Division of Regulation and Licensure

Section for Long-Term Care Regulation

Licensure Regulations Manual

This manual pertains to*:

Residential Care Facility I & II
Assisted Living Facility I & II
Intermediate Care Facility
Skilled Nursing Facility
Adult Day Care Facility

Our Mission:
The Missouri Department of Health and Senior Services will be the leader in promoting, protecting and partnering for health.

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Rules of
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Division 30-Division of Regulation and Licensure
Chapter 81-Certification

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Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 81—Certification

19 CSR 30-81.010 General Certification Requirements

PURPOSE: This rule sets forth application procedures and general certification requirements for nursing facilities certified under the Title XIX (Medicaid) program and skilled nursing facilities under Title XVIII (Medicare), and procedures to be followed by nursing facilities when requesting a nurse staffing waiver.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Definitions.

(A) Certification shall mean the determination by the Missouri Department of Health and Senior Services, or the Centers for Medicare and Medicaid Services, that a licensed skilled nursing or intermediate care facility (SNF/ICF) licensed under Chapter 198, RSMo, or an ICF for person with mental retardation (ICF/MR), is in substantial compliance with all federal requirements and is approved to participate in the Medicaid or Medicare programs.

(B) CMS shall mean the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

(C) Cost reporting year shall mean the facility's twelve (12)-month fiscal reporting period covering the same twelve (12)-month period that the facility uses for its federal income tax reporting.

(D) Distinct part shall mean a portion of an institution or institutional complex that is certified to provide SNF or NF services. A distinct part must be physically distinguishable from the larger institution and must consist of all beds within the designated area. The distinct part may be a separate building, floor, wing, ward, hallway or several rooms at one end of a hall or one side of a corridor.

(E) Department shall mean the Missouri Department of Health and Senior Services.

(F) ICF/MR shall mean intermediate care facility for persons with mental retardation.

(G) Medicaid shall mean Title XIX of the federal Social Security Act.

(H) Medicare shall mean Title XVIII of the federal Social Security Act.

(I) Nursing facility (NF) shall mean an SNF or ICF licensed under Chapter 198, RSMo which has signed an agreement with the Department of Social Services to participate in the Medicaid program and which is certified by the department. As used within the contents of this rule, licensed SNFs, SNF/ICF and ICFs participating in the Medicaid program are subject to state and federal laws and regulations for participation as an NF.

(J) Section for Long Term Care (SLTC) shall mean that section of the department responsible for licensing and regulating long-term care facilities licensed under Chapter 198, RSMo.

(K) Skilled nursing facility (SNF) shall mean an SNF licensed under Chapter 198, RSMo which has a signed agreement with the CMS to participate in the Medicare program and which has been recommended for certification by the department.

(L) Title XVIII shall mean the Medicare program as provided for in the federal Social Security Act.

(M) Title XIX shall mean the Medicaid program as provided for in the federal Social Security Act.

(2) An operator of an SNF or ICF licensed by the department electing to be certified as a provider of skilled nursing services under the Title XVIII (Medicare) or NF services under the Title XIX (Medicaid) program of the Social Security Act; or an operator of a facility electing to be certified as an ICF/MR facility under Title XIX shall submit application materials to the department as required by federal law and shall comply with standards set forth in the *Code of Federal Regulations* (CFR) of the United States Department of Health and Human Services in 42 CFR chapter IV, part 483, subpart B for nursing homes and 42 CFR chapter IV, part 483, subpart I for ICF/MR facilities, as appropriate.

(A) For Medicaid, the application shall include:

1. Long Term Care Facility Application for Medicare and Medicaid, Form CMS-671 (12/02), incorporated by reference in this rule and available through the Centers for Medicare and Medicaid website: http://www.cms.hhs.gov/forms/, or by mail at: Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850;

2. Form DA-113, Bed Classification for Licensure and Certification by Category (8-05), incorporated by reference in this rule and available through the department's website: www.dhss.mo.gov, or by mail at: Department of Health and Senior Services Warehouse, Attention General Services Warehouse, PO Box 570, Jefferson City, MO 65102-0570, telephone: (573) 526-3861.

(B) For Medicare, the application shall include:

1. Long Term Care Facility Application for Medicare and Medicaid;

2. Expression of Intermediary Preference Form (8-05), incorporated by reference in this rule and available through the department's website: www.dhss.mo.gov, or by mail at: Department of Health and Senior Services Warehouse, Attention General Services Warehouse, PO Box 570, Jefferson City, MO 65102-0570, telephone: (573) 526-3861;

3. Form DA-113, Bed Classification for Licensure and Certification by Category;

4. Three (3) copies of Health Insurance Benefit Agreement, Form CMS-1561 (07/01), incorporated by reference in this rule and available through the Centers for Medicare and Medicaid website: http://www.cms.hhs.gov/forms/, or by mail at: Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850;

5. Three (3) copies of Assurance of Compliance, Form HHS-690 (5/97), incorporated by reference in this rule and available through the Centers for Medicare and Medicaid website: http://www.cms.hhs.gov/forms, or by mail at the U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201, telephone: (202) 619-0257; Toll Free: 1 (877) 696-6775.

6. The forms incorporated by reference in subsections (2)(A) and (B) do not include any later amendments or additions.

(C) SNFs or NFs which are newly certified or which are undergoing a change of ownership shall submit an initial certification fee in the amount up to one thousand dollars ($1,000) as stipulated by the department in writing to the operator following receipt of the properly completed application material referenced in section (2). The amount for the initial certification fee shall be the prorated portion of one thousand dollars ($1,000) with prorating based on the month of receipt of the application in relation to the beginning of the next federal fiscal year. This initial certification fee shall be nonrefundable and a facility shall not be certified until the fee has been paid.

(D) All SNFs or NFs certified to participate in the Medicaid or Medicare program(s) shall submit to the department an annual certification fee of one thousand dollars ($1,000) prior to October 1 of each year. If the fee is not received by that date each year, a late fee of fifty dollars ($50) per month shall be payable to the department. If payment of any fees due is not received by the department by the time the facility license expires or by December 31 of that year, whichever is earlier, the department shall notify the Division of Medical Services and the CMS recommending termination of the Medicaid or Medicare agreement as denial of license will occur as provided in 19 CSR 30-82.010 and section 198.022, RSMo.

(3) Application material shall be signed and dated and submitted to the department's SLTC licensure unit at least fourteen (14) working days prior to the date the facility is ready to be surveyed for compliance with federal regulations (Initial Certification Survey). The operator or authorized representative shall notify the appropriate department regional office by letter or by phone as to the date the facility will be ready to be surveyed. There shall be at least two (2) residents in the facility before a survey can be conducted. The facility shall already be licensed or with licensure in process shall be in compliance with all state rules.

(4) Any facility certified for participation as an NF in the Title XIX Medicaid program electing to participate in the Title XVIII Medicare program shall submit an application signed and dated by the operator or his or her authorized representative to the department's SLTC central office licensure unit. The department will recommend Medicare certification to the CMS effective the date the application material is received by the department or a subsequent date if requested by the provider, provided the facility was in compliance with all federal and state regulations for SNFs at the last survey conducted by the department and provided the facility's application is complete and has been approved by the Medicare fiscal intermediary.

(5) Any facility certified for participation in the Medicare program wishing to participate in the Medicaid program shall submit a signed and dated application to the department central office. The department will certify the facility for Medicaid participation effective the date the application is received by the department or a subsequent date requested by the provider, provided the facility was in compliance with all federal regulations at the last survey conducted by the department and the application is complete.

(6) For newly certified facilities, the facility will be certified for either Medicare or Medicaid participation effective the date the facility receives a license at the proper level or the date the facility achieves substantial compliance with the federal participation requirements, whichever is the later date. The application shall be completed. For certification in the Title XVIII (Medicare) program, the Medicare fiscal intermediary must approve the application and the CMS must concur with the department's recommendation.

(7) The department shall conduct federal surveys in SNFs, NFs and ICF/MR facilities, utilizing regulations and procedures contained in—

(A) *The State Operations Manual* (SOM) (HCFA Publication 7);

(B) The Survey and Certification Regional letters received by the department from the CMS;

(C) For SNFs and NFs, federal regulation 42 CFR chapter IV, part 483, subpart B; and

(D) For ICF/MR facilities, federal regulation 42 CFR chapter IV, part 483, subpart I.

(8) A facility, in its application, shall designate the number of beds to be certified and their location in the facility. A facility can be wholly or partially certified. If partially certified, the beds shall be in a distinct part of the facility and all beds shall be contiguous.

(9) If a facility certified to participate in the Title XIX (Medicaid) or Title XVIII (Medicare) program elects to change the size of its distinct part, it must submit a written request to the Licensure/Certification Unit or the ICF/MR Unit of the department, as applicable. The request shall specify the room numbers involved, the number of beds in each room and the facility cost reporting year end date. The request must include a floor diagram of the facility and a signed DA-113 form, Bed Classification for Licensure and Certification by Category. A facility is allowed two (2) changes in the size of its distinct part during the facility cost reporting year. This may be two (2) increases or one (1) increase and one (1) decrease. It may not be two (2) decreases. The first change can be done only at the beginning of the facility cost reporting year and the second change can be done effective at the beginning of a facility cost reporting quarter within that facility cost reporting year. All requests must be submitted to the Licensure/Certification Unit or the ICF/MR Unit of the department at least forty-five (45) days in advance. Any facility wishing to eliminate its distinct part to go to full certification may do so effective at the beginning of the next facility cost reporting quarter with forty-five (45) days notice. The distinct part may be reestablished only at the beginning of the next facility cost reporting year. A facility may change the location of the distinct part with thirty (30) days notice to the Licensure/Certification Unit or the ICF/MR Unit of the department.

(10) If a facility certified to participate in the Title XIX (Medicaid) or Title XVIII (Medicare) program undergoes a change of operator, the new operator shall submit an application as specified in section (2) of this rule. The application shall be submitted within five (5) working days of the change of operator. For applications made for the Title XIX (Medicaid) program, the department shall provide the application to the Division of Medical Services of the Department of Social Services so that a provider agreement can be negotiated and signed. For applications made for the Title XVIII (Medicare) program, the department shall provide the application to the CMS. Certification status will be retained unless or until formally denied.

(11) If it is determined by the department that a facility certified to participate in Medicaid or Medicare does not comply with federal regulations at the time of a federal survey, complaint investigation or state licensure inspection, the department shall take enforcement action using the regulations and procedures contained in the following sources:

(A) 42 CFR chapter IV, part 431, subparts D, E and F;
(B) 42 CFR chapter IV, part 442;
(C) 42 U.S.C. Section 1395i–3;
(D) 42 U.S.C. Section 1396(r);
(E) Sections 198.026 and 198.067, RSMo; and
(F) 13 CSR 70-10.015 and 13 CSR 70-10.030.

(12) If a facility certified to participate in the Medicaid Title XIX program has been decertified as a result of noncompliance with the federal requirements, the facility can be readmitted to the Medicaid program by submitting an application for initial participation in the Medicaid program. After having received the application, the department shall conduct a survey at the earliest possible date to determine if the facility is in substantial compliance with all federal participation requirements. The effective date of participation will be the date the facility is found to substantially comply with all federal requirements.

(13) If a change in the administrator or the director of nursing of a facility occurs, the facility shall provide written notice to the department's SLTC central office licensure unit within ten (10) calendar days of the change. The notice shall show the effective date of the change, the identity of the new director of nursing or administrator and a copy of his or her license or the license number. Change of administrator information shall be submitted as a notarized statement by the operator in accordance with section 198.018, RSMo.

(14) An NF may request a waiver of nurse staffing requirements to the extent the facility is unable to meet the requirements including the areas of twenty-four (24)-hour licensed nurse coverage, the use of a registered nurse for eight (8) consecutive hours seven (7) days per week and the use of a registered nurse as director of nursing.

(A) Requests for waivers shall be made in writing to the director of the Section for Long Term Care.

(B) Requests for waivers will be considered only from facilities licensed under Chapter 198, RSMo as ICFs which do not have a nursing pool agency that is within fifty (50) miles, within state boundaries, and which can supply the needed nursing personnel.

(C) The department shall consider each request for a waiver and shall approve or disapprove the request in writing postmarked within thirty (30) working days of receipt or, if additional information is needed, shall request from the facility the additional information or documentation within ten (10) working days of receipt of the request.

(D) Approval of a nurse waiver request shall be based on an evaluation of whether the facility has been unable, despite diligent efforts—including offering wages at the community prevailing rate for nursing facilities—to recruit the necessary personnel. Diligent effort shall mean prominently advertising for the necessary nursing personnel in a variety of local and out-of-the-area publications, including newspapers and journals within a fifty (50)-mile radius, and which are within state boundaries; contacts with nursing schools in the area; and participation in job fairs. The operator shall submit evidence of the diligent effort including:

1. Copies of newspapers and journal advertisements, correspondence with nursing schools and vocational programs, and any other relevant material;

2. If there is a nursing pool agency within fifty (50) miles which is within state boundaries and the agency cannot consistently supply the necessary personnel on a per diem basis to the facility, the operator shall submit a letter from the agency so stating;

3. Copies of current staffing patterns including the number and type of nursing staff on each shift and the qualifications of licensed nurses;

4. A current Resident Census and Condition of Residents, Form CMS-672 (10/98), incorporated by reference in this rule and available through the Centers for Medicare and Medicaid website: http://www.cms.hhs.gov/forms/, or by mail at: Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850. This rule does not incorporate any subsequent amendments or additions;

5. Evidence that the facility has a registered nurse consultant required under 19 CSR 30-85.042 and evidence that the facility has made arrangements to assure registered nurse involvement in the coordination of the assessment process as required under 42 CFR 483.20(3);

6. Location of the nurses' stations and any other pertinent physical feature information the facility chooses to provide;

7. Any other information deemed important by the facility including personnel procedures, promotions, staff orientation and evaluation, scheduling practices, benefit programs, utilization of supplemental agency personnel, physician-nurse collaboration, support services to nursing personnel and the like; and

8. For renewal requests, the information supplied shall show diligent efforts to recruit appropriate personnel throughout the prior waiver period. Updates of prior submitted information in other areas are acceptable.

(E) In order to meet the conditions specified in federal regulation 42 CFR 483.30, the following shall be considered in granting approval:

1. There is assurance that a registered nurse or physician is available to respond immediately to telephone calls from the facility for periods of time in which licensed nursing services are not available;

2. There is assurance that if a facility requesting a waiver has or admits after receiving a waiver any acutely ill or unstable residents requiring skilled nursing care, the skilled care shall be provided in accordance with state licensure rule 19 CSR 30-85.042; and

3. The facility has not received a Class I notice of noncompliance in resident care within one hundred twenty (120) days of the waiver request or the department has not conducted an extended survey in the facility within one (1) year of the waiver request. Any facility which receives a Class I notice of noncompliance in resident care or an extended survey while under waiver status will not have the waiver renewed unless the problem has been corrected and steps have been taken to prevent recurrence. If a facility received more than one (1) Class I notice of noncompliance in resident care during a waiver period, the department will consider revocation of the waiver.

(F) The facility shall cooperate with the department in providing the proper documentation. For renewal requests, the request and proper documentation shall be submitted to the department at least forty-five (45) days prior to the ending date of the current waiver period. If any changes occur during a waiver period that affect the status of the waiver, a letter shall be submitted to the deputy director of institutional services within ten (10) days of the changes. The request for a waiver or renewal of a waiver shall be denied if the facility fails to abide by these previously mentioned time frames.

(G) If a waiver request is denied, the department shall notify the facility in writing and within twenty (20) days, the facility shall submit to the department a written plan for how the facility will recruit the required personnel. If appropriate personnel are not hired within two (2) months, the department shall initiate enforcement proceedings.

AUTHORITY: section 660.050 RSMo 2005. This rule originally filed as 13 CSR 15-9.010. Emergency rule filed Sept. 18, 1990, effective Oct. 1, 1990, expired Jan. 25, 1991. Original rule filed Nov. 2, 1990, effective June 10, 1991. Amended: Filed June 3, 1993, effective Dec. 9, 1993. Amended: Filed Feb. 1, 1995, effective Sept. 30, 1995. Amended: Filed May 11, 1998, effective Nov. 30, 1998. Amended: Filed Nov. 27, 2000, effective July 30, 2001. Emergency amendment filed July 13, 2001, effective July 30, 2001, expired Feb. 28, 2002. Moved to 19 CSR 30-81.010, effective Aug. 28, 2001. Amended: Filed July 13, 2001, effective Feb. 28, 2002. Amended: Filed Nov. 1, 2005, effective April 30, 2006.*

**Original authority: 660.050, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 81—Certification

19 CSR 30-81.015 Resident Assessment Instrument
(Rescinded September 30, 2012)

AUTHORITY: section 536.021, RSMo Supp. 1993. This rule originally filed as 13 CSR 15-9.015. Emergency rule filed Dec. 18, 1990, effective Dec. 31, 1990, expired April 29, 1991. Emergency rule filed May 7, 1991, effective May 17, 1991, expired Sept. 13, 1991. Original rule filed Dec. 18, 1990, effective June 10, 1991. Emergency amendment filed June 16, 1992, effective Aug. 1, 1992, expired Nov. 28, 1992. Amended: Filed June 16, 1992, effective Feb. 26, 1993. Emergency amendment filed May 14, 1993, effective June 1, 1993, expired Sept. 28, 1993. Emergency amendment filed July 14, 1993, effective July 25, 1993, expired Nov. 21, 1993. Amended: Filed May 14, 1993, effective Dec. 9, 1993. Moved to 19 CSR 30-81.015, effective Aug. 28, 2001. Rescinded: Filed March 1, 2012, effective Sept. 30, 2012.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 81—Certification

19 CSR 30-81.020 Prelong-Term Care Screening
(Rescinded February 28, 2006)

AUTHORITY: sections 207.020 and 208.159, RSMo 1986 and 208.153, RSMo Supp. 1991. This rule was previously filed as 13 CSR 40-81.086 and 13 CSR 15-9.020. Emergency rule filed March 14, 1984, effective April 12, 1984, expired Aug. 8, 1984. Original rule filed March 14, 1984, effective Aug. 9, 1984. Amended: Filed Aug. 3, 1992, effective May 6, 1993. Moved to 19 CSR 30-81.020, effective Aug. 28, 2001. Rescinded: Filed Aug. 12. 2005, effective Feb. 28, 2006.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 81—Certification

19 CSR 30-81.030 Evaluation and Assessment Measures for Title XIX Recipients and Applicants in Long-Term Care Facilities

PURPOSE: This rule sets the requirements for the periodic evaluation and assessments of residents in long-term care facilities in relationship to evaluation and assessment processes, level-of-care needed by individuals, and appropriate placement of individuals in order to receive this care.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) For purposes of this rule only, the following definitions shall apply:

(A) Applicant—any resident or prospective resident of a certified long-term care facility who is seeking to receive inpatient Title XIX assistance;

(B) Certified long-term care facility—any long-term care facility which has been approved to participate in the inpatient program and receives Title XIX funding for eligible recipients;

(C) Initial assessment forms—the forms utilized to collect information necessary for a determination of level-of-care need pursuant to 19 CSR 30-81.030 and designated Forms DA-124 A/B (dated 6-05) and DA-124 C (dated 4-05) and Notice To Applicant Form, DA-124C ATT. (attachment) (dated 12-01), incorporated by reference in this rule and available through the Department of Health and Senior Services website: www.dhss.mo.gov or by mail at: Department of Health and Senior Services Warehouse, Attention General Services Warehouse, PO Box 570, Jefferson City, Missouri 65102-0570; telephone: (573) 526-3861; fax: (573) 751-1574, shall be considered the approved Initial Assessment Forms. This rule does not incorporate any subsequent amendments or additions.

