCL 287.266, and the local municipality.

(2) A licensee shall keep service records of emergency repair of heating, cooling, plumbing, and electrical equipment as well as include a list of persons to contact.

History: 2025 AACS.

R 400.619 Emergency preparedness plan.

Rule 619. (1) A licensee shall have a written emergency preparedness plan in case of fire, medical, weather, extended utility outage, or other emergencies. The plan must include where residents will receive care in the event the facility is no longer habitable.

(2) An emergency preparedness plan must include all of the following:

(a) Specify persons responsible for carrying out the emergency preparedness plan and their responsibilities.

(b) Persons to be notified during an emergency.

(c) Locations of alarm signals and fire extinguishers.

(d) Evacuation routes and designated point of safety.

(e) Procedures and special staff response for evacuating residents of limited mobility or special needs and visitors.

(f) Any special assistance needed by a resident.

(3) A licensee must have a written fire safety plan that includes all of the following:

(a) Use of and response to alarms.

(b) Notification of an alarm to the fire department.

(c) Isolation of fire.

(d) Evacuation of the facility.

(e) Closure of bedroom doors and corridor access doors on exiting.

(f) Use of fire extinguishers.

(4) The evacuation routes and designated point of safety must be prominently posted in the facility and include a floor plan that specifies locations of evacuation and exit routes to be followed.

(5) A licensee shall have a telephone available and accessible to anyone in the facility for emergency use and emergency telephone numbers posted in a conspicuous location that includes fire, police, and medical emergency services.

(6) A licensee shall ensure that residents, volunteers, and members of the household are familiar with the emergency preparedness plan and fire safety plan and any assigned responsibilities to carry out the plan.

(7) A licensee shall ensure that all staff are instructed and retrained quarterly per calendar year, and new staff on hire, with respect to their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment. A record of the instruction must be maintained for 2 years.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

(9) A licensee shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

History: 2025 AACS.

R 400.620 Special license.

Rule 620. (1) A special license may be issued in accordance with section 18 of the act, MCL 400.718, if there is an instance where adult foster care residents of another licensed facility have been displaced due to fire, tornado, flood, or other disaster. The department may issue a special license for a period of up to 1 year while the resident’s original home is being restored.

(2) The special license must comply with all administrative rules determined to be quality-of-care rules in accordance with section 6 of the act, MCL 400.706.

(3) The department may issue a special license when there are physical plant deficiencies if those deficiencies do not create an immediate risk to the residents, and the residents, a designated representative of a resident, and the responsible agency are made aware of the physical plant deficiencies.

History: 2025 AACS.

SUBPART B: CHARACTER, CAPABILITY, TRAINING, AND QUALIFICATIONS

R 400.621 Capability.

Rule 621. Licensees, staff, volunteers, and members of the household shall be capable of ensuring the welfare of residents.

History: 2025 AACS.

R 400.623 Applicant, licensee and administrator qualifications; licensee,

administrator and staff requirements; parole or probation or convicted of felony.

Rule 623. (1) An applicant, licensee, and administrator shall have the financial and administrative capability to operate a facility as specified in the act and these rules.

(2) An applicant, licensee, and administrator shall be competent in all of the following areas:

(a) Nutrition.

(b) First aid.

(c) Cardiopulmonary resuscitation.

(d) Foster care, as defined in the act.

(e) Safety and fire prevention.

(f) Financial and administrative management.

(g) Knowledge of the needs of the population to be served.

(h) Resident rights.

(i) Prevention and containment of communicable diseases.

(j) Medication administration.

(3) Training for subrule (2)(b) and (c) of this rule must be in accordance with these rules and the individual providing the training shall be trained and follow nationally recognized standards.

(4) A licensee and administrator shall have a high school diploma or general education diploma or equivalent and not less than 1 year of direct experience working with individuals that are aged or have been diagnosed with a mental illness, developmental disability, physical disability, traumatic brain injury, or Alzheimer’s disease. This experience must align with the intended population to be served that is identified in the facility's program statement and admission policy. The education requirement of this subrule does not apply to family or congregate facilities licensed on or before promulgation of these rules that has been continuously licensed.

(5) A licensee and administrator or their designee shall possess all of the following qualifications:

(a) Be capable of meeting the physical, emotional, social, and intellectual needs of each resident.

(b) Be capable of appropriately handling emergency situations.

(c) Be capable of ensuring program planning, development, and implementation of services to residents consistent with the facility's program statement and in accordance with a resident's assessment plan and care agreement.

(6) A licensee, administrator, and staff shall cooperate with a resident, resident's family as appropriate, designated representative of a resident, and the responsible agency.

(7) A licensee or administrator shall designate, in writing, an individual who is on-site or who is immediately available, and who has the authority to carry out the licensee's or administrator's

responsibilities in the temporary absence of the licensee or administrator. The identified designated individual shall be made known to all staff.

(8) A licensee, administrator, and staff shall not be the legal guardian or conservator of a resident who lives in the facility, as specified in section 5313 of the estates and protected individuals code, 1998 PA 386, MCL 700.5313. Exceptions to this rule are allowed if an individual is a relative of the resident or if the guardianship or conservatorship of the licensee existed before April 1, 1989.

(9) The licensee shall notify the department of the name of any volunteer or member of the household who is on a court-supervised probation or parole or has been convicted of a felony. Notification must be within 48 hours of the licensee becoming aware.

History: 2025 AACS.

R 400.625 Administrator.

Rule 625. Except for family homes, a facility shall have an administrator.

History: 2025 AACS.

R 400.627 Licensee and administrator training requirements.

Rule 627. (1) A licensee and administrator shall complete annual training based on the license issue date, the educational requirements specified in subdivision (a) or (b) of this subrule, or a combination that totals 16 hours:

(a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.

(b) 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as accepted by the department.

(2) A licensee and administrator shall complete the department training titled “AFC New Provider Training” within 6 months of the initial license being issued or within 6 months of being hired as applicable. If an individual has documentation of completing this training previously, they are not required to take this training again.

(3) The department may prescribe additional training if substantial noncompliance with the act or these rules is evident.

History: 2025 AACS.

R 400.629 Direct care staff; qualifications and training.

Rule 629. (1) Direct care staff shall be at least 18 years of age and able to complete required reports and follow written and oral instructions that are related to the care and supervision of residents.

(2) Minor individuals who are 16 or 17 years of age may be considered as a direct care staff under subrule (1) of this rule and counted toward the staff-to-resident ratio if all the following criteria are met:

(a) The individual is under direct supervision of a fully trained direct care staff who is onsite at the facility and is at least 18 years of age.

(b) The individual does not provide transportation for the residents.

(c) The individual does not provide medication administration to the residents.

(d) The individual meets all the direct care staff training and requirements in these rules for the duties that the individual is assigned.

(e) The individual shall receive parent's consent as required to undergo a background check pursuant to section 34b of the act, MCL 400.734b.

(3) Staff shall be individuals who are not residents.

(4) Direct care staff shall possess all of the following qualifications before working independently:

(a) Be capable of meeting the physical, emotional, intellectual, and social needs of each resident.

(b) Be capable of appropriately handling emergency situations.

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:

(a) Reporting requirements.

(b) First aid.

(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.

(d) Personal care, supervision, and protection.

(e) Resident rights.

(f) Safety and fire prevention.

(g) Prevention and containment of communicable diseases including recognizing signs of illness.

(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.

(i) Nutrition and special diets.

(6) Training for subrule (5)(b) and (c) of this rule must be in accordance with these rules. The individual providing the training shall be trained in and follow nationally recognized standards.

(7) Documentation of training must be maintained in the staff's record to determine that the training has been completed and is current.

History: 2025 AACS.

R 400.631 Health screenings.

Rule 631. (1) A licensee, staff, volunteers, and members of the household shall be in such physical and mental health as not to negatively affect the health or care of the residents.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

(3) A licensee shall ensure that the volunteer's physical and mental health will not negatively affect the residents or the quality of the residents' care.

(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.

History: 2025 AACS.

R 400.633 Staffing requirements.

Rule 633. (1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following:

(a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities.

(b) 12 residents for small group and family homes.

(2) Children under the age of 12 who are a member of the household count as residents for subrule (1)(a) and (b) of this rule.

(3) An individual, including a volunteer, cook, or private duty staff shall not be considered in determining the ratio of direct care staff-to-residents unless the individual meets the qualifications of a direct care staff member and is providing direct care to residents on behalf of the licensee.

(4) Direct care staff need not be in the facility during the day if all the residents of the facility are out-of-home as approved in the residents' assessment plans. The licensee shall provide contact information to residents or responsible parties in case of emergency or if a resident wants to return to the facility.

History: 2025 AACS.

SUBPART C: GENERAL FINANCIAL ABILITY AND COMPETENCE

R 400.635 Fiscal ability and competence.

Rule 635. (1) The department may request the following financial documents during initial licensure, licensure renewal, an inspection, or an investigation:

(a) Operational budget.

(b) Invoices.

(c) Purchase orders.

(d) Receipts.

(e) Other nonproprietary financial documents maintained in the normal course of business and that demonstrate the provision of care and services.

(2) A request for financial documents in subrule (1) of this rule must be made only when the department requires the documents to evaluate the delivery of care and services for state licensing purposes.

(3) A licensee shall have the financial and administrative capability to operate a facility to provide the level of care and program stipulated in the program statement.

(4) This rule does not limit the department's authority to consider other relevant financial information from other governmental entities.

(5) The financial documents required by this rule must be maintained for 2 years.

History: 2025 AACS.

R 400.637 Handling of resident funds and valuables.

Rule 637. (1) A licensee may accept resident funds and valuables to be held in trust on request from a resident or a resident’s designated representative.

(2) Resident funds or valuables that have been accepted for safekeeping must be treated as a trust obligation.

(3) A licensee shall have a record of resident valuables for each resident that includes a written description of the items, the date received, and the date returned to the resident or the resident’s designated representative, and the record must be signed at the time of receipt and return by the facility and the resident or the resident’s designated representative.

(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.

(5) Resident funds must be kept separate from funds of the licensee or facility.

(6) Interest and dividends earned on resident funds must be credited to the resident.

(7) Except for bank accounts, a licensee shall not maintain resident funds of more than $400.00, as defined in R 400.601(1)(z), for any resident of the facility after receiving payment of charges owed.

(8) A resident shall have access to and use of their resident funds in reasonable amounts, including immediate access to not less than $40.00. A resident shall receive up to the full amount of resident funds at a time designated by the resident, but not more than 5 days after the request for the resident funds. Exceptions must be subject to the provisions of the resident's assessment plan.

(9) A resident fund transaction over the amount specified in the resident care agreement must require the signature of the resident or resident's designated representative and the licensee or administrator.

(10) A resident's account must be individual to the resident. A licensee is prohibited from having any ownership interest in a resident's account and shall inform the resident or resident's designated representative of this in writing.

(11) A licensee, staff, volunteers, members of the household, and their family members cannot accept, take, or borrow money, resident funds, or valuables from a resident, even with the consent of the resident.

(12) A licensee or administrator shall obtain prior written approval from a resident or a resident’s designated representative before charges are made to a resident's account.

(13) Charges against a resident's account must not exceed the agreed price for the services rendered and goods furnished or made available by the facility to the resident.

(14) A licensee shall provide a complete accounting on an annual basis and on request of all resident funds and valuables that are held in trust or that are paid to the facility, a resident, or a resident’s designated representative. An accounting of a resident's funds and valuables that are held in trust or are paid to the facility must also be provided, on the resident's or the resident’s

designated representative's request, not more than 5 business days after the request and at the time of the resident's discharge from the facility.

(15) A licensee shall have a written refund agreement with a resident or a resident’s designated representative. The agreement must state under what conditions a refund of the unused portion of the monthly charge that is paid to the facility is returned to the resident or resident’s designated representative.

(16) A refund agreement must provide for refunds to a resident or the resident’s designated representative under any of the following conditions:

(a) A resident’s emergency discharge from the facility.

(b) A resident has been determined to be at risk or victim of abuse, neglect, or exploitation as defined in section 11 of the social welfare act, 1939 PA 280, MCL 400.11, and remaining in the home puts the resident at continued risk.

(c) A resident relocates on a determination the resident is at risk due to substantial noncompliance with the act or these rules that results in the department taking action to issue a provisional license or revoke or summarily suspend, or refuse to renew, a license.

(17) The amount of the monthly charge that is returned to the resident under subrule (16) of this rule must be prorated based on the number of days that the resident lived in the facility during that month.

(18) Personal property and belongings that are left at the facility after the discharge or death of a resident must be inventoried and stored by the licensee. A licensee shall notify in writing the resident's designated representative of the existence of the property and belongings and request disposition. Personal property and belongings that remain unclaimed or for which arrangements have not been made may be disposed of by the facility after 30 or more days from the date that written notification is sent.

History: 2025 AACS.

Editor's Note: An obvious error in R 400.637 was corrected at the request of the promulgating agency, pursuant to Section 56 of 1969 PA 306, as amended by 2000 PA 262, MCL 24.256. The rule containing the error was published in Michigan Register, 2025 MR 22. The memorandum requesting the correction was published in Michigan Register, 2025 MR 23.

SUBPART D: STAFF RECORDS AND SUPERVISION

R 400.639 Staff records.

Rule 639. (1) A licensee shall maintain a record for each staff that contains all of the following:

(a) Name, address, telephone number, and Social Security number.

(b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.

(c) Copy of a driver’s license if staff provide transportation services.

(d) Verification of age.

(e) Verification of experience, highest level of education completed, and training.

(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

(g) Beginning and ending dates of employment on separation.
(h) Health information as required by these rules.
(i) Verification of the receipt by the staff of personnel policies and job descriptions.
(2) Records identified in subrule (1) of this rule must be maintained for 2 years after the staff's ending date of employment.
(3) A licensee shall maintain for 90 days a daily work schedule and assignments that includes all of the following:
(a) Names of staff on duty.
(b) Job titles.
(c) Hours or shifts worked.
(d) Date of schedule.
(e) Scheduling changes when made.

History: 2025 AACS.

R 400.641 Resident behavior interventions.

Rule 641. (1) A licensee shall ensure methods of behavior intervention are appropriate to the needs of the resident.
(2) Interventions must be specified in the resident's assessment plan and performed in accordance with that plan. Interventions must ensure that the safety, welfare, and rights of the resident are adequately protected. If an intervention is needed to address the unique programmatic needs of a resident, the intervention must be developed in consultation with, or obtained from, a professional or professionals licensed, certified, or registered in that scope of practice.
(3) Staff responsible for implementing a resident's assessment plan must be trained in the applicable behavior intervention techniques and onsite at the facility during each shift.
(4) Intervention techniques must not be used to punish or discipline residents for the convenience of staff.
(5) Staff, volunteers, visitors, or other occupants of the facility shall not mistreat a resident. Mistreatment includes any intentional action or omission that exposes a resident to a serious risk, physical or emotional harm, or the deliberate infliction of pain by any means.
(6) A licensee, staff, volunteers, or any person who lives in the facility shall not do any of the following:
(a) Use any form of punishment.
(b) Use any form of restraint without an order from an appropriately licensed heath care professional or physical force, other than physical restraint for crisis intervention.
(c) Restrain a resident's movement for the purpose of immobilizing the resident.
(d) Confine a resident in an area where egress is prevented.
(e) Withhold food, water, clothing, rest, or toilet use.
(f) Subject a resident to any of the following:
(i) Mental or emotional cruelty.
(ii) Verbal abuse.
(iii) Derogatory remarks.
(iv) Threats.
(g) Refuse entrance to the facility.
(h) Isolation.

History: 2025 AACS.

R 400.643 Crisis intervention.

Rule 643. (1) Crisis intervention may be utilized when a resident has not previously exhibited a behavior creating the crisis or there has been insufficient time to develop an intervention plan to reduce the behavior causing the crisis. If the resident requires repeated or prolonged use of the crisis intervention, the licensee shall contact the resident's designated representative and responsible agency or, in the absence of a responsible agency, an appropriate licensed, certified, or registered professional to review and evaluate positive alternatives or the need for an appropriate intervention plan.

(2) Crisis intervention may be used for any of the following reasons:

(a) Provide for self-defense or the defense of others.

(b) Prevent a resident from harming self.

(c) Quell a disturbance that threatens physical injury to any individual.