(D) Inpatient Title XIX assistance—Title XIX payments for intermediate or skilled nursing care in a certified long-term care facility;

(E) Level-of-care assessment—the determination of level-of-care need based on an assessed point count value for each category cited in subsection (4)(B) of this rule;

(F) Level-of-care need—the decision whether an individual qualifies for long-term care facility care;

(G) Long-term care facility—a skilled nursing facility (SNF), an intermediate care facility (ICF), or a hospital which provides skilled nursing care or intermediate nursing care in a distinct part or swing bed under Chapter 197, RSMo;

(H) *Pro re nata* (PRN)—medication or treatment ordered by a physician to be administered as needed, but not regularly scheduled;

(I) Recipient—any resident in a certified long-term care facility who is receiving inpatient Title XIX assistance;

(J) Redetermination of level-of-care—the periodic assessment of the recipients' continued eligibility and need for continuation at the previously assigned level-of-care. Periodic assessment includes but is not limited to the following:

1. Assessment of new admissions to a long-term care facility;

2. Assessment of a change in mental and or physical status for a resident who is being readmitted to a long-term care facility after transfer to an acute care facility, and the previous DA-124 A/B or C forms do not reflect the resident's current care needs; and

3. Assessment of DA-124 forms as requested by Department of Social Services, Family Support Division;

(K) Resident—a person seventeen (17) years or older who by reason of aging, illness, disease, or physical or mental infirmity receives or requires care and services furnished by a long-term care facility and who resides in, is cared for, treated or accommodated in such long-term care facility for a period exceeding twenty-four (24) consecutive hours; and

(L) The department—Department of Health and Senior Services.

(2) Initial Determination of Level-of-Care Needs Requirements.

(A) For the purpose of making a determination of level-of-care need and in accordance with 42 CFR sections 456.370 and 483.104, the department or its designated agents, or both, will conduct a review and assessment of the evaluations made by the attending physician for an applicant in or seeking admission to a long-term care facility. The review and assessment shall be conducted using the criteria in section (5) of this rule.

(B) The department shall complete the assessment within ten (10) working days of receipt of all documentation required by section (5) of this rule unless further evaluation by the State Mental Health Authority is required by 42 CFR 483.100 to 483.138.

(3) Redetermination of Level-of-Care Requirements.

(A) Redetermination of level-of-care of individual recipients who are eligible for placement in long-term care facilities shall be conducted by the department through a review and assessment of the DA-124 A/B and C forms and any documentation provided by the resident's attending physician.

(B) Required documentation on the DA-124 C form shall include the resident's physician's signature and his or her Physician Identification Number.

(4) Level-of-Care Criteria for Long-Term Care Facility Care—Qualified Title XIX Recipients and Applicants.

(A) Individuals will be assessed with the ultimate goal to achieve placement for these individuals in the least restrictive environment possible, yet enable them to receive all services required by their physical/mental condition.

(B) The specific areas which will be considered when determining an individual's ability or inability to function in the least restrictive environment are—mobility, dietary, restorative services, monitoring, medication, behavioral, treatments, personal care and rehabilitative services.

(C) To qualify for intermediate or skilled nursing care, an applicant or recipient shall exhibit physical impairment, which may be complicated by mental impairment or mental impairment which may be complicated by physical impairment, severe enough to require intermediate or skilled nursing care.

(5) Assessed Needs Point Designations Requirements.

(A) Applicants or recipients will be assessed for level-of-care by the assignment of a point count value for each category cited in subsection (4)(B) of this rule.

(B) Points will be assessed for the amount of assistance required, the complexity of the care and the professional level of assistance necessary, based on the level-of-care criteria. If the applicant's or recipient's records show that the applicant's or recipient's attending physician has ordered certain care, medication or treatments for an applicant or recipient, the department will assess points for a PRN order if the applicant or recipient has actually received or required that care, medication or treatment within the thirty (30) days prior to review and evaluation by the department.

(C) For individuals seeking admission to a long-term care facility on or after July 1, 2005, the applicant or recipient will be determined to be qualified for long-term care facility care if he or she is determined to need care with an assessed point level of twenty-one (21) points or above, using the assessment procedure as required in this rule.

(D) For individuals seeking admission to a long-term care facility on or after July 1, 2005, an applicant with eighteen (18) points or lower will be assessed as ineligible for Title XIX-funded long-term care in a long-term care facility, unless the applicant qualifies as otherwise provided in subsections, (5)(E) and/or (F) of the rule.

(E) Applicants or recipients may occasionally require care or services, or both, which could qualify as long-term care facility services. In these instances, a single nursing service requirement may be used as the qualifying factor, making the individual eligible for long-term care facility care regardless of the total point count. The determining factor will be the availability of professional personnel to perform or supervise the qualifying care services. Qualifying care services may include, but are not limited to:

1. Administration of levine tube or gastrostomy tube feedings;

2. Nasopharyngeal and tracheotomy aspiration;

3. Insertion of medicated or sterile irrigation and replacement catheters;

4. Administration of parenteral fluids;

5. Inhalation therapy treatments;

6. Administration of injectable medications other than insulin, if required other than on the day shift; and

7. Requirement of intensive rehabilitation services by a professional therapist at least five (5) days per week.

(F) An applicant or recipient will be considered eligible for inpatient Title XIX assistance regardless of the total point count if the applicant or recipient is unable to meet physical/mental requirements for residential care facility (RCF) residency as specified by section 198.073, RSMo. In order to meet this requirement, an applicant or recipient must be able to reach and go through a required exit door on the floor where the resident is located by—

1. Responding to verbal direction or the sound of an alarm;

2. Moving at a reasonable speed; and

3. If using a wheelchair or other assistive device, such as a walker or cane, being able to transfer into the wheelchair or reach the assistive device without staff assistance.

(G) Points will be assigned to each category, as required by subsection (4)(B) of this rule, in multiples of three (3) according to the following requirements:

1. Mobility is defined as the individual's ability to move from place-to-place. The applicant or recipient will receive—

A. Zero (0) points if assessed as independently mobile, in that the applicant or recipient requires no assistance for transfers or mobility. The applicant or recipient may use assistive devices (cane, walker, wheelchair) but is consistently capable of negotiating without assistance of another individual;

B. Three (3) points if assessed as requiring minimum assistance, in that the applicant or recipient is independently mobile once the applicant or recipient receives assistance with transfers, braces or prosthesis application or other assistive devices, or a combination of these (example, independent use of wheelchair after assistance with transfer). This category includes individuals who are not consistently independent and need assistance periodically;

C. Six (6) points if assessed as requiring moderate assistance, in that the applicant or recipient is mobile only with direct staff assistance. The applicant or recipient must be assisted even when using canes, walker or other assistive devices; and

D. Nine (9) points if assessed as requiring maximum assistance, in that the applicant or recipient is totally dependent upon staff for mobility. The applicant or recipient is unable to ambulate or participate in the ambulation process, requires positioning, supportive device, application, prevention of contractures or pressure sores and active or passive range of motion exercises;

2. Dietary is defined as the applicant's or recipient's nutritional requirements and need for assistance or supervision with meals. The applicant or recipient will receive—

A. Zero (0) points if assessed as independent in dietary needs, in that the applicant or recipient requires no assistance to eat. The applicant or recipient has physician's orders for a regular diet, mechanically altered diet or requires only minor modifications (example, limited desserts, no salt or sugar on tray);

B. Three (3) points if assessed as requiring minimum assistance, in that the applicant or recipient requires meal supervision or minimal help, such as cutting food or verbal encouragement. Calculated diets for stabilized conditions shall be included;

C. Six (6) points if assessed as requiring moderate assistance, in that the applicant or recipient requires help, including constant supervision during meals, or actual feeding. Calculated diets for unstable conditions are included; and

D. Nine (9) points if assessed as requiring maximum assistance, in that the applicant or recipient requires extensive assistance for special dietary needs or with eating, which could include enteral feedings or parenteral fluids;

3. Restorative services are defined as specialized services provided by trained and supervised individuals to help applicants or recipients obtain and/or maintain their optimal highest practicable functioning potential. Each applicant or recipient must have an individual overall plan of care developed by the provider with written goals and response/progress documented. Restorative services may include, but are not limited to: applicant or recipient teaching program (self-transfer, self-administration of medications, self-care), range of motion, bowel and bladder program, remotivational therapy, validation therapy, patient/family program and individualized activity program. The applicant or recipient will receive—

A. Zero (0) points if restorative services are not required;

B. Three (3) points if assessed as requiring minimum services in order to maintain level of functioning;

C. Six (6) points if assessed as requiring moderate services in order to restore the individual to a higher level of functioning; and

D. Nine (9) points if assessed as requiring maximum services in order to restore to a higher level of functioning. These are intensive services, usually requiring professional supervision or direct services;

4. Monitoring is defined as observation and assessment of the applicant's or recipient's physical and/or mental condition. This monitoring could include assessment of—routine laboratory work, including but not limited to, evaluating digoxin and coumadin levels, measurement and evaluation of blood glucose levels, measurement and evaluation of intake and output of fluids the individual has received and/or excreted, weights and other routine monitoring procedures. The applicant or recipient will receive—

A. Zero (0) points if assessed as requiring only routine monitoring, such as monthly weights, temperatures, blood pressures and other routine vital signs and routine supervision;

B. Three (3) points if assessed as requiring minimal monitoring, in that the applicant or recipient requires periodic assessment due to mental impairment, monitoring of mild confusion, or both, or periodic assessment of routine procedures when the recipient's condition is stable;

C. Six (6) points if assessed as requiring moderate monitoring, in that the applicant or recipient requires recurring assessment of routine procedures due to the applicant's or recipient's unstable physical or mental condition; and

D. Nine (9) points if assessed as requiring maximum monitoring, which is intensive monitoring usually by professional personnel due to applicant's or recipient's unstable physical or mental condition;

5. Medication is defined as the drug regimen of all physician-ordered legend medications, and any physician-ordered nonlegend medication for which the physician has ordered monitoring due to the complexity of the medication or the condition of the applicant or recipient. The applicant or recipient will receive—

A. Zero (0) points if assessed as requiring no medication, or has not required PRN medication within the thirty (30) days prior to review and evaluation by the department;

B. Three (3) points if assessed as requiring any regularly scheduled medication and the applicant or recipient exhibits a stable condition;

C. Six (6) points if assessed as requiring moderate supervision of regularly scheduled medications, requiring daily monitoring by licensed personnel; and

D. Nine (9) points if assessed as requiring maximum supervision of regularly scheduled medications, a complex medication regimen, unstable physical or mental status or use of medications requiring professional observation and assessment, or a combination of these;

6. Behavioral is defined as an individual's social or mental activities. The applicant or recipient will receive—

A. Zero (0) points if assessed as requiring little or no behavioral assistance. Applicant or recipient is oriented and memory intact;

B. Three (3) points if assessed as requiring minimal behavioral assistance in the form of supervision or guidance on a periodic basis. Applicant or recipient may display some memory lapses or occasional forgetfulness due to mental or developmental disabilities, or both. Applicant or recipient generally relates well with others (positive or neutral) but needs occasional emotional support;

C. Six (6) points if assessed as requiring moderate behavioral assistance in the form of supervision due to disorientation, mental or developmental disabilities or uncooperative behavior; and

D. Nine (9) points if assessed as requiring maximum behavioral assistance in the form of extensive supervision due to psychological, developmental disabilities or traumatic brain injuries with resultant confusion, incompetency, hyperactivity, hostility, severe depression, or other behavioral characteristics. This category includes residents who frequently exhibit bizarre behavior, are verbally or physically abusive, or both, or are incapable of self-direction. Applicants or recipients who exhibit uncontrolled behavior that is dangerous to themselves or others must be transferred immediately to an appropriate facility;

7. Treatments are defined as a systematized course of nursing procedures ordered by the attending physician. The applicant or recipient will receive—

A. Zero (0) points if no treatments are ordered by the physician;

B. Three (3) points if assessed as requiring minimal type-ordered treatments, including nonroutine and preventative treatments, such as whirlpool baths and other services;

C. Six (6) points if assessed as requiring moderate type-ordered treatments requiring daily attention by licensed personnel. These treatments could include: daily dressings, PRN oxygen, oral suctioning, catheter maintenance care, treatment of stasis or pressure sore ulcers, wet/moist packs, maximist and other such services; and

D. Nine (9) points if assessed as requiring maximum type-ordered treatments of an extensive nature requiring provision, direct supervision, or both, by professional personnel. These treatments could include: intratrachial suctioning; insertion or maintenance of suprapubic catheter; continuous oxygen; new or unregulated ostomy care; dressings of deep draining lesions more than once daily; care of extensive skin disorders, such as advanced pressure sore or necrotic lesions; infrared heat and other services;

8. Personal care is defined as activities of daily living, including hygiene; personal grooming, such as dressing, bathing, oral and personal hygiene, hair and nail care, shaving; and bowel and bladder functions. Points will be determined based on the amount of assistance required and degree of assistance involved in the activity. The applicant or recipient will receive—

A. Zero (0) points if assessed as requiring no assistance with personal care in that the applicant or recipient is an independent, self-care individual. No assistance is required with personal grooming; the applicant or recipient has complete bowel and bladder control;

B. Three (3) points if assessed as requiring minimal assistance with personal care, in that the applicant or recipient requires assistance with personal grooming, and/or exhibits infrequent incontinency (once a week or less);

C. Six (6) points if assessed as requiring moderate assistance with personal care, in that the applicant or recipient requires assistance with personal grooming, requiring close supervision or exhibits frequent incontinency (incontinent of bladder daily but has some control or incontinent of bowel two (2) or three (3) times per week), or a combination of these; and

D. Nine (9) points if assessed as requiring maximum assistance with personal care, in that the applicant or recipient requires total personal care to be performed by another individual, and/or exhibits continuous incontinency all or most of the time; and

9. Rehabilitation is defined as the restoration of a former or normal state of health through medically-ordered therapeutic services either directly provided by or under the supervision of a qualified professional. Rehabilitation services include, but are not limited to: physical therapy, occupational therapy, speech therapy and audiology. If ordered by the physician, each resident must have an individually planned and implemented program with written goals and response/progress documented. Points will be determined by intensity of required services and the applicant's or recipient's potential for rehabilitation as determined by the rehabilitation evaluation. The applicant or recipient will receive—

A. Zero (0) points if assessed as requiring no ordered rehabilitation services;

B. Three (3) points, if assessed as requiring minimal-ordered rehabilitation services of one (1) time per week;

C. Six (6) points if assessed as requiring moderate-ordered rehabilitative services of two (2) or three (3) times per week; and

D. Nine (9) points if assessed as requiring maximum-ordered rehabilitative services of four (4) times per week or more.

AUTHORITY: sections 192.006 and 198.079, RSMo 2000 and 660.050, RSMo Supp. 2004. This rule was previously filed as 13 CSR 40-81.084 and 13 CSR 15-9.030. Original rule filed Aug. 9, 1982, effective Nov. 11, 1982. Emergency rescission filed Nov. 24, 1982, effective Dec. 4, 1982, expired March 10, 1983. Rescinded: Filed Nov. 24, 1982, effective March 11, 1983. Readopted: Filed Dec. 15, 1982, effective March 11, 1983. Emergency amendment filed Dec. 21, 1983, effective Jan. 1, 1984, expired April 11, 1984. Emergency amendment filed March 14, 1984, effective April 12, 1984, expired June 10, 1984. Amended: Filed March 14, 1984, effective June 11, 1984. Moved to 19 CSR 30-81.030, effective Aug. 28, 2001. Emergency amendment filed June 20, 2005, effective July 1, 2005, expired Dec. 27, 2005. Amended: Filed June 20, 2005, effective Dec. 30, 2005.*

**Original authority: 192.006, RSMo 1993, amended 1995; 198.079, RSMo 1979; and 660.050, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001.*

Rules of
Department of Health and Senior Services
Division 30-Division of Regulation and Licensure
Chapter 82-General Licensure Requirements

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Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 82—General Licensure Requirements

19 CSR 30-82.010 General Licensure Requirements

PURPOSE: This rule sets forth general licensure and application procedures and outlines the request for an exception procedure related to long-term care facility licensure.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Persons wishing to operate a skilled nursing facility, intermediate care facility, assisted living facility or residential care facility shall complete form MO 580-2631 (8-07), Application for License to Operate a Long-Term Care Facility, incorporated by reference in this rule and available through the Department of Health and Senior Services' (department's) website at www.dhss.mo.gov, or by mail at: Department of Health and Senior Services, Section for Long-Term Care Regulation, Licensure Unit, PO Box 570, Jefferson City, MO 65102-0570, telephone: (573) 526-8524. This rule does not incorporate any subsequent amendments or additions. The application shall be signed by a person with the express authority to sign on behalf of the operator, who shall attest by signature that the information submitted is true and correct to the best of the applicant's knowledge and belief and that all required documents are either included with the application or are currently on file with the department. The completed application form may be submitted by mail or electronically. If submitted electronically, send the completed application to LTCapplication@dhss.mo.gov. The application fee for application processing should be submitted by separate mail. If submitted by mail, send the application form and fee to Department of Health and Senior Services, Section for Long-Term Care Regulation, Fee Receipts, PO Box 570, 920 Wildwood, Jefferson City, MO 65102. One (1) application may be used to license multiple facilities if located on the same premises.

(A) The applicant shall submit the following documents and information as listed in the application:

1. Financial information demonstrating that the applicant has the financial capacity to operate the facility;

2. A document disclosing the location, capacity, and type of licensure and certification of any support buildings, wings, or floors housing residents on the same or adjoining premises or plots of ground;

3. A document disclosing the name, address, and type of license of all other long-term care facilities owned or operated by either the applicant or by the owner of the facility for which the application is being submitted;

4. A copy of any executed management contracts between the applicant and the manager of the facility;

5. A copy of any executed contract conveying the legal right to the facility premises, including, but not limited to, leases, subleases, rental agreements, contracts for deed, and any amendments to those contracts;

6. A copy of any contract by which the facility's land, building, improvements, furnishings, fixtures, or accounts receivable are pledged in whole or in part as security, if the value of the asset pledged is greater than five hundred dollars ($500);

7. A nursing home surety bond or noncancelable escrow agreement, if the applicant holds or will hold facility residents' personal funds in trust;

8. A document disclosing the name, address, title, and percentage of ownership of each affiliate of any general partnership, limited partnership, general business corporation, nonprofit corporation, limited liability company, or governmental entity which owns or operates the facility or is an affiliate of an entity which owns or operates the facility. If an affiliate is a corporation, partnership, or LLC, a list of the affiliate's affiliates must also be submitted. As used in this rule, the word "affiliate" means:

A. With respect to a partnership, each partner thereof;

B. With respect to a limited partnership, the general partner and each limited partner with an interest of five percent (5%) or more in the limited partnership;

C. With respect to a corporation, each person who owns, holds, or has the power to vote five percent (5%) or more of any class of securities issued by the corporation, and each officer and director;

D. With respect to an LLC, the LLC managers and members with an interest of five percent (5%) or more;

9. If applicable, a document stating the name and nature of any additional businesses in operation on the facility premises and the document issued by the division giving its prior written approval for each business;

10. A list of all principals in the operation of the facility and their addresses and titles and, so that the department may verify the information disclosed pursuant to paragraphs (1)(A)11. and (1)(A)12. of this rule, the Social Security numbers or employer identification numbers of the operator and all principals in the operation of the facility. As used in this rule, "principal" means officer, director, owner, partner, key employee, or other person with primary management or supervisory responsibilities;

11. Disclosure concerning whether the operator or any principals in the operation of the facility are excluded from participation in the Title XVIII (Medicare) or Title XIX (Medicaid) program of any state or territory;

12. Disclosure concerning whether the operator or any principals in the operation of the facility have ever been convicted of a felony in any state or federal court concerning conduct involving either management of a long-term care facility or the provision or receipt of health care services;

13. Emergency telephone, fax, and email contact information for the facility administrator, director of nursing, and the operator's corporate office; and

14. Disclosure concerning whether the facility has a Department of Mental Health (DMH) license.

(B) Every facility that provides specialized Alzheimer's or dementia care services, as defined in sections 198.500 to 198.515, RSMo, by means of an Alzheimer's special care unit or program shall submit to the department with the licensure application or renewal, the following:

1. Form MO 580-2637, Alzheimer's Special Care Services Disclosure (2-07), incorporated by reference in this rule and available through the department's website: www.dhss.mo.gov, or by mail at: Department of Health and Senior Services, Section for Long-Term Care Regulation, Licensure Unit, PO Box 570, Jefferson City, MO 65102-0570, telephone: (573) 526-8524. This rule does not incorporate any subsequent amendments or additions. The form shall be completed showing how the care provided by the special care unit or program differs from care provided in the rest of the facility in the following areas:

A. The Alzheimer's special care unit's or program's written statement of its overall philosophy and mission which reflects the needs of residents afflicted with dementia;

B. The process and criteria for placement in, or transfer or discharge from, the unit or program;

C. The process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition;

D. Staff training and continuing education practices;

E. The physical environment and design features appropriate to support the functioning of cognitively impaired adult residents;

F. The frequency and types of resident activities;

G. The involvement of families and the availability of family support programs;

H. The costs of care and any additional fees; and

I. Safety and security measures; and

2. Form *Guide to Selecting an Alzheimer's Special Care Unit* (6/06) #455, incorporated by reference in this rule and available through the department's website: at http://www.dhss.mo.gov/Ombudsman, or by mail at: Department of Health and Senior Services, Section for Long-Term Care Regulation, Licensure Unit, PO Box 570, Jefferson City, MO 65102-0570, telephone: (573) 526-8524 or a document of choice which contains, but is not limited to, all information on selecting an Alzheimer's special care unit or program that is contained in the *Guide to Selecting an Alzheimer's Special Care Unit* (6/06) #455. This rule does not incorporate any subsequent amendments or additions.