(d) Obtain possession of a weapon or other dangerous object that is in the possession or control of the resident.

(e) Prevent serious property destruction.

(3) Crisis intervention must be used to the minimum extent and duration necessary and used only after less restrictive means of protection have failed.

(4) Crisis intervention must be employed to allow the resident the greatest possible comfort and to avoid physical injury and mental distress.

(5) Crisis intervention must not be used as a routine intervention.

(6) The use of crisis intervention must be noted in the resident’s record within 48 hours after the start of the intervention by the staff implementing the intervention. The notation must include all of the following:

(a) Nature of the crisis intervention used and the duration of use.

(b) Reasons for the use of the crisis intervention.

(c) Types of less restrictive alternatives tried, duration, number of trials, and results.

(d) Name of the individual who authorized the crisis intervention.

(e) Times and dates crisis intervention was used and staff that implemented the intervention.

(7) A licensee shall make available reports of all uses of crisis intervention when requested by the resident, designated representative, or responsible agency.

(8) A licensee, administrator, or direct care staff shall not use crisis intervention until successful completion of crisis intervention training.

History: 2025 AACS.

SUBPART E: SAFETY, CLEANLINESS, AND ADEQUACY OF PREMISES

R 400.645 Environmental health.

Rule 645. (1) The water supply must be of potable, reliable quality and from an approved source.

(2) A facility that does not have access to an approved community water system shall comply with the safe drinking water act, 1976 PA 399, MCL 325.1001 to 325.1023. A facility not on an approved community water system, or a facility on an approved community water system but that installs water treatment equipment, shall provide a total coliform, nitrate, and arsenic report documenting satisfactory water quality with the initial application and with all renewal applications. Satisfactory samples mean concentrations that do not exceed the primary maximum contaminant levels or action level. The department may require increased monitoring parameters and increased frequency based on local site conditions or other pertinent factors.

(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.

(4) Sewage must be disposed of in a public sewer system. In the absence of a public sewer system, sewage must be managed and discharged of in a manner of on-site wastewater treatment that is approved by department of environment, Great Lakes, and energy in compliance with part 31 of the natural resources and environmental protection act, 1994 PA 451, MCL 324.3101 to 324.3134, or where applicable, the local health department.

(5) Garbage and rubbish that contains food waste must be maintained in leakproof, nonabsorbent containers. Containers must be covered with tight-fitting lids and removed from the facility daily and from the premises at least weekly.

(6) An insect, rodent, or pest control program must be maintained and carried out in a manner that continually protects the health of residents.

(7) Poisons, caustics, and other dangerous materials must be stored and safeguarded in nonresident, non-food preparation areas, and storage areas.

(8) A habitable room must have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. From April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes must be supplied with a standard screen of not less than 16 mesh.

(9) Hand-washing fixtures must be provided in both the kitchen and bathroom areas and include hot and cold water, soap, and individual towels.

(10) When a resident is discharged, the resident’s room and its contents must be thoroughly cleaned, and blankets and linens sanitized.

(11) The condition or operation of a swimming pool or spa equipment, structure, area, or enclosure must not jeopardize the health or safety of the individuals using or operating the pool or spa. A swimming pool or spa area must be completely enclosed by a wall, fence, or other protective enclosure.

History: 2025 AACS.

R 400.647 Safety and maintenance of premises.

Rule 647. (1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.

(3) Living, sleeping, hallway, storage, bathroom, and kitchen areas must be well-lighted and ventilated.

(4) Roofs, exterior walls, doors, skylights, and windows must be weathertight and watertight and maintained in good repair.

(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

(6) Plumbing fixtures and water and waste pipes must be properly installed and maintained in good working condition.

(7) A water heater must be equipped with a thermostatic temperature control and a pressure relief valve, both of which must be in good working condition.

(8) Water closet compartments, bathrooms, and kitchen floor surfaces must be constructed and maintained to be reasonably impervious to water and allow the floor to be easily maintained in a clean condition.

(9) Stairways with more than 1 step must have sturdy and securely fastened handrails. Handrails must be 30 to 34 inches above the upper surface of the tread.

(10) On the effective date of these rules, new or renovated exterior and interior stairways and ramps must have handrails on the open sides and be constructed in accordance with and inspected and approved by the state or local building authority in accordance with the Stille-DeRosset-Hale single state construction code act ,1972 PA 230, MCL 125.1501 to 125.1531.

(11) Porches and decks that are 8 inches or more above grade must have deck railing in accordance with the local building code on the open sides.

(12) Stairway risers and treads must be a uniform and consistent size. Stairways that form a part of a required means of egress must change direction at landings only. Spiral staircases and staircases that incorporate wedge-shaped steps are not allowed as a part of a required means of egress. This subrule does not apply to family or congregate facilities licensed on or before promulgation of these rules that have been continuously licensed.

(13) Rugs on hard finished floors must have a nonskid backing.

(14) Handrails and nonskid surfacing must be installed in showers and bath areas.

(15) Sidewalks, fire escape routes, and entrances must be kept reasonably free of hazards, such as ice, snow, and debris.

(16) Yard areas must be kept reasonably free from hazards, nuisances, refuse, and litter.

(17) Hot water pipes and steam radiators located in resident-occupied areas must be shielded to protect against burns.

(18) A written report must be made to the resident's designated representative; responsible agency, if applicable; and the department within 24 hours from the occurrence of property damage that impacts the facility to provide adult foster care services or relocation of a resident to a different address or any fire.

History: 2025 AACS.

R 400.649 Electrical service.

Rule 649. Electrical service must be maintained in a safe condition. Where conditions indicate a need for inspection, and on all new or remodeled projects, the electrical service must be inspected by a qualified electrical inspection service and a copy of the inspection report must be maintained for 2 years.

History: 2025 AACS.

R 400.651 Living space.

Rule 651. (1) Common use areas of the facility must be accessible to all residents unless a resident has restrictions imposed in the resident's assessment plan or individual plan of service.

(2) The licensee shall provide not less than 35 square feet of indoor living space per occupant, excluding bathrooms, storage areas, hallways, kitchens, and sleeping areas.

(3) A resident shall be provided with storage space for storing personal belongings.

(4) A resident that has impaired mobility shall have access to the living, dining, bathroom, and the resident's bedroom. These areas must be located on the street floor level of the facility that contains the required means of egress.

(5) Facilities that regularly accommodate residents with impaired mobility shall ensure the doorways to a living, dining, bathroom, and resident bedroom have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.

(6) A resident shall not be housed above the second floor of the facility. This subrule does not apply to those facilities licensed on or before May 24, 1994 that have been continuously licensed.

(7) Living, dining, bathroom, and sleeping areas for residents must be contained within the facility.

(8) A licensee shall provide 1 or more multipurpose areas of adequate size for training, recreation, family-style dining, and other diversional and social activities.

(9) A licensee shall have dining space that can accommodate all residents at the same time.

(10) A facility licensed on or before May 24, 1994, that is not in compliance with subrule (2) of this rule, and the license remained in continuous effect, may apply for a variance.

History: 2025 AACS.

R 400.653 Room temperature.

Rule 653. Resident-occupied rooms must be heated at no less than 68 degrees Fahrenheit. While air conditioning is not required, precautions must be taken to prevent prolonged resident exposure to noncirculating air that is at a temperature of 90 degrees Fahrenheit or above. Variations must be based on a resident's health care appraisal and addressed in the resident's assessment plan.

History: 2025 AACS.

R 400.655 Bathrooms.

Rule 655. (1) Bathroom and toilet amenities with windows must open easily for ventilation. Amenities without a window must have forced ventilation to the outside.

(2) Toilets, bathtubs, and showers must provide for individual privacy.

(3) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.

(4) A facility must have a minimum of 1 toilet, 1 sink, and 1 bathing fixture for every 8 occupants. Areas restricted for employee, household member or adult day care use only may not be counted in meeting this requirement.

(5) At least 1 toilet, 1 bathing fixture, and 1 sink must be provided on each floor that has resident bedrooms.

(6) A facility licensed on or before May 24, 1994, that does not have 1 bathing fixture in accordance with subrule (5) of this rule, and the license remained in continuous effect, can apply for a variance.

History: 2025 AACS.

R 400.657 Bedrooms.