(C) If, after filing an application, the operator identifies an error or if any information changes the issuance of the license, including but not limited to, a change in the administrator, board of directors, officers, level of care, number of beds, or change in the name of the operating entity, the operator shall—

1. Submit the correction or additional information to the department's Licensure and Certification Unit in a letter. The letter shall be signed by a person with express authority to sign on behalf of the operator attesting by signature that the information being submitted is true and correct to the best of the operator's knowledge and belief; or

2. Submit the correction or additional information to the department's Licensure and Certification Unit. The additional information may be submitted electronically or by mail. Information shall be submitted using form MO 580-2623 (8-07), Corrections For Long-Term Care Facility License Application, incorporated by reference in this rule and available through the Department of Health and Senior Services' (department's) website at www.dhss.mo.gov, or by mail at: Department of Health and Senior Services, Section for Long-Term Care Regulation, Licensure Unit, PO Box 570, Jefferson City, MO 65102-0570, telephone: (573) 526-8524. This rule does not incorporate any subsequent amendments or additions. The completed correction form shall be signed by a person with express authority to sign on behalf of the operator attesting by signature that the information submitted is true and correct to the best of the operator's knowledge and belief and shall be submitted by electronic mail to LTCapplication@dhss.mo.gov, or by mail to: Department of Health and Senior Services, Section for Long-Term Care Regulation, Fee Receipts, PO Box 570, 920 Wildwood, Jefferson City, MO 65102.

(D) If, as a result of an application review, the department requests a correction or additional information, the operator, within ten (10) working days of receipt of the written request shall—

1. Submit the correction or additional information to the department in a letter attesting by signature that the information being submitted is true and correct to the best of the operator's knowledge and belief; or

2. Submit the correction or additional information using form MO 580-2623 (8-07), Corrections For Long-Term Care Facility License Application referenced in paragraph (1)(C)2. of this rule.

(E) A new facility shall submit an application for an original license not less than thirty (30) days before the anticipated opening date. The department must approve the application before a licensure inspection is scheduled. Sixty (60) days after its receipt, the department shall consider any application for an original license withdrawn if it is submitted without all the required information and documents. If intending to continue with licensure, the operator shall submit a new application and fee along with all necessary documents.

(F) An operator shall submit a relicensure application thirty (30) to ninety (90) days prior to the existing license's expiration date.

(G) If, during the license's effective period, an operator which is a partnership, limited partnership or corporation undergoes any of the changes described in section 198.015.4, RSMo, or a new corporation, partnership, limited partnership, limited liability company or other entity assumes facility operation, within ten (10) working days of the effective date of that change, the operator shall submit an application for a new license.

(H) The department shall issue each license only for the premises and operator named in the application. This license shall cover the entire premises unless stipulated otherwise and shall not be transferable. If the licensed operator of a facility is replaced by another operator, the new operator shall apply for a new license before the effective date of the change. A change of operator shall include a change in form of business as well as a change of person. Upon receipt of the application and receipt of confirmation that the change of operator has taken place, the department shall grant the new operator a temporary operating permit of sufficient duration to allow the department time to evaluate the application, conduct any necessary inspection(s) to determine substantial compliance with the law and the rules, and to either issue or deny a license to the new operator. The new operator shall be subject to all the terms and conditions under which the previous operator's license or temporary operating permit was issued. This includes any existing statement of deficiencies, plans of correction and compliance with any additional requirements imposed by the department as a result of any existing substantial noncompliance. The new operator, however, shall apply to the department for renewal in his/her/its name for any exception to the rules that had been granted the previous operator under the provisions of section (3) of this rule.

(I) The operator shall accompany each application for a license to operate a long-term care facility (skilled nursing facility, intermediate care facility, assisted living facility or residential care facility with a license fee of one hundred dollars ($100) for those facilities which have a resident capacity of at least three (3) but less than twenty-five (25), three hundred dollars ($300) for those facilities which have a resident capacity of twenty-five through one hundred (25–100), and six hundred dollars ($600) for those facilities with a capacity of over one hundred (100+). The operator shall submit a separate fee for each facility's license application. This fee is nonrefundable unless the facility withdraws the application within ten (10) days of receipt by the department. The department will issue a license for a period of no more than two (2) years for the premises and operator named in the application. If the license is for less than two (2) years, the department will prorate the fees accordingly.

(J) An operator may apply for licenses for two (2) or more different levels of care located on the same premises either by submitting one (1) application or by submitting a separate application for each level of care. If an operator elects to submit one (1) application for two (2) or more levels of care located on the same premises—

1. The application shall specify separately the number of beds of each level of care being applied for;

2. The application shall be accompanied by a license fee for each level of care applied for, as required by subsection (1) (I) of this rule; and

3. An application for two (2) or more levels of care on the same premises shall indicate one (1) facility name only.

(K) The department shall issue a separate license for each level of care located on the same premises, whether applied for by one (1) application or more than one (1). If the operator uses one (1) application for two (2) or more levels of care on the same premises, the department shall issue licenses with one (1) expiration date. If two (2) or more levels of care have existing licenses with different expiration dates and the operator elects to apply for licenses for the levels of care by submitting one (1) relicensure application, the expiration dates of the licenses issued shall be two (2) years subsequent to the expiration date of the license of the level of care expiring earliest following receipt of the application by the department. Fees for unused portions of licenses resulting from the submission of one (1) application for two (2) or more levels of care are nonrefundable.

(L) After receiving a license application, the department shall review the application, investigate the applicant and the statements sworn to in the application for license and conduct any necessary inspections. A license shall be issued if—

1. The department has determined that the application is complete, and that all necessary documents have been filed with the application including an approved nursing home bond or noncancelable escrow agreement if personal funds of residents are held in trust;

2. The department has determined that the statements in the application are true and correct;

3. The department has determined that the facility and the operator are in substantial compliance with the provisions of sections 198.003–198.096, RSMo and the corresponding rules;

4. The department has determined that the applicant has the financial capacity to operate the facility;

5. The department has verified that the administrator of a residential care facility that was licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules and regulations that were in place on August 27, 2006 for a residential care facility II, assisted living facility, an intermediate care facility or a skilled nursing facility is currently licensed by the Missouri Board of Nursing Home Administrators under the provisions of Chapter 344, RSMo;

6. The department has received the fee required by subsection (1)(I) of this rule;

7. The applicant meets the definition of operator as defined in 19 CSR 30-83.010;

8. The applicant has received a Certificate of Need, if required, or has received a determination from the Certificate of Need Program that no certificate is required, has completed construction, and is in substantial compliance with the licensure rules and laws;

9. The department has determined that neither the operator, owner or any principals in the operation of the facility have ever been convicted of an offense concerning the operation of a long-term care facility or other health care facility or, while acting in a management capacity, ever knowingly acted or knowingly failed to perform any duty which materially and adversely affected the health, safety, welfare or property of a resident;

10. The department has determined that neither the operator, owner or any principals in the operation of the facility are excluded from participation in the Title XVIII (Medicare) or Title XIX (Medicaid) program of any state or territory;

11. The department has determined that neither the operator, owner or any principals in the operation of the facility have ever been convicted of a felony in any state or federal court concerning conduct involving either management of a long-term care facility or the provision or receipt of health care services; and

12. The department has determined that all fees due the state have been paid.

(M) If, during the period in which a license is in effect, a change occurs which causes the statements in the application to no longer be correct, including change of administrator, or if any document is executed which replaces, succeeds or amends any of the documents filed with the application, within ten (10) working days of the effective date of the change, the operator shall—

1. Submit a letter to the department's Licensure and Certification Unit that contains a correction of the application with notification of the effective date of the change and a copy of any new documents. The operator must ensure the letter is signed by a person with the express authority to sign on behalf of the operator, who shall attest by signature that the information being submitted is true and correct to the best of the operator's knowledge and belief; or

2. Submit to the department a correction of the application and a copy of any new documentation and information by submitting form Corrections for Long-Term Care Facility License Application referenced in paragraph (1)(C) 2. of this rule.

(N) If from an analysis of financial information submitted with the application, or if from information obtained during the term of a license, the operator appears insolvent or shows a tendency toward insolvency, the department shall have the right to request additional financial information from the operator. Within ten (10) working days after receiving a written request from the department, the operator shall—

1. Submit to the department the additional information requested in a letter accompanied by a statement attesting by signature that the information being submitted is true and correct to the best of the operator's knowledge and belief; or

2. Submit the financial information to the department on form Corrections for Long-Term Care Facility License Application referenced in paragraph (1)(C)2. of this rule.

(O) A license applicant's financial information, data and records submitted to the department as required by this rule, including, but not limited to, copies of any Internal Revenue Service forms, shall be open for inspection and be released only—

1. To designated employees of the department;

2. To the applicant furnishing this information or to his/her representative as designated in writing;

3. To the director of the department or to his/her representative as designated in writing;

4. To the state auditor or his/her representative as designated in writing;

5. To appropriate committees of the General Assembly or their representatives as designated in writing;

6. In any judicial or administrative proceeding brought under the Omnibus Nursing Home Act; or

7. When so ordered by a court of competent jurisdiction.

(P) To obtain a license for an additional level of care on the premises, the licensed operator shall submit a written request by electronic mail to LTCapplication@dhss.mo.gov, or mail to the department for the issuance of a license for the desired level of care. The request shall indicate the level of care, the number of beds desired, the name and address of the facility, the name and address of the operator, and shall include the signature of the operator. The request shall be signed by a person with the express authority to sign on behalf of the operator, who shall attest by signature that the information submitted is true and correct to the best of the operator's knowledge and belief. The licensure fee shall accompany this request. Requests are subject to department approval. The operator shall submit this request no less than sixty (60) days prior to the initiation date of the new level of care. The department shall coordinate this license's expiration date with that of the original license and the department shall prorate the license fee accordingly.

(Q) To request issuance of an amended license or temporary operating permit currently in effect, the operator shall—

1. Submit a written request to the department containing the request for amendment, the date the operator would like the amendment to be effective, and the number of the license or temporary operating permit to be amended; and

2. Submit a fee for the issuance of the amended license or temporary operating permit as required by subsection (1) (R) of this rule.

(R) If an operator initiates a request to amend a license or temporary operating permit currently in effect, the department requires the following fees:

1. If the request is for an increase in bed capacity, the operator shall submit a fee with the request which is the greater of—

A. The amount that would have been required by subsection (1)(I) of this rule if the increase in bed capacity has been included in the application, less any amount actually paid under that subsection; or

B. Fifty dollars ($50); and

2. If the request is for a decrease in resident capacity or any other change, the operator shall submit a fee of twenty-five dollars ($25) with the request.

(S) The department shall approve all requests for bed changes prior to issuance of an amended license or temporary operating permit. The effective date of the amended license or temporary operating permit shall be no earlier than the date the department approved the request for bed change.

(T) If the department issues a temporary operating permit, and then subsequently issues a regular license, the licensing period shall include the period of operation under the temporary operating permit. The licensing period shall also include any period during which the department was enjoined or stayed from revoking or denying a license or rendering the temporary operating permit null and void.

(U) Unless an operator indicates otherwise, all the rooms and space on the premises and all persons eighteen (18) years of age and over living on the premises shall be considered as part of the facility and its licensed capacity or staff and shall be subject to compliance with all rules governing the operation of a licensed facility. If an operator, when applying or reapplying for a license, wants to exclude some portion of the premises from being licensed or wants to exclude a relative as a resident, a statement to that effect shall be filed as a separate document indicating the use which will be made of that area of the premises and who or what occupies the area, and what the relationship is of the relative(s) being excluded. The statement shall be signed by a person with the express authority to sign on behalf of the operator, who shall attest by signature that the information submitted is true and correct to the best of the operator's knowledge and belief.

(V) The operator shall not provide care in any area on the premises to any related person who requires protective oversight unless there has been a written request to the department to consider any portion of the facility for private use and that indicates facility staff shall not be used at any time to care for the relative(s). Prior to the area being used in that manner, the operator shall submit the request for the department's approval. The department, after investigation, shall approve or disapprove the request in writing within thirty (30) days and shall issue or reissue the license indicating clearly which portion of the premises is excluded from licensure or which specific relative(s) is/are not considered a resident(s).

(2) If a facility was licensed under Chapter 197 or 198, RSMo and was in operation before September 28, 1979, or if an application was on file or construction plans were approved prior to September 28, 1979, the facility shall comply with construction, fire safety and physical plant rules applicable to an existing or existing licensed facility provided there has been continuous operation of the facility under a license or temporary operating permit issued by the division. If, however, there was an interruption in the operation of the facility due to license denial, license revocation or voluntary closure, the facility may be relicensed utilizing the same fire safety, construction and physical plant rules that were applicable prior to the license denial, license revocation or voluntary closure; provided that the facility reapplies for a license within one (1) year of the date of the denial, revocation or voluntary closure. Regardless of licensure, application, or construction plan approval date, intermediate care facilities and skilled nursing facilities shall comply with the fire safety standards published in 19 CSR 30-85.022.

(A) If a facility changes from a skilled nursing or intermediate care facility to any other level, or if the facility changes from a an assisted living facility to a residential care facility, the facility shall comply with construction, fire safety and physical plant rules applicable to an existing or existing licensed facility as defined in 19 CSR 30-83.010.

(B) If the facility changes from a residential care facility to any other level or if an assisted living facility changes to an intermediate care or skilled nursing facility, the facility shall comply with construction, fire safety and physical plant rules applicable to a new or newly licensed facility as defined in 19 CSR 30-83.010.

(C) The facility shall comply with the rules applicable to a new or newly licensed facility if an application for relicensure has not been filed with the department within one (1) year of the license denial, license revocation or voluntary closure. All such facilities seeking licensure as an assisted living facility shall also comply with the requirements of 19 CSR 30-86.047 and, if applicable, 19 CSR 30-86.045.

(3) If a licensed facility discontinues operation as evidenced by the fact that no residents are in care or at any time the department is unable to freely gain entry into the facility to conduct an inspection, the facility shall be considered closed. The department shall notify the operator in writing requesting the voluntary surrender of the license. If the department does not receive the license within thirty (30) days, it shall be void. If the operator should choose to again license the facility, the operator shall submit a complete application. The provisions of section (1) shall apply.

(4) The department may grant exceptions for specified periods of time to any rule imposed by the department if the department has determined that the exception to the rule would not potentially jeopardize the health, safety or welfare of any residents of a long-term care facility.

(A) The owner or operator of the facility shall make requests for exceptions in writing to the director of the department. These requests shall contain—

1. A copy of the latest Statement of Deficiencies which shows a violation of the rule being cited, if the exception request is being made as a result of a deficiency issued during an inspection of the facility;

2. The section number and text of the rule being cited;

3. If applicable, specific reasons why compliance with the rule would impose an undue hardship on the operator, including an estimate of any additional cost that might be involved;

4. An explanation of any extenuating factors that may be relevant; and

5. A complete description of the individual characteristics of the facility or residents, or of any other factors that would safeguard the health, safety and welfare of the residents if the exception were granted.

(B) With the advice of the division's licensure inspection field staff, the department will consider any requests that contain all the information required in subsection (4)(A). The department shall notify the operator, in writing, of the decision on any request for an exception, stating the reason(s) for acceptance or denial, and, if granted, the length of time the exception is to be in effect and any additional corrective factors upon which acceptance may be conditioned.

(C) The department shall only grant exceptions to licensure requirements set out in rules imposed by the department and cannot grant exceptions to requirements established by state statute or federal regulations. Operators wishing to obtain waivers of regulations under Title XVIII or Title XIX of the Social Security Act shall follow procedures established by the Centers for Medicare and Medicaid (CMS).

(5) When the department issues a notice of noncompliance to a facility pursuant to the Omnibus Nursing Home Act (section 198.026, RSMo), the department, only after affording the facility operator a reasonable opportunity to remedy the situation, shall—

(A) Make every reasonable effort to provide residents of the facility or their legally authorized representatives or designees, if any—

1. A written notice of the noncompliance;

2. A list of other licensed facilities appropriate to the resident's needs; and

3. A list of agencies that will assist the resident if he/she moves from the facility; and

(B) After providing the information required by subsection (5)(A) and allowing a time period for the residents of the facility to relocate if they wish, notify the Social Security Administration in writing that a notice of noncompliance has been issued to the facility, and the effective date of the notice. If the facility achieves substantial compliance with standards and rules later, the department shall notify the Social Security Administration of the effective date of the facility's substantial compliance.

(6) A licensed facility shall comply with the provisions of Title VI of the Civil Rights Act 1964, as amended; Section 504 of the Rehabilitation Act of 1973; Title IX of the Education Amendment of 1972; the Age Discrimination Act of 1975; the Omnibus Budget and Reconciliation Act of 1982; the Americans with Disabilities Act of 1990; and the Keyes Amendment to the Social Security Act. No person shall be denied admission to, be denied benefits of, or be subjected to discrimination under any program, activity or service provided by the facility based on his/her race, color, national origin, sex, religion, age or disability, including Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS). Every licensed facility shall complete and sign form MO 580-2622 (9-05), Assurance of Compliance, incorporated by reference in this rule and available through the department's website at www.dhss.mo.gov or by telephone at (573) 526-8505 and file the form with the application for licensure or relicensure. This rule does not incorporate any subsequent amendments or additions.

(7) The department shall make available by Internet at www.dhss.mo.gov to interested individuals or without charge a single copy of—

(A) A complete set of the standards promulgated for each type of facility;

(B) An explanation of the procedures used in the state to ensure the enforcement of standards;

(C) A list of any facilities granted exception from a standard, including the justification for the exception; and

(D) A list of any facilities issued notices of noncompliance, including the details of the noncompliance.

(8) Every skilled nursing facility, intermediate care facility, residential care facility and assisted living facility issued a license or temporary operating permit by the department shall submit the required certificate of need quarterly surveys to the department on or before the fifteenth day of the first month following the previous Social Security quarter. (For example, for the Social Security quarter ending December 31, the due date is by January 15; for the Social Security quarter ending March 31, the due date is by April 15; for the Social Security quarter ending June 30, the due date is by July 15; and for the Social Security quarter ending September 30, the due date is by October 15). The information shall be submitted on the ICF/SNF Certificate of Need Quarterly Survey form or the RCF/ALF Certificate of Need Quarterly Survey form obtained from the Missouri Certificate of Need Program, PO Box 570, Jefferson City, MO 65102.

AUTHORITY: Executive Order 77-9 of the Governor filed Jan. 31, 1979, effective Sept. 28, 1979, and sections 198.018, 198.073, 198.076, and 198.079, RSMo Supp. 2007. This rule was originally filed as 13 CSR 15-10.010. Emergency rule filed Aug. 13, 1979, effective Oct. 1, 1979, expired Jan. 25, 1980. Original rule filed Aug. 13, 1979, effective Dec. 13, 1979. Emergency amendment filed Oct. 15, 1980, effective Oct. 25, 1980, expired Feb. 26, 1981. Amended: Filed Dec. 10, 1980, effective May 11, 1981. Amended: Filed Dec. 7, 1981, effective May 11, 1982. Amended: Filed March 15, 1983, effective July 11, 1983. Amended: Filed July 13, 1983, effective Oct. 11, 1983. Amended: Filed Sept. 12, 1984, effective Dec. 11, 1984. Amended: Filed June 17, 1986, effective Oct. 24, 1986. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Emergency amendment filed Aug. 14, 1992, effective Aug. 28, 1992, expired Dec. 25, 1992. Rescinded and readopted: Filed April 14, 1993, effective Oct. 10, 1993. Amended:Filed Feb. 13, 1998, effective Sept. 30, 1998. Moved to 19 CSR 30-82.010, effective Aug. 28, 2001. Amended: Filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 13, 2008, effective Oct. 30, 2008.*

**Original authority: 198.018, RSMo 1979, amended 1984, 1987, 1988, 1994, 2007; 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006, 2007; 198.076, RSMo 1979, amended 1984, 2007; and 198.079, RSMo 1979, amended 2007.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 82—General Licensure Requirements

19 CSR 30-82.015 Long-Term Care Receiverships

PURPOSE: This rule establishes guidelines for the determination of qualified receivers, maintenance of the list of receivers, and the selection and removal of receivers.

(1) A person requesting to act as a receiver shall submit a completed application to the department. The application shall include the following information:

(A) Full name of the receiver, date of birth and Social Security number;

(B) Information that establishes the receiver has the necessary experience to operate a long-term care facility or the ability to contract with another party for the operation of a facility; and

(C) Information that establishes the receiver has the financial capacity to operate a long-term care facility as a receiver in compliance with state laws and regulations.

(2) Based on the information submitted in the application, if the applicant has the necessary experience to operate a long-term care facility or the ability to contract with another party for the operation of a facility and the financial capacity to operate a facility, and the applicant does not have any disqualifying characteristics, the applicant will be approved to be a receiver. Disqualifying characteristics are defined as: (A) The applicant has been convicted of a felony offense in any state or federal court arising out of conduct involving the operation or management of a long-term care facility or other health care facility or the provision or receipt of health care;

(B) The applicant has ever knowingly acted or knowingly failed to perform any duty which materially and adversely affected the health, safety, welfare or property of a resident of a long-term care facility, while acting in a management capacity; or

(C) The applicant is under exclusion from participation in the Title XVIII (Medicare) or Title XIX (Medicaid) program of any state or territory.

(3) Once a completed application is received and approved, the person will be placed on the list of qualified receivers. Receivers will be placed on the list in the order their completed application was received. If two (2) or more completed applications are received on the same day, and any two (2) or more are approved, they will be placed on the list of qualified receivers in alphabetical order according to the receivers' last names.

(4) If any of the information in an application changes, or if a qualified receiver has any change of status, including a change in disqualifying characteristics, that could affect his/her ability to serve as a receiver, he/she must notify the department in writing within ten (10) working days. Given the additional information, the department will make a determination as to whether the receiver remains qualified to act as a receiver. If the receiver is no longer qualified, his/her name will be removed from the list of qualified receivers. The department will notify the receiver in writing of the removal.

(5) If the department otherwise becomes aware of a change in any information in the application or a change in status of a qualified receiver that affects the receiver's ability to serve as a receiver, the department may remove the receiver from the list of qualified receivers. The department will notify the receiver in writing of the removal.

(6) If a receiver no longer wishes to be included on the list of qualified receivers, the receiver shall notify the department in writing of his/her desire to be removed from the list and the effective date of the removal.

AUTHORITY: sections 198.009, RSMo 2000 and 198.105, RSMo Supp. 2003. Emergency rule filed Sept. 12, 2003, effective Sept. 22, 2003, expired March 19, 2004. Original rule filed Sept. 12, 2003, effective Feb. 29, 2004.*

**Original authority: 198.009, RSMo 1979, amended 1993, 1995 and 198.105, RSMo 1979, amended 1984, 2003.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 82—General Licensure Requirements

19 CSR 30-82.020 Classification of Rules

PURPOSE: This rule adds to the classification of the standards for long-term care facilities as cited in chapters 13 CSR 15-12, 13 CSR 15-14, 13 CSR 15-15 and 13 CSR 15-16 and as required in section 198.085.1, RSMo.

(1) All rules relating to long-term care facilities licensed by the Division of Aging, other than those rules which are informational in character, shall be followed by a notation at the end of each rule, section, subsection or pertinent part. This notation shall consist of a Roman numeral(s). These Roman numerals refer to the class (either class I, class II or class III) of standard as designated in section 198.085.1, RSMo and will be used when that rule, section, subsection or portion of a rule carrying the notation is violated by the facility.

(2) In those instances where a particular rule, section, subsection or portion of a rule is followed by a notation consisting of more than one (1) Roman numeral, the lower classification shall be applied unless the division can show that the higher classification is merited because of the extent of the violation, the violations effect on residents or the impact when combined with other deficiencies. The division, on the Statement of Deficiency, shall indicate for the operator which classification has been applied and if the higher one is used, for what reason.

(3) A violation of a class I standard is one which would present either an imminent danger to the health, safety or welfare of any resident or a substantial probability that death or serious physical harm would result. If a violation of a class I standard is not immediately corrected, or corrective action instituted, the division shall proceed as required under section 198.029, RSMo. The division shall also take all other necessary steps to protect the health, safety or welfare of a resident which may include: initiation of license revocation action under section 198.036, RSMo; initiation of an action under section 198.067, RSMo; injunctive relief or assessment of a civil penalty, initiation of an action under section 198.070.6, RSMo; protection of residents from further abuse or neglect; initiation of an action under section 198.105 or 198.108, RSMo for appointment of a receiver; and appointment of a monitor under section 198.103, RSMo.

(4) A violation of a class II standard is one which has a direct or immediate relationship to the health, safety or welfare of any resident, but which does not create any imminent danger. When a violation is noted, the operator shall either correct the violation immediately or prior to the time of the reinspection or shall be correcting it in accordance with the time schedules set out in the operator's approved plan of correction, as provided for under section 198.026.2, RSMo. If not, or the plan of correction is not approved and the violation not corrected, the violation will constitute substantial noncompliance under the Omnibus Nursing Home Act. After review by the division director or his/her designee, the division may initiate any action authorized by law, including those provided for in sections 198.026, 198.036, 198.067, 198.070.6, 198.103, 198.105 and 198.108, RSMo. Where specific standards are set out in sections 198.003–198.186, RSMo and are not otherwise classified, those standards will be treated as class II standards.

(5) A violation of a class III standard is one which has an indirect or a potential impact on the health, safety or welfare of any resident. When a violation is noted, the operator shall either correct the violation immediately or prior to the time of the reinspection, or shall be correcting it in accordance with the time schedules set out in the operator's approved plan of correction as provided for under section 198.026, RSMo. If not, if the plan of correction is not approved and the violation not corrected, a point value of one (1) point each will be noted for violations of each distinct class III standard not corrected; however, the points will not be assessed if there are five (5) or fewer class III standards violated.

(A) If the points total twenty (20) or more points, the facility will be deemed to be in substantial noncompliance under the Omnibus Nursing Home Act and the division may initiate any action as authorized by law, including issuance of a notice of noncompliance, as provided under section 198.026, RSMo.

(B) If the points total less than twenty (20) points, the points will remain on the facility's record until the time the violations are corrected and are noted as corrected during a reinspection. If during the reinspection a class III standard violated in the prior inspection continues to be violated, the previously assessed points will be doubled unless the operator immediately corrects the violation. If after the reinspection the points for all previously noted and left uncorrected violations of distinct class III standards total twenty (20) of more, the facility will be deemed to be in substantial noncompliance under the Omni-bus Nursing Home Act and the division may take action as provided under section 198.026, RSMo.

(C) The division shall not revoke an operator's license to operate a long-term care facility for violations of class III standards unless—

1. The uncorrected violations taken all together present either an imminent danger to the health, safety or welfare of any resident or a substantial probability of death or serious physical harm; or

2. The operator or his/her agent knowingly acted or knowingly omitted any duty which would materially and adversely affect the health, safety, welfare or property of a resident.

(D) Points will not be assessed for class III violations if the operator can show that the violation had been corrected since it was initially noted, that the operator made a good faith effort, as judged by the division, to stay in compliance and that the violation again occurred for reasons beyond the operator's control.

(6) The division shall not initiate any action against an operator as authorized by law, including issuance of a notice of noncompliance for uncorrected violations of class II or III standards, unless the facility's record, the cited violations and the circumstances are reviewed by the director of the division or his/her designee.

AUTHORITY: sections 198.009 and 198.085.1, RSMo 1986. This rule was originally filed as 13 CSR 15-10.020. Original rule filed Dec. 10, 1981, effective May 13, 1982. Amended: Filed July 13, 1983, effective Oct. 13, 1983. Moved to 19 CSR 30-82.020, effective Aug. 28, 2001.*

**Original authority: 198.009, RSMo 1979 and 198.085, RSMo 1979, amended 1984.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 82—General Licensure Requirements

19 CSR 30-82.030 Assessment of Availability of Beds

PURPOSE: This rule sets forth the procedures followed by the Division of Aging in determining for the Missouri Health Facilities Review Committee whether or not a need exists in a particular locale for additional Medicaid certified beds.

(1) The Department of Social Services/Division of Aging will determine whether there presently exists a need for additional beds in a particular county or locality after the Department of Social Services/Division of Aging is notified by the State Health Planning and Development Agency that a Certificate of Need letter of intent has been filed for a project in that particular county or locality. The Department of Social Services/Division of Aging will obtain from the State Health Planning and Development Agency information concerning the project's projected completion date, the number of beds to be licensed for each level of care and the number of beds for which Medicaid certification will be sought.

(2) The Department of Social Services/Division of Aging will consider the need for intermediate care facility and skilled nursing facility licensed beds and will evaluate separately the need for licensed beds certified to participate in Missouri's Title XIX (Medi-caid) program.

(3) Once per quarter, the Department of Social Services/Division of Aging will determine the total number of licensed only beds and the total number of beds certified to participate in the Medicaid program in every county or locality in the state and the percentage of those beds which are occupied.

(4) If the Department of Social Services/Division of Aging is notified by the State Health Planning and Development Agency that a Certificate of Need letter of intent has been filed for a project, the Department of Social Services/Division of Aging will determine if a present need actually exists for additional licensed beds in the county or locality and the minimum number of additional beds needed, taking into account, one (1) or more of the following factors:

(A) Legal or administrative actions to which the Department of Social Services/Division of Aging may or may not be a party, which may affect availability of licensed intermediate care facility or skilled nursing facility beds in the county or locality;

(B) The number of beds under actual construction for which a certificate of need has been issued in that county or locality; and

(C) Whether ninety percent (90%) or more of the existing licensed long-term care beds in the county or locality are occupied.

(5) If the Department of Social Services/Division of Aging is notified by the State Health Planning and Developing Agency that a Certificate of Need letter of intent has been filed for a project for any county or locality where fifteen percent (15%) or less of the total Medicaid-certified beds in that county or locality are available, or if that county or locality has no certified beds, the Department of Social Services/Division of Aging will determine if a present need actually exists for additional Medicaid-certified beds in that county or locality and the minimum number of additional Medicaid-certified beds needed, taking into account, one (1) or more of the following factors:

(A) The number of certifiable and potentially certifiable beds in existence in the county or locality;

(B) The number of potentially certifiable beds under construction in that county or locality for which a Certificate of Need has been issued which are scheduled for completion on or before the date scheduled for completion for beds proposed in the application in question; and

(C) Legal or administrative action to which the Department of Social Services/Division of Aging may or may not be a party, which may affect availability of licensed and Medicaid-certified intermediate care facility and skilled nursing facility beds in the county or locality.

(6) Available Medicaid-certified beds are—

(A) Those which are certified to participate in the Medicaid program, currently staffed and capable of being occupied by a resident and not occupied by either a Medicaid or private pay resident; or

(B) Those, if occupied by a private pay resident in a distinct part facility, where the facility has verified in writing to the Department of Social Services/Division of Aging that the private pay resident will be transferred to a noncertified bed in the same facility if a Medicaid recipient or Medicaid-eligible individual requests placement.

(7) The Department of Social Services/Division of Aging finds a present need exists for additional beds of the classification proposed in a particular Certificate of Need letter of intent, the Department of Social Services/Division of Aging will certify the proposed facility to the Missouri Health Facilities Review Committee for whatever action it deems appropriate on that proposed facility including action pursuant to section 197.330, RSMo. If a Certificate of Need letter of intent has been filed for more than one (1) project in a county or locality in which the Department of Social Services/Division of Aging has found existence of a need for additional beds of the classification(s) proposed in the letters of intent, the Department of Social Services/Division of Aging will certify all such proposed facilities to the Missouri Health Facilities Review Committee to determine which, if any, of the proposed facilities will be issued a Certificate of Need to meet the present need for additional beds determined by the Department of Social Services/Division of Aging. Where the Department of Social Services/Division of Aging finds a present need for additional beds in a particular county or locality, the report to the Missouri Health Facilities Review Committee will specify whether licensed long-term care beds are needed or whether the need is for long-term care beds which are also certified to participate in the Medicaid program and what minimum number of beds is needed for each classification.

AUTHORITY: sections 197.318, RSMo Supp. 1992 and 198.009, RSMo 1986. This rule was originally filed as 13 CSR 15-10.030. Emergency rule filed June 17, 1986, effective June 27, 1986, expired Oct. 24, 1986. Original rule filed June 17, 1986, effective Oct. 24, 1986. Moved to 19 CSR 30-82.030, effective Aug. 28, 2001.*

**Original authority: 197.318, RSMo 1986, amended 1992 and 198.009, RSMo 1979.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 82—General Licensure Requirements

19 CSR 30-82.050 Transfer and Discharge Procedures

PURPOSE: This rule provides instructions for persons who are discharged from a licensed long-term care facility under involuntary circumstances. When this proposed rule becomes effective it will replace 13 CSR 15-9.010(17) which will be rescinded by subsequent rulemaking. This rule also includes the provisions of section 198.088, RSMo applicable to transfer or discharge and the notice and due process required of all licensed facilities.

(1) For the purposes of this rule, the following terms shall be defined as follows:

(A) Transfer means moving a resident from one institutional setting to another institutional setting for care and under circumstances where the releasing facility has decided that it will not readmit the resident or a legally authorized representative of the resident has not consented or agreed with the transfer. Unless indicated otherwise from the context of this rule, a transfer shall be deemed the same as a discharge;

(B) Discharge means releasing from a facility or refusing to readmit a resident from a community setting under circumstances where the resident or a legally authorized representative of the resident has not consented or agreed with the move or decision to refuse readmittance. Refusal to readmit a former resident shall not constitute a discharge if the former resident has been absent from the facility for more than ninety (90) days;

(C) Consent to or agreement with transfer or discharge means one of the following:

1. The resident or a legally authorized representative of the resident has consented to, agreed with, or requested the discharge; or

2. The resident's treating physician has ordered the transfer and the releasing facility intends to readmit the resident if requested to do so;

(D) Consent of the resident means that the resident, with sufficient mental capacity to fully understand the effects and consequences of the transfer or discharge, consents to or agrees with the transfer or discharge; and

(E) Legally authorized representative of a resident means a duly appointed guardian or an attorney-in-fact who has current and valid power to make health care decisions for the resident.

(2) The facility shall permit each resident to remain in the facility unless—

(A) The transfer or discharge is appropriate because the resident's welfare and the resident's needs cannot be met by the facility;

(B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;

(C) The safety of individuals in the facility is endangered;

(D) The health of individuals in the facility would otherwise be endangered;

(E) The resident has failed, after reasonable and appropriate notice, to pay for (or have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge that resident only allowable charges under Medicaid; or

(F) The facility ceases to operate.

(3) When the facility transfers or discharges a resident under any of the circumstances specified in subsections (2)(A)–(E), the resident's clinical record shall be documented. The facility shall ensure that documentation for the transfer or discharge is obtained from—

(A) The resident's personal physician when transfer or discharge is necessary under subsections (2)(A)–(B); and

(B) A physician when transfer or discharge is necessary under subsection (2)(D); and

(C) The facility administrator or the facility director of nursing in all circumstances.

(4) Before a facility transfers or discharges a resident, the facility shall—

(A) Send written notice to the resident in a language and manner reasonably calculated to be understood by the resident. The notice must also be sent to any legally authorized representative of the resident and to at least one family member. In the event that there is no family member known to the facility, the facility shall send a copy of the notice to the appropriate regional coordinator of the Missouri State Ombudsman's office;

(B) Include in the written notice the following information:

1. The reason for the transfer or discharge;

2. The effective date of transfer or discharge;

3. The resident's right to appeal the transfer or discharge notice to the director of the Division of Aging or his/her designated hearing official within thirty (30) days of the receipt of the notice;

4. The address to which the request for a hearing should be sent: Administrative Hearings Unit, Division of Legal Services, P.O. Box 1527, Jefferson City, MO 65102-1527;

5. That filing an appeal will allow a resident to remain in the facility until the hearing is held unless a hearing official finds otherwise;

6. The location to which the resident is being transferred or discharged;

7. The name, address and telephone number of the designated regional long-term care ombudsman office;

8. For Medicare and Medicaid certified facility residents with developmental disabilities, the mailing address and telephone number of the Missouri Protection and Advocacy Agency, 925 South Country Club Drive, Jefferson City, MO 65109, (573) 893-3333, or the current address and telephone number of the protection advocacy agency if it has changed. The protection and advocacy agency is responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act. For Medicare and Medicaid certified facility residents with mental illness, the address and telephone number of Missouri Protection and Advocacy Agency, the agency responsible for persons with mental illness under the Protection and Advocacy for Mentally Ill Individuals Act; and

(C) Record and document in detail in each affected resident's record the reason for the transfer or discharge. The recording of the reason for the transfer or discharge shall be entered into the resident's record prior to the date the resident receives notice of the transfer or discharge, or prior to the time when the transferring or discharging facility decides to transfer or discharge the resident.

(5) The notice of transfer or discharge described in this rule shall be made by the facility no less than thirty (30) days before the resident is to be transferred or discharged. In the case of an emergency discharge, the notice shall be made as soon as practicable before the discharge when it is specifically alleged in the notice that—

(A) The safety of individuals in the facility would be endangered under subsection (2)(C) of this rule and the notice contains specific facts upon which the facility has based its determination that the safety of said individuals would be so endangered;

(B) The health of individuals in the facility would be endangered under subsection (2)(D) of this rule and the notice contains specific facts upon which the facility has based its determination that the safety of said individuals would be so endangered;

(C) The resident's health has improved sufficiently to allow a more immediate transfer or discharge under subsection (2)(B) of this rule;

(D) An immediate transfer or discharge is required by the resident's urgent medical needs under subsection (2)(A) of this rule; or

(E) The resident has not resided in the facility for thirty (30) days.

(6) Any resident of a facility who receives notice of discharge from the facility in which he/she resides may file an appeal of the notice with the Administrative Hearings Section, Division of Legal Services, P.O. Box 1527, Jefferson City, MO 65102-1527 within thirty (30) days of the date the resident received the discharge notice from the facility. The resident's legal guardian, the resident's attorney-in-fact appointed under sections 404.700–404.725, RSMo (Durable Power of Attorney Law of Missouri) or pursuant to sections 404.800–404.865, RSMo (Durable Power of Attorney for Health Care Act) or any other individual may file an appeal on the resident's behalf. A Nursing Facility Transfer or Discharge Hearing Request form (MO Form 886-3245) to request a hearing may be obtained from the Division of Aging or the regional ombudsman. However, the use of a form is not required in order to file a request for a hearing. The request for a hearing shall be verified in writing by the resident, his/her legal guardian, attorney-in-fact, or any other party requesting a hearing on the resident's behalf by attesting to the truth of the resident's request for a hearing.

(7) The director of the Department of Social Services shall designate a hearing official to hear and decide the resident's appeal.

(A) The designated hearing official shall notify the resident, the state long-term care ombudsman and the facility that the request for a hearing has been received and that a hearing has been scheduled.