Rule 657. (1) A room must not be used as a resident bedroom if more than 1/2 of the room height is below grade. This subrule does not apply to basement bedrooms previously approved before the promulgation of these rules.

(2) Living rooms, dining rooms, hallways, or other rooms that are not ordinarily used for sleeping, or a room that contains a required means of egress, must not be used for sleeping purposes by anyone.

(3) A resident bedroom must be separated from halls, corridors, and other rooms by floor-to-ceiling walls that do not have openings, except for doorways.

(4) Interior doorways of a resident bedroom must be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

(5) Traffic to and from any room must not be through a resident bedroom.

(6) For 2 adjoining rooms to be considered as 1 bedroom, there must be a 7-foot horizontal opening between the rooms.

(7) A resident bedroom must have at least 1 easily openable window. A window does not need to be openable if the room has air conditioning, has a ducted system that provides fresh air, and staff and local authorities are able to break the window to rescue the residents in an emergency.

(8) Residents of different gender identities shall not occupy the same bedroom for sleeping purposes unless agreed to by both residents, designated representatives, or responsible agencies and documented in each resident's assessment plan.

History: 2025 AACS.

R 400.659 Bedroom space; usable floor space.

Rule 659. (1) Usable floor space means floor space that is under a ceiling that is not less than 6 feet, 6 inches in height, excluding closets and portable wardrobes. When determining usable floor space, an alcove or any other part of the room that does not have at least a 7-foot horizontal dimension must be excluded.

(2) A single occupancy resident bedroom must have not less than 80 square feet of usable floor space, except for family homes, which require 65 square feet of usable floor space.

(3) A multioccupancy resident bedroom must have not less than 65 square feet of usable floor space per bed.

(4) A maximum of 2 beds are allowed in any multioccupancy bedroom, except as provided in subrule (5) of this rule.

(5) A maximum of 4 beds are allowed in any multioccupancy bedroom for a facility licensed on or before May 24, 1994 if the license has remained in continuous effect.

(6) There must not be less than a 3-foot clearance between beds in a multioccupancy bedroom.

History: 2025 AACS.

R 400.661 Bedroom furnishings.

Rule 661. (1) Bedroom furnishings must include all of the following:

(a) A bed that is not less than 36 inches wide and not less than 72 inches long with a foundation that is clean, in good condition, and provides adequate support.

(b) A mattress that is clean, in good condition, and not less than 5 inches thick or 4 inches thick if made of synthetic materials.

(c) Closet or wardrobe space.

(d) Dresser or equivalent.

(e) Chair.

(2) The bed and mattress in subrule (1) of this rule can be removed from the bedroom if the resident or resident representative requests that it be removed, the resident's health care professional approves an alternative sleeping arrangement, and it is documented in the assessment plan.

(3) The licensee may allow the resident to use their own bedroom furnishings instead of the licensee provided furnishings listed in subrule (1) of this rule.

(4) Resident bedrooms must have lighting for reading and other activities, equipped with an accessible mirror appropriate for grooming, and provisions to allow a resident to mount pictures or decorative items on walls.

(5) A resident shall not use any of the following for sleeping:

(a) Roll-a-way bed.

(b) Cot.

(c) Double-deck beds.

(d) Stacked bunks.

(e) Hide-a-bed.

(f) Daybed.

(g) Waterbed.

History: 2025 AACS.

SUBPART F: FOOD, CLOTHING, EDUCATIONAL OPPORTUNITIES, EQUIPMENT, AND INDIVIDUAL SUPPLIES

R 400.663 Nutrition; adoption by reference.

Rule 663. (1) A licensee shall provide daily a minimum of 3 nutritious meals to residents.

(2) Meals must be of proper form, consistency, and temperature.

(3) Not more than 14 hours must elapse between the evening and morning meal.

(4) Meals must meet the nutritional allowances recommended by the United States Department of Agriculture and the United States Department of Health and Human Services in the Dietary Guidelines for Americans (DGA), 2020-2025. The Dietary Guidelines for Americans 2020-2025 are adopted by reference and available to be viewed or downloaded from the U.S. Department of Agriculture and the U.S. Department of Health and Human Services at

https://www.dietaryguidelines.gov at no cost at the time of adoption of these rules. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption of these rules.

(5) A resident who has a prescribed diet by an appropriately licensed health care professional shall be provided that diet.

(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.

(7) A licensee shall keep records of menus, including special diets, for 90 days.

(8) A facility that is licensed for 7 or more residents shall have a minimum of 1 staff who is qualified by training, experience, and performance to be responsible for food preparation. Additional food service staff shall be employed as necessary to ensure regular and timely meals.

History: 2025 AACS.

R 400.665 Food service.

Rule 665. (1) A facility shall be properly equipped to prepare and serve adequate meals.

(2) Food must be from sources that are safe for human consumption and free from spoilage, adulteration, and misbranding.

(3) Food must be protected from contamination while being transported, stored, prepared, and served.

(4) Food must be stored at temperatures that will protect against spoilage. Cold foods must be stored at 40 degrees Fahrenheit or below and hot foods stored at 140 degrees Fahrenheit or above until served to residents, except during periods that are necessary for preparation.

(5) Refrigerators and freezers must be equipped with thermometers.

(6) Food service equipment and utensils must be constructed of materials that are nontoxic, easily cleaned, and maintained in good repair. Food service equipment and eating and drinking utensils must be thoroughly cleaned and air dried after each use.

(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.

(8) Kitchen appliances must be properly installed and maintained according to the manufacturer's instructions.

(9) Kitchen hoods or canopies must be equipped with filters. Filters must be maintained in an efficient condition and always clean.

(10) Food preparation surfaces and areas must be clean and in good repair.

History: 2025 AACS.

R 400.667 Laundry.

Rule 667. A licensee shall provide for the laundering of a resident's personal laundry.

History: 2025 AACS.

R 400.669 Linens.

Rule 669. (1) A licensee shall provide all of the following:

(a) Clean bedding in good condition that includes a minimum of a fitted sheet, top sheet, pillowcase, and blanket or comforter for each bed.

(b) At least 1 standard bed pillow that is comfortable, clean, and in good condition for each resident.

(c) Bath towels and washcloths.

(2) Bed linens must be changed and laundered at least once a week and towels and washcloths changed and laundered not less than twice weekly or more often if soiled.

(3) A licensee shall maintain a minimum linen supply for twice the number of licensed beds or more as required based on residents' needs.

History: 2025 AACS.

SUBPART G: PROGRAM AND SERVICES

R 400.671 Resident care.

Rule 671. (1) Staffing shall be sufficient to meet the needs of the residents in accordance with each resident's assessment plan and individual plan of service.

(2) Care and services provided to a resident must be designed to maintain or improve a resident's physical and intellectual functioning and independence.

(3) A licensee shall ensure that interactions with residents promote and encourage cooperation, self-esteem, self-direction, independence, and normalization.

(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.

(5) A licensee shall provide the following opportunities for a resident:

(a) Development for positive social skills.

(b) Contact with relatives and friends.

(c) Community-based recreational activities.

(d) Privacy and leisure time.

(e) Religious participation of choice.

(f) Direction and opportunity for growth and development as achieved through activities that foster independent and age-appropriate functioning, such as dressing, grooming, manners, shopping, cooking, money management, and the use of public transportation.

(g) Opportunity for involvement in educational, employment, and community activities.

History: 2025 AACS.

R 400.673 Use of assistive devices, therapeutic support.

Rule 673. (1) An assistive device or therapeutic support intended to achieve or maintain a resident’s proper position to enhance mobility, physical comfort, safety, and well-being must be specified in the resident's assessment plan and agreed on by the resident or resident's designated representative.

(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

History: 2025 AACS.

R 400.675 Resident medications.

Rule 675. (1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer’s container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.

(3) Giving, taking, or applying of prescription medications must be supervised by a licensee, administrator, or direct care staff unless otherwise directed by an appropriately licensed health care professional in writing.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(a) Be trained in the proper handling and administration of medication.

(b) Complete an individual medication log that contains all of the following:

(i) Medication name.

(ii) Dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) Initials of the individual who administered the medication at the time given.

(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as-needed basis. The review process must include the resident's prescribing licensed health care professional and resident, resident’s designated representative, and responsible agency if applicable.