(B) The hearing may be held by telephone conference call or in person at any location the designated hearing official deems reasonably appropriate to accommodate the resident's needs.

(8) The discharge of the resident shall be stayed at the time the request for a hearing was filed unless the facility can show good cause why the resident should not remain in the facility until a written hearing decision has been issued by the designated hearing official. Good cause shall include, but is not limited to, those exceptions when the facility may notify the resident of a discharge from the facility with less than thirty (30) days notice as set forth in section (5) of this rule.

(A) The facility may show good cause for discharging the resident prior to a hearing decision being issued by the designated hearing official by filing a written Motion to Set Aside the Stay with the Administrative Hearings Unit at the address in paragraph (4)(B)4. The facility must provide a copy of the Motion to Set Aside the Stay to the resident, or to the resident's legally authorized representative and to at least one (1) family member, if one is known. In the event that a resident has no legally authorized representative and no known family members, then a copy of the Motion to Set Aside the Stay must be provided to the Missouri State Long-Term Care Ombudsman's Office.

(B) Within five (5) days after a written Motion to Set Aside the Stay has been filed with the Administrative Hearings Unit, the designated hearing official shall schedule a hearing to determine whether the facility has good cause to discharge the resident prior to a written hearing decision being issued. Notice of the good cause hearing need not be in writing. All parties and representatives who received a copy of the Motion to Set Aside the Stay under subsection (8)(A) of this rule shall also be notified of the good cause hearing.

1. The designated hearing official shall have the discretion to consolidate the facility's good cause hearing with the discharge hearing requested by the resident. In the case of an emergency discharge, an expedited hearing shall be held upon the request of the resident, legally authorized representative, family member, and in a case where notice was required to be sent to the regional ombudsman, to the state long-term care ombudsman, so long as the parties waive the ten (10)-day notice requirement specified in section (9).

2. Subsequent to the good cause hearing, the designated hearing official shall issue an order granting or denying the facility's Motion to Set Aside the Stay. If the facility's good cause hearing and the resident's discharge hearing were consolidated, the order shall also set forth whether the facility may discharge the resident.

(9) Written notice of a hearing shall contain the date and time for the hearing and shall be mailed to the facility, the resident or the resident's legally authorized representative, and to any and all parties in interest, including any family members who received notice of the discharge, that are known to the designated hearing official. The written notice shall be mailed to the parties at least ten (10) days prior to the hearing.

(10) If the facility's good cause hearing and the resident's discharge hearing were not consolidated and the designated hearing official issues an order denying the facility's Motion to Set Aside the Stay, the designated hearing official shall schedule the discharge hearing subsequent to the date the order which denied the facility's motion was issued. After the hearing, the designated hearing official shall issue a written decision setting forth whether the facility may discharge the resident. The written decision shall be mailed to the facility, the resident or the resident's legally authorized representative and counsels for all parties, if any. If the state long-term care ombudsman's office received notice of the discharge, a copy of the hearing decision shall be sent to the ombudsman's office. If a member of the resident's family received notice of the discharge, a copy of the hearing decision shall be mailed to the family member upon request.

(11) The burden of showing that the facility has complied with all requirements for appropriate discharge of the resident shall be upon the facility. The resident may provide any additional evidence competent to show that the facility has not met its burden.

(12) The resident may obtain legal counsel, represent him/herself or use a relative, a friend or other spokesperson. All natural parties, including residents, sole proprietors of a facility and a partner of a facility operated in the partnership form of business, may represent themselves in a *pro se* capacity on behalf of the facility. Corporate operators of a facility may only be represented by an attorney licensed to practice law in Missouri.

(13) Hearings shall be subject to the hearing procedures found in 42 CFR Chapter IV, Part 483, subpart E and the Missouri Administrative Procedures Act, specifically sections 536.070 through 536.080, RSMo, which include, but are not limited to, oral and written evidence, witnesses, objections, official notices, affidavits, transcripts, depositions and other discovery methods, sanctions, oral arguments and written briefs. Written medical statements by a physician, psychiatrist or psychologist shall be admitted as relevant and probative evidence and shall be given due weight in consideration by the director or his/her designated hearing official. An audiotape recording of the hearing shall be made unless it is agreed by both parties to substitute a certified transcript.

(14) If the decision is that there is no cause for discharge, the resident shall be permitted to remain in the facility. If the decision is in the facility's favor, the resident shall be granted an additional ten (10) days after the decision is received for purpose of relocation, and the facility shall assist the resident in making suitable arrangements for relocation. If the resident prevails and has already been discharged, the facility shall notify the resident, the qualified representative, or any other responsible party who will assure that the resident is made aware of the decision and that the resident may return to the facility. In the event that there are no beds available, the facility shall admit the resident to occupy the first available bed without regard to any waiting list maintained by the facility.

AUTHORITY: section 198.088, RSMo 1994 and 660.050, RSMo Supp. 1997. This rule was originally filed as 13 CSR 15-10.050. Original rule filed Feb. 13, 1998, effective Sept. 30, 1998. Moved to 19 CSR 30-82.050, effective Aug. 28, 2001.*

Original authority: 198.088, RSMo 1997, amended 1988, 1989, 1994 and 660.050, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 82—General Licensure Requirements

19 CSR 30-82.060 Hiring Restrictions—Good Cause Waiver

PURPOSE: This rule is being promulgated to establish the procedure by which persons with criminal convictions may seek a waiver allowing them to be employed by health care and mental health providers despite the hiring restrictions found in section 660.317, RSMo. The waivers are to be for "good cause" as defined by that statute. This rule sets forth both the procedure for seeking waivers and the facts and circumstances to be considered by the Department of Social Services in determining "good cause."

(1) Definitions.

(A) Applicant means a person who has been or would be rejected for employment by a provider due to the hiring restrictions found in section 660.317, RSMo.

(B) Department means the Department of Health and Senior Services.

(C) Determination means the decision issued by the director of the Department of Health and Senior Services or the director's designee based on the factual, procedural or causal issues of the request for waiver.

(D) Director means the director of the Department of Health and Senior Services.

(E) Good Cause Waiver means a finding that it is reasonable to believe that the restrictions imposed by section 660.317, RSMo, on the employment of an applicant may be waived after an examination of the applicant's prior work history and other relevant factors is conducted and demonstrates that such applicant does not present a risk to the health or safety of residents, patients or clients if employed by a provider.

(F) Provider means any person, corporation or association who—

1. Is licensed as an operator pursuant to Chapter 198, RSMo;

2. Provides in-home services under contract with the Department of Health and Senior Services;

3. Employs nurses or nursing assistants for temporary or intermittent placement in health care facilities;

4. Is an entity licensed pursuant to Chapter 197, RSMo;

5. Is a public or private facility, day program, residential facility or specialized service operated, funded or licensed by the Department of Mental Health; or

6. Is a licensed adult day care provider.

(G) Reference means a written statement of character, qualification or ability issued on behalf of the applicant by a person who is not related to or residing with the applicant requesting a good cause waiver.

(H) Sponsor means the current or potential employer of the applicant, or a training program, agency or school in which the applicant is or was a student enrolled for the purpose of earning a professional license, certification or otherwise becoming qualified to perform the duties of an occupation.

(2) Any person who is not eligible for employment by a provider due to the hiring restrictions found in section 660.317, RSMo, may apply to the director for a good cause waiver. If the director, or the director's designee, determines that the applicant has demonstrated good cause, such restrictions prohibiting such persons from being hired by a provider shall be waived and such persons may be so employed unless rejected for employment on other grounds. Hiring restrictions based on the Department of Health and Senior Services' employee disqualification list established pursuant to section 660.315, RSMo, are not subject to a waiver.

(3) The director, or the director's designee, shall accept an application for a good cause waiver only if the application—

(A) Is submitted in writing by the applicant on the form provided by the department;

(B) Is legible;

(C) Is signed by the applicant;

(D) Includes an indication of the type of waiver that is being requested;

(E) Includes a complete history of residency since the earliest disqualifying offense or incident;

(F) Includes a complete employment history since the age of eighteen (18) years;

(G) Includes an attached explanation written by the applicant as to why the applicant believes he or she no longer poses a risk to the health, safety or welfare of residents, patients or clients;

(H) Includes an attached description written by the applicant of the events that resulted in each disqualifying offense or incident;

(I) Includes attached documentation on the applicant's professional, vocational or occupational licensure, certification or registration history and current status, if any, in this state and any other state;

(J) Includes at least one (1) reference letter from a sponsor. If the applicant is not able to obtain a sponsor, the applicant shall so state, shall identify those potential sponsors who have been approached by the applicant, and shall submit three (3) reference letters from individuals knowledgeable of the applicant's character or work history who are not related to or residing with the applicant;

(K) Includes a criminal history record from the Missouri State Highway Patrol if requesting a waiver of disqualifying criminal offenses;

(L) Includes a certified court document for each disqualifying criminal offense. If such document is not obtainable, a written and signed statement from the court indicating that no such record exists must be submitted;

(M) Includes certified investigative reports from the Department of Social Services if requesting a waiver of child abuse or neglect findings or a waiver of foster parent license denial, revocation, or involuntary suspension;

(N) Includes certified investigative reports or other documentation of the incident(s) which resulted in the applicant's inclusion on all other lists in the Family Care Safety Registry for which waiver is requested; and

(O) If in addition to the criminal offense(s) for which the applicant is requesting a waiver the applicant has any pending felony or misdemeanor charges, includes a statement explaining the circumstances and certified copies of the charging documents for all pending criminal charges; and, in the case of an applicant seeking a position with an in-home services provider agency or home health agency, if in addition to the circumstances related to the listing on any of the background checklists of the Family Care Safety Registry for which the applicant is requesting a waiver the applicant has any pending circumstances which if established would lead to an additional listing on any of the background checklists of the Family Care Safety Registry, includes a statement explaining the circumstances and certified copies of documents relating to those circumstances.

(4) The director, or the director's designee, will not consider any application for a good cause waiver unless it is fully completed, signed by the applicant, and contains all required attachments.

(5) Each completed application will be reviewed by a good cause waiver committee of two (2) or more employees of the department. The director shall determine the size of the committee and shall, from time to time, appoint members to serve on the committee.

(A) If the applicant seeks a good cause waiver of placement on the disqualification list maintained by the Department of Mental Health, the director shall appoint an employee of the Department of Mental Health recommended by the director of the Department of Mental Health to serve on the good cause waiver committee.

(B) A member of the good cause waiver committee shall recuse himself or herself in a good cause waiver review in which the member's impartiality might reasonably be questioned, including but not limited to instances where the committee member has a personal bias or prejudice concerning the applicant, or personal knowledge of evidentiary facts concerning the application for good cause waiver.

(6) The department may, at any time during the application process or review thereof, request additional information from the applicant. If the applicant fails to supply any requested additional information within thirty (30) calendar days of the date of the request, unless the applicant requests and the department grants an extension, the department will consider the application for good cause waiver to be withdrawn by the applicant.

(7) The department may request the applicant, prior to the completion of the review, to appear in person to answer questions about his or her application. If the applicant is requested to appear in person, the department, in its sole discretion, shall determine the location for the appearance and may conduct any such proceedings using electronic means, including but not limited to telephonic or video conferencing. The department shall review and may investigate the information contained in each application for completeness, accuracy and truthfulness. The burden of proof shall be upon the applicant to demonstrate that he or she no longer poses a risk to the health, safety or welfare of residents, patients or clients. The following factors shall be considered in determining whether a good cause waiver should be granted:

(A) The applicant's age at the time the crime was committed or at the time the incident occurred that resulted in the applicant being listed on the background checklists in the Family Care Safety Registry;

(B) The circumstances surrounding the crime or surrounding the incident that resulted in the applicant being listed on the background checklists in the Family Care Safety Registry;

(C) The length of time since the conviction or since the occurrence of the incident that resulted in the applicant being listed on the background checklists in the Family Care Safety Registry;

(D) The length of time since the applicant completed his or her sentence for the disqualifying conviction(s), whether or not the applicant was confined, conditionally released, on parole or probation;

(E) The applicant's entire criminal history and entire history of all incidents that resulted in the applicant being listed on the background checklists in the Family Care Safety Registry, including whether that history shows a repetitive pattern of offenses or incidents;

(F) The applicant's prior work history;

(G) Whether the applicant had been employed in good standing by a provider but subsequently became ineligible for employment due to the hiring restrictions in section 660.317, RSMo;

(H) Whether the applicant has been convicted or found guilty of, or pled guilty or *nolo contendere* to any offense displaying extreme brutality or disregard for human welfare or safety;

(I) Whether the applicant has omitted a material fact or misrepresented a material fact pertaining to his or her criminal or employment history or to his or her history of incidents that resulted in his or her being listed on the background checklists in the Family Care Safety Registry;

(J) Whether the applicant has ever been listed on the Employee Disqualification List maintained by the department as provided in section 660.315, RSMo;

(K) Whether the applicant's criminal offenses were committed, or the incidents that resulted in the applicant being listed on the background checklists in the Family Care Safety Registry occurred, during the time he or she was acting as a provider or as an employee for a provider;

(L) Whether the applicant has, while disqualified from employment by a provider, obtained employment by fraud, deceit, deception or misrepresentation, including misrepresentation of his or her identity;

(M) Whether the applicant has ever had a professional or occupational license, certification, or registration revoked, suspended, or otherwise disciplined;

(N) Any other information relevant to the applicant's employment background or past actions indicating whether he or she would pose a risk to the health, safety or welfare of residents, patients or clients; and

(O) Whether the applicant has supplied all information requested by the department.

(8) If, at the time of an application for a waiver, or during the waiver consideration process, the applicant has been charged or indicted for, but not convicted of, any of the crimes covered under the provisions of section 660.317, RSMo, the division will hold the request for waiver in abeyance while such charges are pending or until a court of competent jurisdiction enters a judgment or order disposing of the matter.

(9) Each applicant who submits a waiver application meeting the requirements of section (3) of this rule shall be notified in writing by the director, or the director's designee, as to whether his or her application has resulted in a determination of good cause or no good cause. Such notification shall be effective if sent to the applicant's address given on the application.

(10) Any good cause waiver granted to an applicant applies only to:

(A) The specific disqualifying conviction(s), finding(s) of guilt, plea(s) of guilty or *nolo contendere*, as contained in the certifying copies of the court documents which are required in the application; and/or

(B) The incident(s) that resulted in the applicant being listed on the background checklists in the Family Care Safety Registry, as contained in the investigative reports or other supporting documentation required in the application or subsequently requested by the department.

(11) Any good cause waiver granted to an applicant applies only to those disqualifying criminal convictions on incidents that resulted in the applicant being listed on the background checklists in the Family Care Safety Registry, as covered under the provisions of section 660.317, RSMo, and shall not apply to any other hiring restriction or exclusion imposed by any other federal or state laws or regulations.

(12) The director, or the director's designee, may withdraw a good cause waiver if it receives information or finds that—

(A) The applicant has omitted a material fact or misrepresented a material fact in seeking a good cause waiver;

(B) The applicant has been subsequently convicted or found guilty of, or pled guilty or *nolo contendere* to any class A or B felony violation of Chapter 565, 566, or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or section 568.020, RSMo, in this state or any other state;

(C) Such applicant is a prospective or current employee of an in-home services provider or home health agency and has been subsequently involved in an incident that results in the applicant being listed on any of the background checklists in the Family Care Safety Registry;

(D) The applicant has omitted, misrepresented or failed to disclose or provide any of the information required by section 660.317, RSMo, or the provisions of this rule; or

(E) There has been a material change in the circumstances upon which the good cause waiver was granted.

(13) If the good cause waiver is withdrawn by the department, the notice of such withdrawal shall be mailed by the department to the applicant's last known address, with a copy of the notice sent to the applicant's last known employer, if any.

(14) No applicant may be employed in a direct care or direct service position with a provider during the pendency of a request for waiver unless the applicant has been continuously employed by that provider prior to August 28, 2003. If an applicant is employed on or after August 28, 2003, he or she may be employed following submission of a completed waiver application on a conditional basis to provide in-home services or home health services to any in-home services client or home health patient during the pendency of that waiver application if:

(A) The disqualifying crime is not one that would preclude employment pursuant to subsection 6 of section 660.317, RSMo; and

(B) The applicant is not listed on the Department of Health and Senior Services' employee disqualification list established pursuant to section 660.315, RSMo.

(15) If a waiver is denied to an applicant employed on or after August 28, 2003, on a conditional basis, the conditional employment shall immediately terminate.

(16) Applicants who have been denied a good cause waiver, or who have had their good cause waivers withdrawn by the department, may reapply one (1) time every twelve (12) months, or whenever the circumstances related to the disqualifying conviction(s) have changed.

(17) Each provider shall be responsible for—

(A) Requesting criminal background checks on all prospective employees, regardless of waiver status, in accordance with the provisions of sections 660.317 and 43.540, RSMo; and

(B) Contacting the department to confirm the validity of a prospective employee's good cause waiver prior to hiring the prospective employee if the prospective employee reveals the existence of a good cause waiver or reveals the existence of an otherwise disqualifying circumstance.

(18) Each in-home services provider or home health provider shall also be responsible for—

(A) Requesting Family Care Safety Registry background screenings on all prospective employees, regardless of waiver status, in accordance with the provisions of section 660.317.7, RSMo; and

(B) Contacting the department to confirm the validity of a prospective employee's good cause waiver prior to hiring the prospective employee if the prospective employee reveals the existence of a good cause waiver or reveals the existence of an otherwise disqualifying circumstance.

(19) All applications for good cause waivers and related documents shall become permanent records maintained by the department.

AUTHORITY: sections 660.017, RSMo 2000, 660.050 and 660.317, RSMo Supp. 2003. This rule was originally filed as 13 CSR 15-10.060. Emergency rule filed March 1, 1999, effective March 30, 1999, expired Jan. 10, 2000. Original rule filed March 1, 1999, effective Sept. 30, 1999. Moved to 19 CSR 30-82.060, effective Aug. 28, 2001. Emergency amendment filed Oct. 15, 2003, effective Oct. 26, 2003, expired April 22, 2004. Amended: Filed Oct. 15, 2003, effective April 30, 2004.*

**Original authority: 660.017, RSMo 1993, amended 1995; 660.050, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001; and 660.317, RSMo 1996, amended 1997, 1998, 2002, 2003.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 82—General Licensure Requirements

19 CSR 30-82.070 Alzheimer's Demonstration Projects
(Rescinded September 30, 2013)

AUTHORITY: section 198.534, RSMo Supp. 1999. This rule was originally filed as 13 CSR 15-10.070. Emergency rule filed April 14, 2000, effective April 24, 2000, expired Feb. 1, 2001. Original rule filed April 14, 2000, effective Nov. 30, 2000. Moved to 19 CSR 30-82.070, effective Aug. 28, 2001. Rescinded: Filed March 11, 2013, effective Sept. 30, 2013.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 82—General Licensure Requirements

19 CSR 30-82.080 Nursing Facility Quality of Care Improvement Program

PURPOSE: This rule explains the requirements for receiving funding from the Nursing Facility Quality of Care (NFQC) Fund to improve the quality of service the facility provides to its residents.

(1) Definitions.

(A) Qualified Facility—Any facility licensed pursuant to Chapter 198, RSMo, that has received a Class I or Uncorrected Class II Notice of Noncompliance within the past twelve (12) months in one (1) of the following areas:

1. For Residential Care Facility I (RCF I) and Residential Care Facility II (RCF II):

A. Administrative, Personnel and Resident Care (19 CSR 30-86.042);

B. Dietary (19 CSR 30-86.052); or

C. Resident Rights (19 CSR 30-88.010);

2. For Skilled Nursing Facility (SNF) and Intermediate Care Facility (ICF):

A. Administration and Resident Care (19 CSR 30-85.042)

B. Dietary (19 CSR 30-85.052); or

C. Resident Rights (19 CSR 30-88.010).

(B) Quality Improvement Project for Missouri (QIPMO) consultation—Provides technical assistance and support to nursing facility staff throughout the state in order to improve the quality of care in nursing facilities using the Minimum Data Set (MDS) and on-site clinical consultation.

(2) Selection of Qualified Facilities.

(A) Qualified facilities may submit a written request to the department for funds from the Nursing Facility Quality of Care (NFQC) Fund to pay for QIPMO assistance and support. The department will provide a written response to the qualified facility's request approving or disapproving the use of NFQC funding for QIPMO assistance. In the absence of extraordinary circumstances, a qualified facility shall receive no more than one thousand dollars ($1,000) per request. A qualified facility which wishes to receive more than one thousand dollars ($1,000) per request must separately justify reimbursement in excess of one thousand dollars ($1,000) by setting forth the extraordinary circumstances justifying reimbursement in excess of one thousand dollars ($1,000). The department may, in its sole discretion, approve reimbursement in excess of one thousand dollars ($1,000).

(B) Qualified facilities may also submit to the department proposals describing implementation of a quality improvement program, in lieu of the QIPMO Program. Such proposals shall address areas of noncompliance that have been cited in the notice of noncompliance issued in the past twelve (12) months. Upon approval of the proposal by the department, the department may use funds in the NFQC Fund that have been collected from state civil money penalties to fund the qualified facility's proposal. In the absence of extraordinary circumstances, a qualified facility shall receive no more than one thousand dollars ($1,000) per proposal. A qualified facility which wishes to receive more than one thousand dollars ($1,000) per proposal must separately justify reimbursement in excess of one thousand dollars ($1,000) by setting forth the extraordinary circumstances justifying reimbursement in excess of one thousand dollars ($1,000). The department may, in its sole discretion, approve reimbursement in excess of one thousand dollars ($1,000).

(C) The department may impose upon a qualified facility a directed plan of correction, as set forth in section 198.066, RSMo, which includes QIPMO consultation. Funding for the QIPMO consultation may be taken from the NFQC Fund, not to exceed one thousand dollars ($1,000), unless the department, in its sole discretion, determines reimbursement in excess of one thousand dollars ($1,000) is justified by extraordinary circumstances.

(3) The qualified facility will submit to the department the paid invoice(s) for the QIPMO consultation or other quality improvement program. The department will reimburse the qualified facility for the amount granted.

AUTHORITY: section 198.067.6, RSMo Supp. 2003. Emergency rule filed Sept. 12, 2003, effective Sept. 22, 2003, expired March 19, 2004. Original rule filed Sept. 12, 2003, effective Feb. 29, 2004.*

**Original authority: 198.067, RSMo 1979, amended 1989, 1996, 1999, 2003.*

Rules of
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Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 83—Definition of Terms

19 CSR 30-83.010 Definition of Terms

PURPOSE: This rule defines terms used in the rules for long-term care facilities as set forth in chapters 19 CSR 30-85, 19 CSR 30-86, 19 CSR 30-87, and 19 CSR 30-88.

(1) Activities of daily living (ADL)—Shall mean one (1) or more of the following:
(A) Eating;
(B) Dressing;
(C) Bathing;
(D) Toileting;
(E) Transferring; and
(F) Walking.

(2) Administrator—Shall mean an individual person who is in general administrative charge of a facility.

(3) Assisted living facility (ALF)—Shall mean any premises, other than a residential care facility, intermediate care facility, or skilled nursing care facility, that is utilized by its owner, operator, or manager to provide twenty-four (24) hour care and services and protective oversight to three (3) or more residents who are provided with shelter, board, and who may need and are provided with the following:
(A) Assistance with any activities of daily living and any instrumental activities of daily living;
(B) Storage, distribution or administration of medications; and
(C) Supervision of health care under the direction of a licensed physician, provided that such services are consistent with a social model of care.
(D) The term "assisted living facility" does not include a facility where all of the residents are related within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the facility.

(4) Automated dispensing system—Shall mean a mechanical system that performs functions that may include, but are not limited to, storing, packaging or dispensing medications, and that collects, controls and maintains all transaction information.

(5) Certified-medication technician—Shall mean a nursing assistant who has completed a course in medication administration approved by the Department of Health and Senior Services.

(6) Chemical restraint—Shall mean a psychopharmacologic medication that is used for discipline or convenience and not required to treat medical symptoms.

(7) Communicable disease—Any illness, disease or condition reportable to the Missouri Department of Health and Senior Services as required by 19 CSR 20-20.010 and 19 CSR 20-20.020 is considered, for the context of these rules, a communicable disease.

(8) Community based assessment—Shall mean documented basic information and analysis provided by appropriately trained and qualified individuals describing an individual's abilities and needs in activities of daily living, instrumental activities of daily living, vision/hearing, nutrition, social participation and support, and cognitive functioning using an assessment tool approved by the Department of Health and Senior Services (the department), that is designed for community based services and that is not the nursing home minimum data set. The assessment tool may be one developed by the department or one used by a facility which has been approved by the department.

(9) Control of medication—Shall mean assuming responsibility by the facility for all facets of control of medication including, but not limited to, acquisition, storage, security and administration.

(10) Convenience—Shall mean any action taken by the facility to control resident behavior or maintain residents with a lesser amount of effort by the facility and not in the resident's best interest.

(11) Dementia—Shall mean a general term for the loss of thinking, remembering, and reasoning so severe that it interferes with an individual's daily functioning, and may cause symptoms that include changes in personality, mood, and behavior.

(12) Designee—Shall mean an individual who has been designated in writing by a resident to handle matters and receive reports related to his/her personal possessions and property.

(13) Discipline—Shall mean any action taken by the facility for the purpose of punishing or penalizing residents.

(14) Emergency medical procedure—Shall mean those written policies and procedures which describe the types and degrees of accidents and injuries, how they will be treated, by whom, in which instances the resident's physician will be notified and how quickly.

(15) Emergency medication supply—Shall mean a limited number of dosage units of prescription medications that may be administered to a resident in an emergency situation or for initial doses of a necessary medication when a pharmacy cannot provide a prescription for a resident within a reasonable time based on the resident's clinical needs at the time.

(16) Existing or existing licensed facility—Shall mean a long-term care facility which was licensed and in operation or one whose plans were approved prior to June 10, 1981 for a skilled or intermediate care facility or prior to November 13, 1980 for residential care facilities and assisted living facilities except as otherwise indicated in 19 CSR 30-86.012, 19 CSR 30-86.022 and 19 CSR 30-86.032.

(17) Exit—Shall mean a door leading to the outside or through a horizontal exit in a fire wall to a fire-safe area in the building.

(18) Facility—Shall mean any residential care facility, assisted living facility, intermediate care facility or skilled nursing facility licensed by the department.

(19) Fire-resistant construction—For intermediate care facilities and skilled nursing facilities, fire-resistant construction shall mean that a facility meets the specifications for Type II (222) or Type II (111) construction as given in the *National Fire Protection Association Code 220*. Fire-resistant construction for residential care facilities and assisted living facilities is defined in 19 CSR 30-86.022.

(20) Hazardous area—Shall mean furnace rooms other than electric forced air furnaces, laundries, kitchens, maintenance shops and storage rooms of over one hundred (100) square feet and any areas which contain combustible materials which will be either easily ignited, burn with an intense flame or result in the production of dense smoke and fumes.

(21) Home-like—means a self-contained long-term care setting that integrates the psychosocial, organizational and environmental qualities that are associated with being at home. Home-like may include, but is not limited, to the following:

(A) A living room and common use areas for social interactions and activities;

(B) Kitchen and family style eating area for use by the residents;

(C) Laundry area for use by residents;

(D) A toilet room that contains a toilet, lavatory and bathing unit in each resident's room;

(E) Resident room preferences for residents who wish to share a room, and for residents who wish to have private bedrooms;

(F) Outdoor area for outdoor activities and recreation; and

(G) A place where residents can give and receive affection, explore their interests, exercise control over their environment, engage in interactions with others and have privacy, security, familiarity and a sense of belonging.

(22) Individualized service plan (ISP)—Shall mean the planning document prepared by an assisted living facility which outlines a resident's needs and preferences, services to be provided, and the goals expected by the resident or the resident's legal representative in partnership with the facility.

(23) Instrumental activities of daily living (IADL)—Shall mean one (1) or more of the following activities:

(A) Preparing meals;

(B) Shopping for personal items;

(C) Medication management;

(D) Managing money;

(E) Using the telephone;

(F) Housework; and

(G) Transportation ability.

(24) Intermediate care facility—Shall mean any premises, other than a residential care facility, assisted living facility, or skilled nursing facility, which is utilized by its owner, operator, or manager to provide twenty-four (24) hour accommodation, board, personal care, and basic health and nursing care services under the daily supervision of a licensed nurse and under the direction of a licensed physician to three (3) or more residents dependent for care and supervision and who are not related within the fourth degree of consanguinity or affinity to the owner, operator or manager of the facility.

(25) Involuntary seclusion—Shall mean separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident's will, or the will of the resident's legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.

(26) Keeping residents in place—Shall mean maintaining residents in place during a fire in lieu of evacuation where a building's occupants are not capable of evacuation, where evacuation has a low likelihood of success, or where it is recommended in writing by local fire officials as having a better likelihood of success and/or lower risk of injury.

(27) Level I medication aide—Shall mean an individual who has completed a course approved by the department in medication administration in a residential care facility or assisted living facility.

(28) Long-term care facility—Shall mean a facility that is licensed either solely or in combination as a skilled nursing facility, an intermediate care facility, a residential care facility, or assisted living facility.

(29) Long-term care services—Shall mean the assistance and support that a resident receives in a residential care facility, assisted living facility, intermediate care facility, and skilled nursing care facility, to meet the resident's individual need for nursing care, protective oversight, monitoring, medication management, social interactions, cooking, housekeeping, laundry, and recreational activities.

(30) Major fraction thereof—Shall mean anything over fifty percent (50%) of the number of occupied beds.

(31) Major remodeling—Shall mean any remodeling of a long-term care facility which involves the addition of resident-use rooms, which affects fire safety or the structure of the building.

(32) Multistory building—Shall mean any building with more than one (1) floor entirely above the grade. A floor that is partially below grade will be counted as the first story to determine sprinkler requirements only if it contains resident sleeping rooms.

(33) New or newly licensed facility—Shall mean a long-term care facility whose plans are approved or which is licensed after June 10, 1981 for a skilled nursing or intermediate care facility or after November 13, 1980 for residential care facility or assisted living facility except as otherwise indicated in 19 CSR 30-86.012, 19 CSR 30-86.022, and 19 CSR 30-86.032.

(34) Nursing personnel—Shall include any employee, including a nurse's aide or an orderly, who provides or assists in the provision of direct resident health care services.

(35) Operator—Shall mean any person licensed or required to be licensed under the provisions of sections 198.003–198.096, RSMo, in order to establish, conduct, or maintain a facility. The term person required to be licensed shall mean any person having the following, as determined by the department:

(A) Ultimate responsibility for making and implementing decisions regarding the operation of the facility;

(B) Ultimate financial control of the operation of a facility; and

(C) Legal right to possession of the premises on which a facility is located.

(36) Person—Shall mean any individual, or any entity, including, but not limited to, a corporation, limited liability company, partnership, association, nonprofit organization, fraternal organization, church, or political subdivision of the state of Missouri.

(37) Physical restraint—Shall mean any manual method or physical or mechanical device, material or equipment attached to or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions, and lap trays the resident cannot remove easily. Physical restraints also include facility practices that meet the definition of a restraint, such as the following:

(A) Using side rails that keep a resident from voluntarily getting out of bed;

(B) Tucking in or using Velcro to hold a sheet, fabric, or clothing tightly so that a resident's movement is restricted;

(C) Using devices in conjunction with a chair, such as trays, tables, bars, or belts, that the resident cannot remove easily, that prevent the resident from rising;

(D) Placing the resident in a chair that prevents a resident from rising; and

(E) Placing a chair or bed so close to a wall that the wall prevents the resident from rising out of the chair or voluntarily getting out of bed.

(38) Physician—Shall mean an individual licensed to practice medicine in the state of Missouri under Chapter 334, RSMo.

(39) Premises—Shall mean any structures that are in close proximity one to the other and which are located on a single piece of property.

(40) Protective oversight—Shall mean an awareness twenty-four (24) hours a day of the location of a resident, the ability to intervene on behalf of the resident, supervision of nutrition, medication, or actual provisions of care, and the responsibility for the welfare of the resident, except where the resident is on voluntary leave.

(41) Qualified dietitian—Shall mean an individual who is registered by the American Dietetic Association or who is eligible for registration.

(42) Qualified therapist—Shall mean an individual who is either registered or is eligible for registration by the national accrediting association for that therapy or, if applicable, is licensed by the state of Missouri for the practice of the profession in which s/he is engaged.

(43) Qualified therapy assistant—Shall mean an individual who would be qualified as an occupational therapy or physical therapist assistant as outlined in 42 CFR 484.4.

(44) Residential care facility (RCF)—Shall mean any premises, other than an assisted living facility, intermediate care facility, or skilled nursing facility, which is utilized by its owner, operator, or manager to provide twenty-four (24) hour care to three (3) or more residents, who are not related within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the facility and who need or are provided with shelter, board, and with protective oversight, which may include storage and distribution or administration of medications and care during short-term illness or recuperation, except that, for purposes of eligible residents of facilities formerly licensed as residential care facilities II receiving supplemental welfare assistance payments, any residential care facility that was licensed as a residential care facility II on or before August 27, 2006 that continues to meet the licensure standards for a residential care facility II in effect on August 27, 2006 shall be considered a residential care facility II for purposes of its eligible residents receiving the cash grant payment amount allocated immediately prior to August 28, 2006 for residents of a residential care facility II pursuant to section 208.030, RSMo.

(45) Responsible party—Shall mean an individual who has been designated in writing by the resident to handle matters and receive reports related to his/her general condition.

(46) Self-administration of medication—Shall mean the act of actually taking or applying medication to oneself.

(47) Self-control of medication—Shall mean assuming immediate responsibility by a resident for the storage and administration of medication for oneself while the facility retains ultimate control of medication.

(48) Skilled nursing care—Shall mean services furnished pursuant to physicians' orders which require the skills of licensed nurses and which are provided directly by or under the on-site supervision of these personnel. Examples of skilled nursing care may include, but are not limited to: administration of levine tube or gastrostomy tube feedings; nasopharyngeal and tracheotomy aspiration; insertion of medicated or sterile irrigation solutions and replacement of catheters; administration of parenteral fluids; inhalation therapy treatments; administration of other treatments requiring aseptic technique; and administration of injectable medication other than insulin.

(49) Skilled nursing facility—Shall mean any premises, other than a residential care facility, assisted living facility, or an intermediate care facility, which is utilized by its owner, operator, or manager to provide for twenty-four (24) hour accommodation, board and skilled nursing care and treatment services to at least three (3) residents

who are not related within the fourth degree of consanguinity or affinity to the owner, operator, or manager of the facility. Skilled nursing care and treatment services are those services commonly performed by or under the supervision of a registered professional nurse for individuals requiring twenty-four (24) hours a day care by licensed nursing personnel including acts of observation, care, and counsel of the aged, ill, injured, or infirm, the administration of medications and treatments as prescribed by a licensed physician or dentist, and other nursing functions requiring substantial specialized judgment and skill.

(50) Social model of care—means long-term care services based on the abilities, desires, and functional needs of the individual delivered in a setting that is more home-like than institutional, that promote the dignity, individuality, privacy, independence, and autonomy of the individual, that respects residents' differences and promotes residents' choices.

(51) Voluntary leave—Shall mean an off-premises leave initiated by: a) a resident that has not been declared mentally incompetent or incapacitated by a court; or b) a legal guardian of a resident that has been declared mentally incompetent or incapacitated by a court.

(52) Vulnerable person—Shall mean any person in the custody, care, or control of the Department of Mental Health that is receiving services from an operated, funded, licensed, or certified program.

AUTHORITY: sections 198.009, RSMo 2000, and section 198.073, RSMo Supp. 2007. Emergency rule filed Sept. 7, 1979, effective Sept. 28, 1979, expired Jan. 24, 1980. This rule originally filed as 13 CSR 15-11.010. Original rule filed Sept. 7, 1979, effective Jan. 12, 1980. Amended: Filed Dec. 10, 1980, effective June 11, 1981. Amended: Filed Dec. 10, 1981, effective May 11, 1982. Rescinded and readopted: Filed July 13, 1983, effective Oct. 13, 1983. Amended: Filed Nov. 9, 1983, effective Feb. 11, 1984. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Aug. 1, 1988, effective Nov. 11, 1988. Moved to 19 CSR 30-83.010, effective Aug. 28, 2001. Emergency amendment filed Sept. 12, 2003, effective Sept. 22, 2003, expired March 19, 2004. Amended: Filed Sept. 12, 2003, effective Feb. 29, 2004. Amended: Filed Sept. 14, 2004, effective March 30, 2005. Amended: Filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 13, 2008, effective Oct. 30, 2008.*

**Original authority: 198.009, RSMo 1979, amended 1993, 1995 and 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006, 2007.*

Rules of
Department of Health and Senior Services
Division 30-Division of Regulation and Licensure
Chapter 84-Training Program for Nursing Assistants

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Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30—Division of Health Standards and Licensure

Chapter 84—Training Program for Nursing Assistants

19 CSR 30-84.010 Nurse Assistant Training Program

PURPOSE: The Omnibus Nursing Home Act mandates in section 198.082, RSMo that nursing assistants employed in skilled nursing and intermediate care facilities complete an approved training program. This rule gives information regarding the purpose of the training program, required objectives and curriculum content, designates what is the approved course curriculum and indicates the training locations and testing which are required for a program to be considered approved.

(1) Definitions.

(A) Basic course shall mean the seventy-five (75) hours of classroom training, the one hundred (100) hours of on-the-job supervised training and the final examination of the approved Nurse Assistant Training course.

(B) Certifying agency shall mean a long-term care (LTC) association or other entity approved by the division under subsection (11)(B) to issue certificates to nursing assistants.

(C) Challenge the final examination shall mean taking the final examination of the basic course without taking the entire basic course.

(D) Division shall mean the Missouri Division of Aging.

(E) Long-term care association shall mean the Missouri Health Care Association, the Missouri Association of Homes for the Aged, the League of Nursing Home Administrators or the Missouri Assisted Living Association.

(F) Nursing service shall mean an agency or organization, such as a Nursing Pool Agency or Hospice, which employs nurses and nursing assistants for temporary or intermittent placement in LTC facilities.

(G) Training agency shall mean the organization which sponsors the approved training program. An approved training agency is approved by the Division of Aging under section (7) of this rule.

(H) Program shall mean the Nurse Assistance Training Program as required by the Omnibus Nursing Home Act and section 198.082, RSMo 1994.

(2) The purpose of the Nurse Assistant Training Program shall be to prepare individuals for employment in a LTC facility. The program shall be designed to teach skills in resident care which will qualify students to perform uncomplicated nursing procedures and to assist licensed practical nurses or registered professional nurses in direct resident care.

(3) All aspects of the Nurse Assistant Training Program included in this rule (that is, qualified instructor, clinical supervisor, examiner, approved course curriculum, approved training agency, supervised on-the-job training, testing and student qualifications) shall be met in order for a program to be considered as approved.

(4) The program shall consist of a basic course consisting of a minimum of seventy-five (75) classroom hours of training on basic nursing skills, fire safety and disaster training, resident safety and rights, social and psychological problems of residents, and the methods of handling and caring for mentally confused residents such as those with Alzheimer's disease and related disorders; one hundred (100) hours of supervised on-the-job training (clinical practice); a final examination; and, following the basic course, continuing in-service training as provided for in 13 CSR 15-14.042(19) through (24).

(5) Curriculum content of the program shall include procedures and instructions on basic nursing skills in the following areas: basic hygiene techniques; bedmaking; personal care of residents; food service; charting; safety measures (including fire/safety and disaster preparedness, and infection control); basic preventative and restorative care and procedures; basic observation procedures, such as weighing and measuring; communication skills; methods of handling and caring for mentally confused residents; residents' rights; ethical and legal responsibilities; death and dying; and mental health and social needs.

(A) The course curriculum as outlined in the manual entitled *The Nurse Assistant in a Long-Term Care Facility*, produced by the Instructional Materials Laboratory, University of Missouri-Columbia, 1987, catalogue number 50-5061-S shall be considered an approved course curriculum. Other manuals and course material may be used to supplement the curriculum. Instructors shall use the companion instructor's guide, catalogue number 50-5061-I.