(e) Not adjust or modify a resident's prescription medication without instructions from a physician, physician assistant, advanced practice nurse, or a pharmacist who has knowledge of the

medical needs of the resident. A licensee shall record in writing any instructions regarding a resident's prescription medication.

(f) Contact the resident’s licensed health care professional or the appropriately licensed health care professional who prescribed the medication when a medication error occurs.

(g) Contact the appropriately licensed health care professional when a resident refuses a prescribed medication or procedure. A licensee, administrator, or staff shall document and follow the instructions given by the licensed health professional. Documented instructions may include procedures to follow when a resident refuses medication or procedures in the future.

(5) A licensee, administrator, or direct care staff shall ensure that the resident or the individual who assumes responsibility for the resident has the appropriate information, medication, and instructions when the resident is out of the facility but still requires medication during that period.

(6) Prescription medication must not be used by a person other than the resident for whom the medication was prescribed.

(7) Prescription medication that is no longer required by a resident or expired must be properly disposed of.

History: 2025 AACS.

R 400.677 Resident hygiene, clothing.

Rule 677. (1) A licensee shall offer a resident appropriate opportunity, access to, and instructions for the following daily:

(a) Bathing or showering, or both.

(b) Shaving.

(c) Oral care.

(d) Grooming.

(e) Peri-care.

(2) A licensee shall ensure the resident receives or has access to all of the following:

(a) Bathing at least weekly.

(b) Toileting as needed.

(c) Assistance with resident hygiene as needed.

(d) Availability of all the following resident hygiene supplies:

(i) Deodorant.

(ii) Feminine hygiene products.

(iii) Razors and shaving cream.

(iv) Shampoo.

(v) Soap.

(vi) Toothpaste.

(vii) Toothbrushes.

(viii) Toilet paper.

(3) A licensee shall assist the resident in obtaining clothing that fits, is clean, and is seasonally appropriate.

History: 2025 AACS.

R 400.679 Resident recreation.

Rule 679. (1) A licensee shall provide and promote activities and the use of leisure and recreational equipment that are appropriate to the number, care, needs, age, and interests of residents.

(2) Any equipment provided must be safe, clean, maintained, and easily accessible.

History: 2025 AACS.

SUBPART H: RIGHTS OF RESIDENTS

R 400.681 Resident rights; licensee responsibilities.

Rule 681. (1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.

(2) Work that is performed by a resident must be in accordance with the resident's assessment plan.

(3) A licensee and staff shall respect and safeguard all of the following resident rights to:

(a) Be free from discrimination based on race, religion, color, national origin, sex, gender identity, age, physical or mental impairment, marital status, or source of payment in the provision of services and care.

(b) Exercise individual constitutional rights including right to vote, right to practice religion of choice, freedom of movement, and freedom of association.

(c) Attend or refuse participation in religious practices.

(d) Write, send, and receive uncensured and unopened mail at the resident's own expense.

(e) Have reasonable access to a telephone for private communications, but a licensee may charge a resident for the cost of long-distance telephone calls.

(f) Be afforded the means to present grievances to the facility licensee and administrator.

(g) Voice grievances and present recommendations pertaining to the policies, services, and facility rules without fear of retaliation.

(h) Associate and have private communications and consultations with their health care provider, attorney, or any person of choice.

(i) Participate in social and community group activities of choice.

(j) Use advocacy agency services and attend community services of choice.

(k) Have reasonable access to and use of personal clothing and belongings.

(l) Receive visitors at a reasonable time. Exceptions or visitor restrictions must be covered in the resident's assessment plan. Special consideration must be given to visitors coming from out of town or whose hours of employment warrant deviation from usual visiting hours.

(m) Employ the services of a health care professional of choice for obtaining medical, psychiatric, or dental services.

(n) Refuse treatment and services, including taking of medication, and to be made aware of the consequences of refusal.

(o) Request and receive assistance from the responsible agency in relocating to another living situation.

(p) Be treated with consideration and respect with due recognition of personal dignity, individuality, and need for privacy.

(q) Access their bedroom at their own discretion.

(r) Have confidentiality of records.

(4) A licensee shall provide to a resident or resident's designated representative a copy of the resident’s rights at time of admission.

(5) A licensee shall provide contact information to file a complaint with the department, adult protective services, and the state ombudsman office. The licensee shall allow the resident to meet privately with the above agencies.

History: 2025 AACS.

SUBPART I: RIGHTS OF LICENSEES

R 400.683 Applicant and licensee rights.

Rule 683. (1) An applicant or licensee shall be informed when the department is conducting either an initial or renewal inspection or a complaint investigation and be afforded an exit conference opportunity at the conclusion of an inspection or investigation. An applicant or licensee may provide comments during the exit conference, which may be added to the licensing inspection or complaint report.

(2) A licensee or an applicant shall have the right to bring to the attention of the supervisor of the licensing representative any alleged misapplication of enforcement of regulations by a licensing representative or any substantial differences of opinion between the licensee or the applicant and any licensing representative concerning the proper application of the act or these rules. A meeting with the supervisor must be afforded on request. A licensee or an applicant may contact any other official of the department regarding issues relating to the licensing activities of the department. Any contact with the supervisor or any other departmental official must not result in any retaliation by the licensing representative.

(3) The department shall provide advice and technical assistance to a licensee or an applicant to assist the licensee in meeting the requirements of the act and these rules. The department shall offer consultation on request in developing methods for the improvement of service.

(4) A licensee or an applicant shall have the right to provide a written response to the findings of the licensing representative or other department official if a licensing investigation report or a complaint investigation report is issued. The written response must become a part of the department's official licensing record and be public information according to the provisions of the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

History: 2025 AACS.

SUBPART J: ADMISSION, PROGRESS, HEALTH, AND DISCHARGE RECORDS

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

Rule 685. (1) A licensee shall not accept or care for a resident who requires continuous nursing care. Continuous nursing care does not include a resident who becomes temporarily ill while in the facility or a resident that is receiving care from a licensed hospice program.

(2) A licensee shall not accept or care for a resident until a written assessment has been completed. A written assessment plan must include all of the following:

(a) The amount of personal care, supervision, and protection required by the resident that is available at the facility.

(b) The services, skills, and physical accommodations required by the resident that are available at the facility.

(c) The resident is compatible with other residents, assigned roommate, and members of the household.

(3) A licensee shall not accept or retain a resident who requires isolation or restraint, excluding crisis intervention.

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

(5) If a resident is referred for emergency admission and the facility accepts the resident, the resident’s assessment plan must be completed within 7 calendar days after the emergency admission.

(6) A licensee shall complete a written resident care agreement at the time of a resident’s admission that includes all of the following:

(a) A statement that the facility is licensed to provide foster care to adults.

(b) The services to be provided and the fee for those services.

(c) Any additional costs in addition to the basic fee that is charged.

(d) A resident’s rights policy.

(e) A discharge policy.

(f) Transportation services provided for a basic fee and services that are provided at an extra cost.

(g) A refund policy.

(h) A resident's funds and valuables policy.

(i) An agreement by the licensee to provide care, supervision, and protection to the resident and to ensure transportation services as indicated in the resident's assessment plan and resident care agreement.

(j) An agreement by the licensee to respect and safeguard the resident's rights.

(k) An agreement by the licensee and resident or the resident's designated representative to follow the facility's discharge policy.

(l) An agreement by the resident, resident's designated representative, or responsible agency to provide necessary intake information, including health-related information, at the time of admission.

(m) An agreement by the resident or the resident's designated representative to provide a current health care appraisal.

(n) An agreement by the resident to follow written house rules if any.

(7) A licensee shall use the department resident care agreement form, or a facility substitute form that includes the same information as the department form.

(8) A resident care agreement must be signed by all applicable parties. A copy of the signed resident care agreement along with copies of the policies listed in subrule (6) of this rule must be provided to the resident or the resident's designated representative and maintained in the resident's record.

(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

(11) A licensee shall contact a resident's health care professional for instructions as to the care of the resident if the resident requires the care of a health care professional. The licensee shall record in the resident's record any instructions for the care of the resident.

History: 2025 AACS.

R 400.687 Resident admission and discharge policy; house rules; change of residency; provision of resident records.

Rule 687. (1) A licensee shall have a written admission and discharge policy and shall make it available to a resident and resident’s designated representative.