(B) An orientation module consisting of certain topics identified as such in the approved course curriculum shall be the first material covered in the course unless the course is taught in its entirety before nursing assistants have resident contact. All students must complete the nurse assistant orientation module prior to providing direct care to any resident. For those students already employed by an intermediate care or skilled nursing facility, the orientation module shall be taught at the beginning of the course and before the nursing assistant is allowed to provide direct care to residents independently.

1. The orientation module shall include, as a minimum, the following topics: handwashing, gloving and infection control; emergency procedures and Heimlich Maneuver; residents' rights; abuse and neglect reporting; safety (fire and accident); lifting; moving and ambulation; answering signal lights; bedpan, urinal, commode and toilet; preparing residents for and serving meals; feeding the helpless; bathing; dressing and grooming; mouth care; bedmaking (occupied and unoccupied); promoting residents' independence; communication and interpersonal skills.

2. Students shall complete the orientation module taught by a qualified instructor even though they may be employed in a facility that uses the approved course material for orientation as required by 13 CSR 15-14.042(20). The instructor, in that instance, may adjust the time required to cover the material or may integrate the material into the basic course content.

(C) The suggested time schedule included for each curriculum topic in the approved course cited in subsection (5)(A) may be adjusted by the instructor to meet the particular learning abilities of the students providing that the orientation module shall be taught in at least sixteen (16) hours for Medicare- or Medicaid-certified facilities. Licensed-only facilities shall provide at least twelve (12) hours of basic orientation approved by the division.

(D) The on-the-job supervised component of one hundred (100) hours shall start after the student has enrolled and started the course curriculum and shall precede the final examination.

(E) Continuing in-service education shall be offered in the intermediate care or skillednursing facility (ICF/SNF) to nursing assistants on a regular basis following their successful completion of the basic course as required in 13 CSR 15-14.042(20) through (23).

(6) Student Enrollment and Qualifications.

(A) Any individual who is employable by an ICF/SNF to be involved in direct resident care shall be eligible to enroll in an approved training agency course if—

1. The individual is at least eighteen (18) years of age and employable. Employable shall mean that the individual is not listed on the Missouri Division of Aging Employee Disqualified List; who has not been found guilty of, pled guilty to, been convicted of, or *nolo contendere* to, a Class A or B felony under Chapters 565, 566 or 569, a Class D felony under section 568.020, RSMo 1994 or any violation of section 198.070.3, RSMo 1994, unless a good cause waiver has been granted by the division; and who meets requirements under 13 CSR 15-14.042(32); or

2. The individual is at least sixteen (16) years of age providing he or she is—

A. Currently enrolled in a secondary school health services occupation program or a cooperative work education program of an area vocational-technical school or comprehensive high school;

B. Placed for work experience in an ICF/SNF by that program; and

C. Under the direct supervision of the instructor or licensed nursing staff of the facility, or both, while completing the clinical portion of the course. A certified facility may not employ a student in the facility who is not certified within four (4) months of date of hire. A licensed-only facility may only employ a student in that facility for up to one (1) year from the date of hire prior to certification.

(B) All full or part-time employees of an ICF/SNF who are involved with direct resident care, and hired in that capacity after January 1, 1980, shall have completed the approved Nurse Assistant Training Program or shall enroll in and begin study in the approved training program within ninety (90) days of employment, except that the following persons shall be permitted to challenge the final examination:

1. Persons who were enrolled in a professional (RN) or practical (LPN) nursing education program for at least four (4) months or who are enrolled in this program and who have successfully completed the Fundamentals of Nursing Course, including clinical hours within the last five (5) years, may challenge the final examination of the course, as this training is deemed equivalent to the required classroom hours and on-the-job training;

2. Professional nursing or practical nursing licensure candidates who have failed state licensure examinations may challenge the final examination, as their training is deemed equivalent to the required classroom hours and on-the-job training;

3. Persons from other states who are approved to work as a nurse assistance in the other states may challenge the final examination, as their training is deemed equivalent to the required classroom hours and on-the-job training;

4. Students who have completed a nursing program outside the United States and who are awaiting the licensure examination in this country shall be required to apply to the division to take the challenge examination. In addition to a completed application, the student must also include: a copy of the out of country license or certificate; a copy of the school transcript translated to English; a copy of the out of country criminal background check translated to English. Students shall be required to complete the orientation module of the course as given in subsection (5)(B) of this rule and then may challenge the final examination, as their training is deemed equivalent to the other required classroom hours and on-the-job training;

5. Persons trained in acute care sections of hospitals as nursing assistants or persons trained as psychiatric aides shall complete the orientation module with special emphasis on the geriatric residents' needs, residents' rights and orientation to the facility and shall complete the one hundred (100) hours of on-the-job training in an LTC facility or LTC unit of a hospital and then they may challenge the final examination, as their training is deemed equivalent to the other required classroom hours and on-the-job training;

6. Persons trained in an LTC unit of a hospital and who have been employed in the LTC unit of the hospital for at least twelve (12) months and who submit a letter of recommendation from the administrator or director of nursing documenting their training may challenge the final examination after completing the units on residents' rights and care of the confused resident. Such training shall be deemed equivalent to the other required classroom hours and on-the-job training; and

7. Any other persons whose background, education and training in gerontology and health occupations includes the components of the approved training curriculum may be allowed to challenge the final examination after taking those portions of the course as determined to be necessary based on evaluation of their credentials by the supervisor of health education of the Division of Aging.

(C) Those persons designated in paragraphs (6)(B)1.–7., who want to challenge the final examination shall submit a request in writing to the division enclosing any applicable documentation. The division will respond, in writing, either approving or denying the request to challenge the final examination and, if approved, the letter from the division may be presented to an approved training agency to challenge the examination or complete the course or portions of the course as required and then challenge the examination.

(D) Those persons permitted to challenge the final examination shall have made arrangements to do so within sixty (60) days of employment as a nursing assistant and shall have successfully challenged the final examination prior to or within one hundred twenty (120) days of employment. Permission letters not utilized within the one hundred twenty (120)-day period shall be considered invalid and reapplication for permission to challenge shall be made to the division.

(E) Nursing assistants who are employed by a nursing service, or who are working on a private duty basis providing direct resident care shall have completed the approved basic course, shall have a current certificate from an approved certifying agency and shall be listed on the Division of Aging Certified Nurse Assistant Registry prior to functioning in an ICF/SNF.

(F) Allied health care personnel, such as emergency medical technicians, medical laboratory technicians, surgical technicians, central supply technicians and dental auxiliaries, shall not be considered qualified and shall not be allowed to challenge the final examination. Individuals, if employed by an ICF/SNF to provide direct patient care shall enroll in and successfully complete an approved program.

(G) If a student drops the course due to illness or incapacity, the student may reenroll in a course within six (6) months and make up the course material missed without retaking the entire course upon presenting proof of attendance and materials covered in the original class.

(H) A student shall complete the entire basic course (including passing the final examination) within one (1) year of employment as a nursing assistant in an SNF/ICF, except that a nursing assistant employed by a facility certified under Title XVIII or Title XIX shall complete the course and be certified within four (4) months.

(I) A full or part-time employee of an ICF/SNF who is employed as a nursing assistant after January 1, 1989 who has not completed at least the classroom portion of the basic course shall not provide direct resident care until he or she has completed the sixteen (16)-hour orientation module and the twelve (12) hours of supervised practical orientation required in 13 CSR 15-14.042(20).

(J) All nursing assistants trained prior to January 1, 1989 who were not trained using the course curriculum referenced in subsection (5)(A) of this rule with at least seventy-five (75) hours of classroom instruction shall have attended a special four (4)-hour retraining program which used the manual entitled *Long-Term Care Nurse Assistant Update* produced by the Instructional Materials Laboratory, University of Missouri-Columbia, 1989, catalogue number 50-5062-I or 50-5062-S. Any nursing assistant who did not attend this retraining program by August 31, 1989 shall no longer be considered a trained nursing assistant and all previous credentials issued by any source shall be considered invalid. To be certified as required by the provisions of this rule, a person shall successfully complete the entire Nursing Assistant Training Program.

(7) Training Agencies.

(A) The following entities are eligible to apply to the division to be an approved training agency:

1. Area vocational technical schools and comprehensive high schools offering health service occupation programs which have a practice classroom and equipment used in delivering health care and a written agreement of cooperation with one (1) or more SNFs/ICFs or an LTC unit of a hospital in their vicinity for the one hundred (100)-hour on-the-job training component of the course;

2. Community junior colleges or private agencies approved by the Missouri Department of Elementary and Secondary Education or accredited by a nationally recognized accrediting agency or association on the list published by the secretary of the Department of Education, pursuant to the Higher Education Act (20 USC Sections 295-4(2)(D), 42 USC Section 298(b)(6)) and the Veterans' Readjustment Assistance Act (38 USC Section 1775(a)) which have a practice laboratory with one (1) or more bed units and equipment used in delivering health care and have a written agreement of cooperation with one (1) or more SNFs/ICFs, or LTC units of a hospital in their vicinity for the on-the-job training component of the course; or

3. A licensed hospital, licensed SNF/ICF which has designated space sufficient to accommodate the classroom teaching portion of the course, and if the one hundred (100) hours of on-the-job training is not provided on-site, has a written agreement of cooperation with an LTC unit of a hospital or SNF/ICF to provide that portion.

(B) A school, agency, hospital or nursing facility which wants to be approved by the division to teach the Nursing Assistant Training Program shall file an application with the division giving the name(s) of the instructor(s) and clinical supervisor(s); and, if clinical training is not being done on-site, a copy of an agreement with a nursing facility for the clinical portion of the course.

(C) In order to be approved, the applicant shall have an area which will be designated during training sessions as a classroom with sufficient space to allow fifteen (15) students to be seated with room for note-taking, appropriate equipment as needed for teaching the course, approved instructors and clinical supervisors, and shall assure that the instructor and each student has a manual for the state-approved course. Any ICF/SNF which has received a Notice of Noncompliance related to administration and resident care from the division in the two (2)-year period prior to application for approval shall not be eligible for approval and if this Notice is issued after approval, approval shall be withdrawn by the division within ninety (90) days and the certifying agencies shall be notified of the withdrawal of approval. Students already enrolled in a class in this facility, however, may complete their course if a Notice is issued after a course has begun. However, a noncompliant facility where an extended or partially extended survey has been completed may apply in writing to the division requesting permission for approval to train and test nurse assistants for certification. The approval for each separate class may be granted to teach and test in the facility but not by the facility staff. If approval is granted for a waiver for a certified facility or exception for a licensed-only facility, the division shall require certain criteria to be met, depending on the issues such as time and distance to other training agencies in the area.

(D) The division shall make an on-site inspection of each approved training agency's premises within two (2) years of approval to determine the adequacy of space; equipment and supplies; and, if clinical training is not done on-site, verify that there is a current copy of an agreement with a nursing facility for the clinical portion of the course.

(E) Upon receipt of a fully completed application form, the division shall notify the applicant in writing within ninety (90) days of approval or disapproval. If disapproved, the reasons why shall be given.

(F) Training agencies shall be approved for a two (2)-year period and shall submit a new application for approval thirty (30) days prior to the expiration of approval.

(8) Instructor/student ratio shall be a maximum of one to fifteen (1:15) and it is recommended that the ratio be one to ten (1:10) or less.

(9) Qualifications of Instructors, Clinical Supervisors and Examiners.

(A) Instructor.

1. An instructor shall be a registered professional nurse currently licensed in Missouri or shall have a temporary permit from the Missouri State Board of Nursing. The licensee shall not be subject of current disciplinary action, such as censure, probation, suspension or revocation.

2. An instructor shall have had, at a minimum, two (2) years of nursing experience and at least one (1) year of experience in the provision of LTC facility services in the last five (5) years. Other personnel from the health professions may assist the instructor; however, they must have at least one (1) year of experience in their field.

3. An applicant to be an instructor, shall submit credentials (resume) and a copy of his/her current license renewal card or temporary permit to the Division of Aging. A letter shall be provided by the division to the applicant indicating the status of the applicant's qualifications and, if not qualified, the reasons and what additional requirements are needed.

4. An applicant to be an instructor shall attend a seminar approved by the Division of Aging to learn the methodology of teaching the course but only after his/her credentials have been reviewed and approved by the Division of Aging. The Division of Aging shall issue a final letter of approval to be a qualified instructor after the person has satisfactorily completed the seminar. The seminar shall be conducted either by an LTC association or the Missouri Department of Elementary and Secondary Education using qualified teacher educators approved by the Missouri Department of Elementary and Secondary Education and the Division of Aging.

5. Any registered nurse approved by the division or the Department of Elementary and Secondary Education as an instructor or examiner prior to January 1, 1990, except those involved in nurse assistant curriculum development with the division or who are employed by a certifying agency, shall attend a training seminar on teaching the nurse assistant course conducted by a LTC association or the Department of Elementary and Secondary Education by July 1, 1993 in order to maintain status as an approved instructor. Instructors approved prior to January 1, 1990 who are exempt from attending the training seminar shall write the Division of Aging submitting documentation of classes and students taught. The division will issue those instructors letters of approval so they will not have to attend the new training seminar. After July 1, 1993 all credentials issued prior to January 1, 1990 shall be void. Nurses who attend the approved seminar shall be issued new certificates and the division shall maintain a list of all approved instructors, including those issued letters of approval.

(B) Clinical Supervisor (On-the-Job Supervisor). The clinical supervisor shall be a currently licensed registered professional nurse or licensed practical nurse, whose license is not currently subject to disciplinary action such as censure, probation, suspension or revocation. The clinical supervisor shall be licensed in Missouri or shall have a temporary permit from the Missouri State Board of Nursing. The clinical supervisor shall be currently employed by the facility where the students are performing their duties or by the agency conducting the course and shall have attended a seminar approved by the Division of Aging to learn methodology of supervising the on-the-job training. Upon successful completion of the training seminar, the clinical supervisor shall be issued a certificate and the division shall maintain a list of approved clinical supervisors. The clinical supervisor shall be on the facility premises in which the students are performing their duties while the students are completing the on-the-job component of their training and shall directly assist the students in their training and observe their skills when checking their competencies. The clinical supervisor shall have at least one (1) year of experience in LTC if not currently employed by an LTC facility.

(C) Examiner.

1. The examiner shall be a registered professional nurse currently licensed in Missouri or shall have a temporary permit from the Missouri State Board of Nursing, and shall not be currently subject of disciplinary action such as censure, probation, suspension or revocation.

2. The examiner shall have taught a similar course or shall be qualified to teach a similar course; but shall not have been the instructor of the students being examined; and shall not be employed by the operator whose students are being examined. The examiner shall be specifically approved by the Division of Aging to administer final examinations of the state-approved nurse assistant training curriculum and shall have signed an agreement with the division to protect and keep secure the final examinations.

3. The examiner shall have attended an examiner's seminar given by the Division of Aging to learn the methodology and sign an agreement.

(D) Causes for Disqualification. A person shall not be allowed to be an instructor, clinical supervisor or examiner if it is found that he or she—

1. Knowingly acted or omitted any duty in a manner which would materially or adversely affect the health, safety, welfare or property of a resident;

2. Defrauded a training agency or student by taking payment and not completing a course, not administering the final examination as required, or not being on-site while students are being trained;

3. Failed to teach, examine or clinically supervise in accordance with 13 CSR 15-13.010, or taught students from the state test, changed answers on the state test, lost test booklets, or recorded false information on test materials or test booklets of the program; or

4. Failed to send documentation of a completed course to a certifying agency within thirty (30) days.

(E) Notification of Disqualification.

1. The division shall notify the individual that he or she is no longer eligible to be an instructor, clinical supervisor or examiner.

2. The division shall notify all approved training and certifying agencies if it has been determined that an individual is no longer considered an approved instructor, clinical supervisor or examiner and that person's name shall be removed from the lists maintained by the division of approved instructors, clinical supervisors or examiners.

3. To be reinstated as a state-approved instructor, clinical supervisor or examiner the individual shall submit a request in writing to the division director stating the reasons why reinstatement is warranted. The division director or the director's designee shall respond in writing to the request.

(10) Testing.

(A) In order to be eligible for testing, a student shall have either completed the state-approved training curriculum offered by an approved training agency or shall have a letter from the Division of Aging granting approval to challenge the final examination.

(B) A student shall pass a minimum of three (3) written or oral tests throughout the course with an eighty (80) score or better on each test in order to be eligible to take the final examination.

(C) The final examination shall be conducted by an approved examiner who may be assisted by the instructor using the following procedures:

1. The instructor will select an LTC resident to participate in the testing process and obtain approval for this activity from the resident;

2. The examiner shall verify the eligibility of the students by reviewing records to establish that the student has completed the approved training program or possesses an approval letter from the division granting approval to challenge the final examination. In the event that a qualified instructor for the nurse assistant LTC program did not sign records of a student who successfully completed the program, without justification or due to resignation from his/her position, the administrator of the approved training agency may validate the training by signature. Evidence of successful completion of the basic course (that is, test scores, class schedules and the like) shall be documented prior to a student taking the final examination;

3. The student shall successfully complete at least nine (9) procedures under the observation of the instructor or a facility licensed nurse and examiner.

A. The nine (9) procedures shall always include a type of bath, vital signs (temperature, pulse, respirations and blood pressure), transfer techniques, feeding techniques, dressing and grooming, skin care, active or passive, range of motion to upper and lower extremities (unless contraindicated by a physician's order) and handwashing and gloving from the standardized curriculum.

B. The remainder shall be selected according to the resident's care needs at the time of day that testing occurs.

C. The evaluation of the student shall include communication and interaction with the resident, provision of privacy, work habits, appearance, conduct and reporting and recording skills;

4. The student shall successfully answer forty (40) out of fifty (50) oral or written questions presented by the examiner based on the standardized curriculum and selected from a specific test pool of questions which are safeguarded by the Division of Aging;

5. Any person who fails the final examination, except those who have been permitted to challenge the examination, shall have the opportunity to retake the examination twice within ninety (90) days. The examiner shall notify the division and obtain different examinations to be administered each time. If it is failed a third time, the entire course or selected sections, as determined by the examiner, must be retaken before another examination can be given; and

6. Any person who is required by section 198.082, RSMo to enroll in the Nurse Assistant Program, but who has been permitted to challenge the final examination and who fails the examination, must immediately reenroll in and begin study in the next available course and shall complete the basic course within one (1) year of employment.

(11) Records and Certification.

(A) Records.

1. The examiner shall complete and sign the competency record sheet and the final examination score sheet which shall include scores and comments. The examiner shall advise the individual that successful completion of the evaluation will result in the addition of his/her name to the State Nursing Assistant Register.

2. After scoring, the examiner shall return all test materials, test booklets, answer sheets, and any appendices to the division. The examiner shall also provide the training agency with documentation of the student's test scores.

3. A copy of the student's final record sheets shall be provided to the student (except for the answer sheets). If the course is not completed, records and documentation regarding the portions completed shall be provided to the student, if requested, and to the training agency.

4. The training agency shall maintain the records of students trained. Records shall be maintained for at least two (2) years.

(B) Certification and Entry of Names on State Register.

1. The training agency shall submit within thirty (30) days, the student's final record sheets to any one of the long-term care associations or any other agency which is specifically approved by the division to issue nursing assistant certificates and provide names to the division for entry on the nurse assistant register.

2. Each student shall obtain a certificate from a state-approved association or agency validating successful completion of the training program.

3. The Division of Aging shall maintain a list of long-term care associations or other agencies approved to handle the issuance of certificates for the Nurse Assistant Training Program. In order for a long-term care association or agency to be approved by the Division of Aging, it shall enter into an agreement of cooperation with the Missouri Division of Aging which shall be renewable annually and shall effectively carry out the following responsibilities:

A. Issue certificates to individuals who have successfully completed the course;

B. Provide the Division of Aging with the names and other identifying data of those receiving certificates on at least a monthly basis; and

C. Maintain accurate and complete records for a period of at least two (2) years.

4. The certificate of any nurse assistant who has not performed nursing services for monetary compensation for at least one (1) day in a twenty-four (24)-consecutive month period shall be invalid and the person's name shall be removed from the Missouri nursing assistant register. This individual, however, may submit his/her credentials to the Division of Aging at any time and if unemployed for less than five (5) years, s/he may be authorized to challenge the final examination. If s/he passes the examination, the examiner shall submit the individual's records to a training agency so that s/he can be issued a new certificate and his/her name can be placed on the nurse assistant register again. If unemployed longer than five (5) years, the individual must successfully complete the entire course before s/he can be recertified and s/he is not eligible to challenge the final examination.