(2) A licensee may establish house rules on the expectations for resident conduct that do not conflict with the act or these rules. If established, a licensee shall provide the rules in writing to the resident, resident's designated representative, or responsible agency on admission to the facility and when modified.

(3) A licensee shall have a written policy on visitation that includes if overnight visitors are allowed. A roommate shall consent to have an overnight visitor spend the night if in a resident semi-private room. An overnight visitor is considered an occupant. The facility cannot exceed the occupant capacity in accordance with R 400.613(3).

(4) A licensee shall provide a resident and resident’s designated representative with a 30-day written notice before discharge from the facility. The notice must state the reasons for discharge and a copy of it be sent to the resident's designated representative and responsible agency. The provisions of this subrule do not preclude a licensee from providing other legal notice as required by law.

(5) The licensee may discharge a resident before the 30-day notice when it has been documented that there is a substantial risk or occurrence of any of the following:

(a) An inability to meet the resident's needs.

(b) An inability to provide adequate safety and well-being of others.

(c) Self-destructive behavior.

(d) Serious physical assault.

(e) Destruction of property.

(6) A licensee shall take all of the following steps before discharging a resident under subrule (5) of this rule:

(a) A licensee shall notify the resident, resident's designated representative, responsible agency, and the adult foster care licensing consultant not less than 24 hours before discharge in writing and include all of the following:

(i) Reason for discharge including the specific nature of the risk.

(ii) Alternatives to discharge that have been attempted by the facility.

(iii) Location where the resident will be discharged, if known.

(b) A licensee shall notify adult protective services in the department of health and human services not less than 24 hours before discharge if the resident does not have a resident's designated representative or responsible agency.

(c) A resident shall not be discharged until an appropriate setting that meets the resident's immediate needs is located.

(d) If the department finds that a resident was improperly discharged, the resident has the right to return to the first available bed in the facility.

(7) A licensee shall not discharge a resident to a setting without an address or to a hospital emergency department.

(8) A licensee shall not admit a resident to another location without the written approval of the resident, resident's designated representative, and responsible agency if applicable.

(9) A licensee shall not restrict a resident's ability to make their own living arrangements.

(10) A licensee shall provide copies of resident records when requested by the resident and resident's designated representative. A fee that is charged for copies of resident records must not be more than the cost to make the copies.

History: 2025 AACS.

R 400.689 Resident health care.

Rule 689. (1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other designated health care professional.

(2) Refusal by a resident to follow the instructions and recommendations must be recorded in the resident's record.

(3) In case of an accident or sudden adverse change in a resident's health condition, a facility shall obtain needed health care immediately.

History: 2025 AACS.

R 400.691 Resident records.

Rule 691. (1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:

(a) Personal information including all of the following:

(i) Resident's full name.

(ii) Social Security number.

(iii) Date of birth.

(iv) Marital status.
(v) Veteran’s status.
(vi) Gender identity.
(vii) Former address.
(viii) Name, address, and contact information of identified contact or designated representative.
(ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility.
(x) Funeral provisions, preferences, and contact information.
(xi) Resident's religious preference.
(b) Date of admission.
(c) Date of discharge and address to where the resident moved.
(d) Health care information including all of the following:
(i) Health care appraisals.
(ii) Medication administration record.
(iii) Name, address, and contact information of the preferred health care professional and hospital.
(iv) Medical insurance.
(v) Statements and instructions for supervising prescribed medication including dietary supplements and medical procedures.
(vi) Instructions for emergency care and advanced medical directives.
(e) Resident care agreement.
(f) Assessment plan.
(g) Admission and monthly weight record.
(h) Incident reports.
(i) Resident funds and valuables record and resident refund agreement.
(j) Resident grievances.
(k) Resident discharge notice.
(2) A resident’s grievance must be maintained and include the nature of the grievance, the date of the grievance, and a statement indicating how the grievance was addressed.
(3) Resident records must be kept on file in the facility for 2 years after the date of resident discharge unless a shorter retention is specified elsewhere in these rules.

History: 2025 AACS.

SUBPART K: FILING REPORTS

R 400.693 Incident notification, incident records.

Rule 693. (1) If a resident has a representative identified in writing on the resident’s care agreement, a licensee shall report to the resident's representative within 48 hours after any of the following:
(a) Unexpected or unnatural death of a resident.
(b) Unexpected and preventable inpatient hospital admission.
(c) Physical hostility, self-inflicted harm, or harm to others resulting in injury that requires outside medical attention or law enforcement involvement.

(d) Natural disaster or fire that results in evacuation of residents or discontinuation of services greater than 24 hours.

(e) Elopement from the facility if the resident's location is unknown.

(2) If an elopement occurs, facility staff shall conduct an immediate search to locate the resident. If the resident is not located within 30 minutes after the initiation of the search, staff shall contact law enforcement.

(3) An incident must be recorded on a department-approved form, or a facility form that contains the same information, and retained in the facility for 2 years.

(4) The department may review incident reports during a renewal inspection or special investigation. This does not prohibit the department from requesting an incident report if determined necessary by the department. If the department requests an incident report, the licensee shall provide the report in electronic form within 24 hours after the request. The department shall maintain and protect these documents in accordance with state and federal laws, including privacy laws.

History: 2025 AACS.

R 400.695 Complaints.

Rule 695. (1) When a complainant files a complaint with the department pursuant to section 24(1) of the act, MCL 400.724, the complaint must be filed within 12 months after the alleged violation. If it is not filed within 12 months after the alleged violation, the department may investigate the complaint if the complainant shows good cause for the delay in filing the complaint.

(2) The department shall determine if a complaint allegation or allegations warrants an investigation. An investigation of an allegation or allegations is not required if any of the following are true:

(a) The allegation or allegations do not violate a law or rule regulated by the department.

(b) The allegation or allegations do not provide specific information to allow the department to investigate the allegation or allegations. Specific information at a minimum should include, but is not limited to, identification of the facility, resident or residents involved, staff involved, dates, times, or location within the facility.

(c) The allegation or allegations have been previously reviewed or investigated and the facility has been found compliant or has an approved corrective action plan specific to the allegation being made.

History: 2025 AACS.

SUBPART I: TRANSPORTATION SAFETY

R 400.697 Resident transportation.

Rule 697. (1) A licensee shall ensure the availability of transportation services as provided for in a resident care agreement. A licensee shall provide or arrange transportation for residents in a certified facility.

(2) A licensee shall ensure all of the following when providing transportation services:

(a) The vehicle is in good operating condition and insured.

(b) The vehicle carries a basic first aid kit.

(c) The vehicle operator has a valid driver's license. This may include a chauffeur and a commercial driver license (CDL) if transporting 16 or more people including the driver.

(d) The vehicle has been inspected in accordance with the provisions of section 715a of the Michigan vehicle code, 1949 PA 300, MCL 257.715a, if the vehicle has a manufacturer’s rated seating capacity of 12 or more individuals.

History: 2025 AACS.

PART 3. REQUIREMENTS FOR FAMILY HOMES

R 400.699 Administrator not required.

Rule 699. Family homes are not required to have an administrator.

History: 2025 AACS.

PART 4. REQUIREMENTS FOR SMALL GROUP HOMES, LARGE GROUP HOMES, AND CONGREGATE FACILITIES

R 400.701 Required personnel policies.

Rule 701. (1) A licensee shall have all the following written policies and procedures:

(a) Mandatory reporting.

(b) Resident care related prohibited practices.

(c) Confidentiality requirements in accordance with section 12(3) of the act, MCL 400.712.

(d) Training requirements, including understanding the act and these rules.

(e) Resident rights in accordance with R 400.681.

(f) The process for reviewing the licensing statute and administrative rules with adult foster care staff.

(2) Written policies and procedures must be given to staff and volunteers at the time of hire or appointment. A verification of receipt of the policies and procedures must be maintained in the individual’s personnel record.

(3) The licensee shall have a written job description for each position. The job description must define the tasks, duties, and responsibilities of the position. Each staff and volunteer shall receive a copy of their applicable job description. Verification of receipt of a job description must be maintained in the individual's personnel record.

(4) Work assignments must be consistent with job descriptions and level of training, experience, and education of staff or volunteer.

History: 2025 AACS.

PART 5. REQUIREMENTS FOR SPECIAL CERTIFICATION

R 400.703 Application process.

Rule 703. (1) A licensee seeking certification as a specialized program shall apply to the department and include all of the following information:

(a) Facility license number.

(b) Current and proposed licensed capacity.

(c) Type of certification being requested.

(d) The ratio of direct care staff to residents that will be employed and present on each shift.

(e) The types of residents to be served and the services to be offered.

(2) The department may issue any of the following certifications:

(a) A regular certification for up to 2 years to a facility that is in full compliance with the act and these rules or in substantial compliance operating under a department-approved plan of corrective action.

(b) A provisional certification for a period of up to 3 months and renewed for 1 additional 3-month period to a facility that is operating under a department-approved plan of correction to address items of noncompliance that have been determined to seriously compromise program operations or performance.

(c) A temporary certification for a period of up to 6 months to a facility that has applied and has not been previously certified under these rules. A temporary certificate may not be renewed.

History: 2025 AACS.

R 400.705 Certification inspections.

Rule 705. (1) A newly certified facility that has temporary certification shall notify the department when the number of residents reaches 50% of the licensed capacity. On notice, the department shall conduct an onsite review of the specialized program.

(2) A written report of the review must be provided to the licensee.

(3) Based on the report, the department may issue a regular, provisional, or temporary certification.

(4) If a certified facility voluntarily relinquishes its license or has its license revoked, suspended, or not renewed, the facility is decertified as a matter of law.

History: 2025 AACS.

R 400.707 Staff training.

Rule 707. (1) Staff who work with residents shall have successfully completed training that provides basic concepts required in providing specialized dependent care before working independently. Staff shall show the ability to comprehend and be competent to deliver each resident’s individual plan of service as written. Training must include all of the following before working independently:

(a) An introduction to community residential services and the role of direct care staff.

(b) Understanding and carrying out individual plans of service for residents.

(c) An introduction to the special needs of residents that have developmental disabilities or have been diagnosed as having a mental illness and is specific to the needs of residents to be served by the facility.

(d) Protecting and respecting the rights of residents in accordance with chapter 7 of the mental health code, 1974 PA 258, MCL 330.1700 to 330.1758, including providing resident orientation to written facility policies and procedures.

(e) Non-aversive techniques for prevention and treatment of challenging behavior of residents in accordance with an individual plan of service.

(2) Training must be obtained from individuals or organizations acceptable to the placing agency that contracts with the facility.

(3) Documentation of training must be maintained in the staff records to demonstrate that training has been completed and is current.

History: 2025 AACS.

R 400.709 Transferability of certification.

Rule 709. Certification is issued to a specific licensee and location and is nontransferable.

History: 2025 AACS.

R 400.711 Suspension, denial, or revocation of certification.

Rule 711. (1) After giving notice to a licensee, the department may suspend, deny, revoke, or reduce to provisional status a certification for failure to comply with the act or these rules.

(2) The department shall send a notice by certified mail or by personal service. The notice must specify the reasons for the proposed action and fix a date, not less than 30 days after the date of service, on which the licensee must be afforded a hearing.

History: 2025 AACS.

R 400.713 Hearing opportunity.

Rule 713. A licensee that has been issued a provisional certification or certification proposed for suspension, revocation, or reduction to provisional; or has been denied renewal shall be provided an opportunity for a hearing in accordance with sections 71 to 92 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.271 to 24.292, and R 792.10101 to R 792.10137.

History: 2025 AACS.

PART 6. REQUIREMENTS FOR FIRE SAFETY OF FACILITIES WITH SPECIAL CERTIFICATION

R 400.715 Facility environment; fire safety, adoption by reference.

Rule 715. (1) A facility that has a capacity of 4 to 6 residents shall be equipped with an interconnected multi-station smoke detection system that is powered by the facility's electrical service. When activated, the system must initiate an alarm that is audible in all areas of the facility. The smoke detection system must be installed on all levels, including basements, common activity areas, and outside each sleeping area, excluding crawl spaces and unfinished attics, to provide full coverage of the facility. The system must include a battery backup to ensure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of residents living in the facility, if needed. A fire safety system must be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections must be maintained at the facility for 2 years.

(2) Instead of the interconnected multi-station smoke detection system being powered by the facility's electrical service, a wireless system in compliance with section 29.10.8.1 to 29.10.8.2.5 of the National Fire Protection Association (NFPA) 72, National Fire Alarm and Signaling Code, 2019 edition is accepted. The other requirements in subrule (1) of this rule still apply. NFPA 72, National Fire Alarm and Signaling Code, 2019 edition, is adopted by reference and available to purchase on the National Fire Protection Association website at https://www.nfpa.org at a cost of $163.00 for nonmembers of the NFPA and $146.70 for NFPA members at the time of adoption of these rules. A copy of NFPA 72 is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption of NFPA 72.

(3) The capability of the residents to evacuate a facility in the event of a fire must be assessed using methods described in chapter 7 of the 2022 edition of NFPA 101A, Guide on Alternative Approaches to Life Safety. NFPA 101A. Guide on Alternative Approaches to Life Safety, 2022 edition, is adopted by reference and available to purchase on the National Fire Protection Association website at https:// www.nfpa.org at a cost of $157.00 for nonmembers of the NFPA and $141.30 for NFPA members at the time of adoption of these rules. A copy of NFPA 101A is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101A.

(4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the responsible agency and retain a copy in the facility for 2 years. A facility that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the 2021 edition of NFPA 101, Life Safety Code, which is adopted by reference in subdivision (b) of this subrule, shall have a period of 6 months after the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the facility into compliance with the physical plant standards for "impractical" facilities contained in chapter 33 of the 2021 edition of NFPA 101, Life Safety Code. NFPA 101, Life Safety Code, 2021 edition is adopted by reference and available to purchase on the National Fire Protection Association website at https:// www.nfpa.org at a cost of $168.00 for nonmembers of the NFPA and $151.20 for NFPA members at the time of adoption of these rules. A copy of NFPA 101 is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box

30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101.

History: 2025 AACS.

PART 7. FIRE SAFETY REQUIREMENTS FOR FAMILY HOMES AND SMALL GROUP HOMES WITH 6 OR LESS RESIDENTS LICENSED AFTER MARCH 27, 1980

R 400.717 Facility construction.

Rule 717. All occupied rooms must be constructed of standard 1/2-inch drywall or its equivalent.

History: 2025 AACS.

R 400.719 Interior finishes.

Rule 719. (1) Interior finishes must be at least class C materials throughout the facility.

(2) Interior finish materials must be securely attached to, or furred out not more than 1 inch from, walls or ceilings that are drywall, plaster, masonry, or natural solid wood that are not less than 3/4 of an inch thick.

(3) Attaching of interior finish materials, other than drywall, plaster, or natural solid wood that is not less than 3/4 of an inch thick, directly to wall studs or to floor or ceiling joists is prohibited. Suspended ceilings constructed of a class A material that is 1/4 inch or greater in thickness and are installed in accordance with manufacturer specifications are allowed.

(4) Class A, B, and C materials are interior finish materials that have the following minimum characteristics:

Class Flame	Spread Smoke	Developed
A	0-25	0-450
B	26-75	0-450
C	76-200	0-450

History: 2025 AACS.

R 400.721 Interior finishes prohibited materials.

Rule 721. The following materials must not be used as an interior finish in a facility unless they are at least class C rated:

(a) Asphalt paper.

(b) Cork.

(c) Cardboard.

(d) Carpeting, even if treated with fire retardant.

(e) Foam plastics.

(f) Plastic materials.

(g) Other finish materials that contribute to the rapid spread of fire or give off dense smoke or toxic gases.

History: 2025 AACS.

R 400.723 Fire extinguishers.

Rule 723. (1) A minimum of one 5-pound multi-purpose fire extinguisher or equivalent must be provided for use on each occupied floor and in the basement.

(2) Fire extinguishers must be examined and maintained as recommended by the manufacturer.

History: 2025 AACS.

R 400.725 Means of egress.

Rule 725. (1) A means of egress must be considered the entire way and method of passage through the facility and out an exit door to free and safe ground outside the facility and must be arranged and maintained to provide free and unobstructed egress from all parts of the facility.

(2) Where basements are regularly utilized for resident activities, there must be 2 approved means of egress, 1 of which leads directly outside.

(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.

(4) The first floor of the facility must have not less than 2 separate and independent means of egress leading to the outside.

(5) Facilities that accommodate residents who regularly require wheelchairs must be equipped with ramps located at 2 approved means of egress from the first floor. Ramps constructed before the effective date of these rules must not exceed 1 foot of rise in 12 feet of run. Ramps constructed on or after the effective date of these rules must comply with R 400.647(10). A ramp is not required when an egress door is level with the walkway.

History: 2025 AACS.

R 400.727 Smoke detection equipment for family home and small group home with 6 or less residents after March 27, 1980.

Rule 727. (1) At least 1 single battery-operated smoke alarm must be installed in the following locations:

(a) Between the sleeping areas and the rest of the facility. In facilities with more than 1 sleeping area, a smoke alarm must be installed to protect each separate sleeping area.

(b) On each occupied floor, in the basement, and in areas of the facility that contain flame- or heat-producing equipment.

(2) Approved heat detectors may be installed in the kitchen and in other areas of the facility containing flame- or heat-producing equipment in lieu of smoke alarms.

(3) If batteries are used as a source of energy, the batteries must be replaced in accordance with the recommendations of the alarm equipment manufacturer.

(4) Detectors must be tested and examined as recommended by the manufacturer.

(5) Detectors that are mounted on ceilings must be spaced 6 inches or more away from walls. Detectors that are mounted on walls must be between 6 and 12 inches away from the ceiling. A smoke detector must not be mounted where ventilation systems or other obstructions keep smoke away.

(6) For new construction, conversions to an adult foster care facility, and changes of adult foster care licensing type, approved smoke alarms must be installed in accordance with the requirements contained in the national fire protection association entitled NFPA 101, Life Safety Code, 2021 edition, powered from the building's electrical system, and, when activated, initiate an alarm that is audible in all sleeping rooms with the doors closed. Smoke alarms must be installed on all levels, including basements, but excluding crawl spaces and unfinished attics. Additional smoke alarms must be installed in living rooms, dens, dayrooms, and similar spaces. NFPA 101, Life Safety Code, 2021 edition, is adopted by reference in R 400.715(4)(b).

(7) Instead of the approved smoke alarms being powered by the facility’s electrical service in subrule (6) of this rule, a wireless system in compliance with section 29.10.8.1 et seq. of NFPA 72, National Fire Alarm and Signaling Code, 2019 edition, is accepted. The other requirements in subrule (6) of this rule still apply. NFPA 72, National Fire Alarm and Signaling Code, 2019 edition, is adopted by reference in R 400.715(2).

History: 2025 AACS.

R 400.729 Heating equipment.

Rule 729. (1) Heat must be provided by an approved central heating plant or a permanently installed electrical heating system that is approved by a nationally recognized testing laboratory that uses acceptable testing methods.

(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment must be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and maintained in a safe condition. Clothes dryers must be properly vented to the outside using permanent metal duct work.

(3) Where conditions indicate a need for inspection, heat-producing equipment must be inspected by a qualified inspection service. A copy of the written approval from the qualified inspection service must be submitted to the department on request.

(4) Portable heating units are allowed if they are Underwriters Laboratories (UL) listed and equipped with a tip over sensor and a temperature overheat sensor. Portable heating units must not be plugged into an extension cord or power strip and must be used in accordance with manufacturer’s recommendations and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. When determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

History: 2025 AACS.

R 400.731 Flame-producing equipment; enclosures.

Rule 731. (1) If the heating plant is in the basement, standard building material may be used for the floor separation. Floor separation must also include at least 1-3/4-inch solid core wood door or

equivalent equipped with an automatic self-closing device to create a floor separation between the basement and the first floor.

(2) Heating plants and other flame-producing equipment located on the same level as the residents must be enclosed in a room that is constructed of material that has a 1-hour-fire-resistance rating and has a door made of 1-3/4-inch solid core wood. The door must be hung in a fully stopped wood or steel frame and must be equipped with an automatic self-closing device and positive-latching hardware.

(3) A permanent outside vent that cannot be closed must be incorporated in the design of heating plant rooms so that adequate air for proper combustion is assured.

(4) Combustible materials must not be stored in rooms that contain heating equipment, water heater, incinerator, or other flame-producing equipment.

History: 2025 AACS.

PART 8. REQUIREMENTS FOR FIRE SAFETY OF FAMILY HOMES AND SMALL GROUP HOMES WITH 6 OR LESS RESIDENTS LICENSED ON OR BEFORE MARCH 27, 1980, AND IN ACCORDANCE WITH SECTION 21 OF THE ACT

R 400.733 Facility construction.

Rule 733. All occupied rooms must be constructed of standard ½-inch drywall or its equivalent.

History: 2025 AACS.

R 400.735 Interior finishes and materials.

Rule 735. Paper, cardboard, asphalt paper, or other highly flammable material must not be used for the interior finish of a facility.

History: 2025 AACS.

R 400.737 Means of egress.

Rule 737. (1) A means of egress must be considered the entire way and method of passage through a facility and out an exit door to free and safe ground outside the facility. Means of egress must be maintained in unobstructed travel condition.

(2) Where basements are regularly utilized for resident activities, there must be 2 acceptable means of egress, 1 of which must lead directly to the outside.

(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.

(4) The first floor of the facility must have not less than 2 separate and independent means of egress leading to the outside.

(5) In additions or remodeled facilities, the corridors must lead directly to the outside or to required stairways having egress directly outside at grade level.

(6) Facilities accommodating residents who regularly require wheelchairs must be equipped with ramps located at primary and secondary means of egress. Ramps constructed prior to the effective date of these rules must not exceed 1 foot of rise for every 12 feet of run. Ramps constructed on or after the effective date of these rules must comply with R 400.647 (10).

History: 2025 AACS.

R 400.739 Heating.

Rule 739. (1) A facility shall be heated by an approved heating plant. If the heating plant is in the basement of the facility, standard building material is sufficient for the floor separation that must include at least 1 3/4-inch solid wood core door or equivalent to create a floor separation between the basement and the first floor. If the heating plant is on the same level as the residents, the furnace room must be separated from the remainder of the facility with materials that will afford a minimum 1 hour protected enclosure. A permanent outside vent that cannot be closed must be incorporated in the design of heating plant rooms so that adequate air for proper combustion is ensured.

(2) Portable heating units are allowed if they are UL listed and equipped with a tip over sensor and a temperature overheat sensor. Portable heating units must not be plugged into an extension cord or power strip and must be used in accordance with manufacturer’s recommendations and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. When determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

(3) Factory mutual and underwriters' laboratories approved permanent, fixed type electrical heating, such as recognized panel or baseboard fixed type may be utilized in any location. In existing facilities where an American gas association (AGA) approved sealed combustion wall heater has been installed in accordance with both the AGA and the manufacturer's recommendations, approval is given if the unit is located on an outside wall, obtains combustion air directly from the outside, and vents products of combustion directly to the outside.

(4) Flame-producing water heaters or incinerators must be installed with the same protection as a heating plant.

(5) Storage of combustible materials is prohibited in rooms containing the heating plant, water heater, or incinerator.

History: 2025 AACS.

R 400.741 Fire extinguishers.

Rule 741. A minimum of one 5-pound multi-purpose fire extinguisher or equivalent must be provided for use in a facility on each occupied floor and in the basement.

History: 2025 AACS.

R 400.745 Smoke detection equipment for family and small group home with 6 or less residents on or before March 27, 1980.

Rule 745. (1) At least 1 single battery-operated smoke alarm must be installed in the following locations:

(a) Between the sleeping areas and the rest of the facilities. In facilities with more than 1 sleeping area, a smoke alarm must be installed to protect each separate sleeping area.

(b) On each occupied floor, in the basement, and in areas of the facility that contain flame or heat-producing equipment.

(2) Approved heat detectors may be installed in the kitchen and in other areas of the facility containing flame- or heat-producing equipment instead of smoke alarms.

(3) If batteries are used as a source of energy, the batteries must be replaced in accordance with the recommendations of the alarm equipment manufacturer.

(4) Detectors must be tested and examined as recommended by the manufacturer.

History: 2025 AACS.