AUTHORITY: sections 198.079 and 198.082, RSMo 1994. This rule originally filed as 13 CSR 15-13.010. Original rule filed Aug. 13, 1982, effective Jan. 13, 1983. Amended: Filed March 10, 1983, effective June 11, 1983. Amended: Filed Sept. 12, 1984, effective Dec. 11, 1984. Amended: Filed Oct. 13, 1987, effective Jan. 29, 1988. Emergency amendment filed Dec. 16, 1988, effective Jan. 1, 1989, expired April 5, 1989. Amended: Filed Jan. 19, 1989, effective April 27, 1989. Amended: Filed June 16, 1992, effective Feb. 26, 1993. Amended: Filed May 26, 1998, effective Jan. 30, 1999. Moved to 19 CSR 30-84.010, effective Aug. 28, 2001.*

**Original authority: 198.079, RSMo 1979 and 198.082, RSMo 1979, amended 1988.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Health Standards and Licensure
Chapter 84—Training Program for Nursing Assistants

19 CSR 30-84.020 Certified Medication Technician Training Program

PURPOSE: Individuals who administer medications in intermediate care and skilled nursing facilities are required by rule to have successfully completed a medication administration training program approved by the Department of Health and Senior Services. This rule sets forth the requirements for the approval of a medication technician training program designating the required course curriculum content, outlining the qualifications required of students and instructors, designating approved training facilities, outlining the testing and certification requirements, and establishing an update course.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Definitions. For the purpose of this rule the following definitions shall apply.

(A) Cooperating agency—an intermediate care facility (ICF) or skilled nursing facility (SNF) licensed by the Department of Health and Senior Services (the department) which has entered into a written agreement with the educational training agency to provide the setting for the clinical portion of the course.

(B) Course—the sixty (60) hours of classroom training, eight (8) hours of clinical practice, and a two (2)-part final examination of the department-approved certified medication technician course curriculum.

(C) Educational training agency—an area vocational-technical school, an area career center, a comprehensive high school, a community college, or an approved four (4) year institution of higher learning that is approved by the department to conduct the Certified Medication Technician (CMT) Course. A long-term care facility cannot be a training agency.

(2) The CMT course shall be prescribed by the department in order to prepare individuals for employment as certified medication technicians in intermediate care facilities and skilled nursing facilities (ICF/SNF). The program shall be designed to teach skills in medication administration of nonparenteral medications, which will qualify students to perform this procedure to assist licensed practical nurses (LPNs) or registered nurses (RNs) in medication therapy. All aspects of the CMT course included in this rule shall be met in order for a program to be approved.

(3) If the CMT course is to be conducted in an ICF/SNF, the facility must enter into an agreement with an educational training agency which is responsible to:

(A) Provide administration of the Test of Adult Basic Education (TABE) and review of the student's qualifications;

(B) Arrange for a department-approved instructor;

(C) Arrange for administration of the final examination; and

(D) Certify the students through a department-approved certifying agency which is any one (1) of the long-term care associations or any other department-approved agency authorized to issue certificates.

(4) The objective of the CMT Training Program shall be to ensure that the medication technician will be able to do the following:

(A) Prepare, administer, and document administration of medications by all routes except those administered by the parenteral route;

(B) Observe, report, and document responses of residents to medications administered;

(C) Identify responsibilities associated with acquisition, storage, and security of medications;

(D) Identify appropriate medication reference materials;

(E) Observe, report, and document responses of residents to medications;

(F) Identify lines of authority and areas of responsibility; and

(G) Identify what constitutes a medication error.

(5) The course shall consist of at least sixty (60) classroom hours of instruction taught by a department-approved CMT instructor or examiner (instructor/examiner). The course shall include an additional minimum eight (8) hours of clinical practice conducted in a licensed ICF or SNF under the direct supervision of the CMT instructor/examiner or under the direct supervision of an RN employed by the cooperating agency and designated by the educational training agency in section (9) of this rule. The instructor/examiner or the RN employed by the cooperating agency may require the student to complete more than the minimum eight (8) hours of clinical practice based on each student's mastery of course content. A final written examination and a minimum two (2)-hour final practicum examination must be conducted in an ICF/SNF.

(A) For all courses beginning on or after the effective date of this rule, the student manual and course developed by the Department of Elementary and Secondary Education and the Missouri Center for Career Education at University of Central Missouri as outlined in the manual entitled *Certified Medication Technician*, (Revised 2008), incorporated by reference in this rule and available by Internet at: www.cmttest.org shall be considered the approved course curriculum. This rule does not incorporate any subsequent amendments or additions.

(B) For all courses beginning on or after the effective date of this rule, the approved course curriculum instructor's guide shall be the companion *Instructor's Guide*, (Revised 2008), incorporated by reference in this rule, and accessed by Internet: www.cmttest.org. This rule does not incorporate any subsequent amendments or additions.

(C) Students and instructors shall each have a copy of the approved course curriculum manual.

(D) The curriculum content shall include procedures and instructions in the following areas:

1. Basic review of body systems and medication effects on each;
2. Medical terminology;
3. Infection control;
4. Medication classifications;
5. Medication dosages, measurements, and forms;
6. Acquisition, storage, and security;
7. Problems of observations in medication therapy; and
8. Administration by oral, rectal, vaginal, otic, opthalmic, nasal, skin, topical, transdermal patches, and oral metered dose inhaler.

(E) A student shall not be allowed to independently administer medications until successfully completing the CMT course. The CMT Course Evaluation Record may be used as authorization to independently administer medications for up to sixty (60) days. After this period the student must be listed on the Missouri CNA Registry as an active CMT.

(6) Student Qualifications.

(A) Any individual employable in an ICF/SNF who will be involved in direct resident care shall be eligible to enroll as a student in the course if the following criteria are also met:

1. High school diploma or General Education Development (GED) Certificate;
2. A minimum score of 8.9 on both Vocabulary and Comprehension tests and a minimum score of 7.0 on Mathematics Concepts and Application tests on the D level of the TABE. The tests shall be administered by the educational training agency;
3. Six (6) months of employment as a CNA who is listed as active on the Missouri CNA Registry;
4. For an individual currently employed in a long-term care facility, a letter of recommendation submitted to the educational training agency by the administrator or director of nursing of the facility, or for an individual not currently employed in a long-term care facility, a letter of recommendation submitted to the educational training agency by a previous long-term care facility employer;
5. The individual is not listed on the department's Employee Disqualification List (EDL) and does not have a Federal Indicator on the Missouri CNA Registry or any other state's CNA Registry that the educational training agency has checked based on a belief that information on the individual may be included;
6. The individual has not been convicted of or entered a plea of guilty or *nolo contendere* to a crime in this state or any other state, which if committed in Missouri would be a Class A or Class B felony violation of Chapters 565, 566, or 569, RSMo, or any violation of subsection 3 of section 198.070, or section 568.020, RSMo, unless a good cause waiver has been granted by the department under the provisions of 19 CSR 30-82.060; and
7. The individual meets the employment requirements listed in 19 CSR 30-85.042(32).

(B) Students who drop the CMT course due to illness or incapacity may reenroll within six (6) months of the date the student withdrew from the course and make up the missed course material upon presenting proof of prior attendance and materials covered if allowed by the educational training agency's policy.

(C) Individuals seeking to challenge the CMT examination shall be listed as active on the Missouri CNA Registry and shall meet the criteria in paragraph (6)(A)6. of this rule. If not listed as active on the Missouri CNA Registry, the individual shall first apply to challenge and successfully pass the CNA written and practicum examination. The following individuals may qualify to challenge the final written and practicum CMT examination:

1. A student enrolled in a professional nursing school or in a practical nursing program who has completed a medication administration course and who has a letter of endorsement from the school or program director;
2. An individual who successfully completed a professional or practical nursing program in the last five (5) years but who failed the professional (RN) or practical (LPN) state licensure examination;
3. An individual who provides evidence of successful completion of a department-approved CMT course while working as an aide at a facility operated by the Missouri Department of Mental Health who is listed as a CNA on the Missouri CNA Registry.

(D) An individual who provides evidence of successful completion of a Missouri Department of Mental Health (DMH)-approved CMT course while working at a facility operated by the DMH but who is not listed as a CNA on the department's Missouri CNA Registry may challenge the CMT examination. The CMT challenge may only be made after first completing the orientation module of the department's approved Nurse Assistant Training Program and successfully challenging the final CNA examination so that the individual's name appears on the department's Missouri CNA Registry.

(E) An individual who has successfully completed a department-approved medication technician course in another state, who is currently listed as a CMT in good standing in that state, and who submits a letter of recommendation to the department's Health Education Unit from an administrator or director of nursing of a facility in which the individual worked as a medication technician.

(7) Obtaining Approval to Challenge the CMT Examination.

(A) An individual wanting to challenge the written and practicum final examination shall submit a request in writing to the department's Health Education Unit enclosing documentation required by this rule. If approved to challenge the examination, a letter so stating will be sent from the department to be presented to the educational training agency. The educational training agency shall review and maintain a copy of the letter in the agency's file prior to scheduling the individual for testing. Challenge approval letters shall be valid for one hundred twenty (120) days from the date of the department's approval.

(B) An individual who has successfully completed a professional or practical nursing program and who has not yet taken or received the results of the state licensure examination may request a qualifying letter from the department's Health Education Unit allowing the individual to administer medication in a long-term care facility. The qualifying letter allows the individual to administer medications according to this regulation in lieu of a certificate or the individual being listed on the Missouri CNA Registry as an active CMT. However, if more than ninety (90) days have lapsed since graduation or since taking the Missouri State Board Examination with no successful results confirmed, the individual shall request department approval to challenge the final examination for certification as a medication technician.

(C) An individual shall not administer medications without the instructor present until the individual has successfully completed the challenge examination and holds an authorized signed CMT Course Evaluation Record. An authorized signed CMT Course Evaluation Record is good for up to sixty (60) calendar days from the examination date pending receipt of the certificate or of listing on the Missouri CNA Registry as an active CMT.

(8) CMT Course Examiner Qualification Requirements.

(A) In order to qualify as an instructor, examiner, or both, the individual:

1. Shall be currently licensed to practice as an RN in Missouri or shall have a temporary permit from the Missouri State Board of Nursing. The instructor/examiner shall not be the subject of current disciplinary action, such as probation, suspension, or revocation of license;

2. Shall hold a current Certified Medication Technician teaching certificate from the Department of Elementary and Secondary Education, Division of Career Education;

3. Shall complete an instructor/examiner program workshop and be listed as a qualified CMT instructor/examiner on the department's Instructor/Examiner Registry;

4. Shall sign an agreement with the department to protect and keep secure the final examination and the PIN used to electronically access the Instructor Guide/Test Bank;

5. May be an employee of the ICF/SNF in which training is conducted, but the ICF/SNF must have a cooperative agreement with an educational training agency;

6. Shall teach the course or facilitate the challenge examination only as permitted by the educational training agency; and

7. May be assisted by pharmacists as guest instructors in the areas of medication systems, regulations governing medications, medication actions, adverse reactions, medication interactions, and medication errors.

(B) CMT Instructor/Examiner Disqualification Criteria.

1. An individual shall not be approved to be an instructor/examiner if he or she has ever been found to have knowingly acted or omitted any duty in a manner which would materially and adversely affect the health, safety, welfare, or property of a resident.

2. An individual who has been approved to be an instructor/examiner shall have that status revoked if, after an investigation by the department, it is found that the individual:

A. Knowingly acted or omitted any duty in a manner which materially and adversely affected the health, safety, welfare, or property of a resident;

B. Defrauded an educational agency or student by taking payment and not completing a course or following through with certification documentation required by 19 CSR 30-84.020;

C. Failed to teach, examine, or clinically supervise in accordance with 19 CSR 30-84.020;

D. Falsified information on the CMT Course Evaluation Record or any other required documentation;

E. Failed to keep secure the automated PIN access system;

F. Failed to keep secure the CMT web-based, department-approved Instructor Guide/Test Bank;

G. Copied test questions or answer keys; or

H. Prepared students directly from the exam or utilized unfair or subjective testing techniques.

(C) When an individual is no longer qualified to be an instructor/examiner, the department shall:

1. Notify the individual that he or she is no longer eligible to be an instructor/examiner;

2. Notify all certifying agencies that the individual is no longer considered an approved instructor or examiner; and

3. Remove the individual's name from the department's Instructor/Examiner Registry.

(D) To be reinstated as an approved instructor/examiner the individual shall submit a request in writing to the department's Health Education Unit stating the reasons why reinstatement is warranted. If the individual has not attended the Train-the-Trainer Program Workshop within two (2) years of the date of request, the individual shall retake the Train-the-Trainer Program Workshop. The Section for Long-Term Care administrator or designee shall respond in writing to the request.

(9) Educational Training Agencies.

(A) The following entities are eligible to apply to the department's Health Education Unit to be an approved educational training agency: vocational-technical schools, comprehensive high schools, community colleges or approved four (4)-year institutions of higher learning.

(B) All classrooms shall contain sufficient space, equipment and teaching aids to meet the course objectives.

(C) A school requesting approval to teach the CMT Training Course or facilitate challenging the examination shall file an application with the department's Health Education Unit giving the names of the instructors and listing the equipment and classroom space that will be used and shall provide a copy of an agreement with the cooperating agency where the course, clinical practice, or final practicum examination of the program will be conducted and provide the names of the RNs supervising the clinical observation. Educational training agencies shall be approved for a two (2)-year period and shall submit a new application thirty (30) days prior to the expiration date.

(D) The cooperating agency in which clinical practice and the final practicum examination are conducted shall allow students, instructors and examiners access to the medication room, supervised access to residents and access to the medication documentation area.

(E) There shall be a signed written agreement between the educational training agency and each cooperating agency which specifies the rules, responsibilities, and liabilities of each party.

(F) The educational training agency is responsible for sending the department's Health Education Unit a copy of the most current signed agreement with the cooperating agency where any portion of the course or the entire course will be conducted. The department shall review all signed agreements of cooperation. On-site inspections of the cooperating agency or the educational training agency may be made by the department if problems occur or complaints are received. If requirements are not met, the status as an educational training agency may be revoked by the department.

(G) The classroom portion of the course may be taught in an ICF/SNF if there is an approved educational training agency as a sponsor.

(10) Certified Medication Technician Course Testing.

(A) Prior to the student's enrollment, the TABE shall be administered by qualified examiners designated by the educational training agency. See paragraph (6)(A)2. of this rule.

(B) To be eligible for the final course examination, students shall have achieved a score of at least eighty percent (80%) on each written examination in the course curriculum.

(C) Courses beginning on or after the effective date of this rule require the instructor/examiner to administer the department-approved written final examination accessed through the department's website at www.cmttest.org using a secure PIN system. The final examination shall include fifty (50) multiple choice questions based on course objectives. A score of at least eighty percent (80%) is required for passing.

(D) The practicum examination shall include preparing and administering all nonparenteral routes and documenting administration of medications administered to residents. The practicum examination shall be conducted under the direct supervision of the department-approved instructor/examiner and the individual responsible for medication administered in the ICF/SNF. Testing on medications not available in the ICF/SNF shall be done in a simulated classroom situation.

(E) The final examination may be retaken one (1) time within ninety (90) days of the first fail date without repeating the course.

(F) A challenge examination may be taken one (1) time. If failed, the entire course shall be taken.

(G) The instructor/examiner shall complete the CMT Course Evaluation Record, which includes competencies, scores, and other identifying information.

(11) Records and Certification.

(A) Records.

1. The educational training agency shall maintain records for at least two (2) years for those individuals who have completed the CMT Course and shall submit to a department-approved certifying agency within thirty (30) calendar days from the examination date the following: the student's legal name, Social Security number, class beginning date and completion date, whether certified by a challenge or full course, and other identifying information from the CMT Course Evaluation Record.

2. The educational training agency shall provide a copy of the CMT Course Evaluation Record to the certified medication technician.

3. The educational training agency may release a transcript with written permission from the student in accordance with the provisions of the Family Education Rights and Privacy Act, 20 U.S.C. section 1232g.

(B) Certification.

1. The educational training agency shall maintain the records of individuals who have been enrolled in the CMT course and shall submit to a department-approved certifying agency, the legal name, date of birth, Social Security number, certificate number, certification date, educational training agency and cooperating agency for all individuals who successfully complete the course and final examination within thirty (30) calendar days from the examination date. Upon receipt of the successful completion of the course, a department-approved certifying agency shall issue a certificate of completion to the student through the educational training agency. Any final examination documentation over sixty (60) days old shall be invalid.

2. Each week the certifying agency shall provide the department's Health Education Unit with names and other identifying information of those receiving certificates.

3. The department shall maintain a list of certifying agencies approved to issue certificates for the CMT Training Program. In order for a certifying agency to be approved by the department, the agency shall enter into an annually renewable agreement of cooperation with the department.

(12) Requirements for Hiring an Individual as a CMT.

(A) The department shall maintain a CNA Registry, which will list the names of CMTs and other relevant and identifying information.

(B) Any individual seeking employment in an ICF/SNF as a CMT must be employable as a CNA and be listed with active status as a CNA and CMT on the department's CNA Registry.

(C) When employing an individual as a CMT, the facility shall contact the department's website at www.dhss.mo.gov/cnaregistry in order to verify current certification status of the individual. Current registry status must be verified even though the individual presents a CMT certificate.

AUTHORITY: section 198.079, RSMo Supp. 2007. This rule originally filed as 13 CSR 15-13.020. Original rule filed Aug. 13, 1982, effective Jan. 13, 1983. Amended: Filed Oct. 13, 1987, effective Jan. 29, 1988. Amended: Filed July 13, 1998, effective Feb. 28, 1999. Moved to 19 CSR 30-84.020, effective Aug. 28, 2001. Amended: Filed March 13, 2008, effective Oct. 30, 2008.*

**Original authority: 198.079, RSMo 1979, amended 2007.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 84—Training Program for Nursing Assistants

19 CSR 30-84.030 Level I Medication Aide Training Program

PURPOSE: This rule sets forth the requirements for a Level I Medication Aide (LIMA) Training Program.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Definitions.

(A) Certifying agency—shall mean a long term care association, area vocational technical school, career center, comprehensive high school, community college, or four-(4-) year institution of higher learning approved by the Department of Health and Senior Services (the department) to issue Level I Medication Aide (LIMA) certification.

(B) Challenge the final examination—shall mean taking the final examination of the course without enrolling in and taking the entire course.

(C) Department of Mental Health (DMH) facility—shall mean a residential setting or day program funded, licensed, operated, or certified by the Department of Mental Health to provide services to persons with developmental disabilities and/or mental illness.

(D) Level I medication aide (LIMA) instructor (instructor)—shall mean a nurse approved to instruct the LIMA course.

(E) Long term care (LTC) association—shall mean a trade association with the primary purpose of representing or advocating for long-term care providers and/or professionals.

(F) Registered nurse presenter—shall mean a registered nurse approved to teach the Train the Trainer Workshops and prepare instructors to teach the LIMA course.

(G) Simulated training setting—shall mean a combined practical and verbal process that simulates all aspects of actual medication administration, including, at a minimum, reading a medication order, setting up the medication, verbally explaining how to administer the medication to a resident, and recording the administration of the medication.

(H) Train the Trainer Workshop—shall mean a training program conducted by a certifying agency to prepare instructors for the LIMA training program.

(I) Training agency—shall mean the entity that sponsors the department-approved training program.

(2) The LIMA Training Program shall be administered by the department in order to prepare individuals for employment as LIMAs in residential care facilities (RCFs) and assisted living facilities (ALFs). The program shall be designed to teach skills in medication administration by the following routes: oral, rectal, vaginal, otic, ophthalmic, nasal, topical, transdermal, buccal, sublingual, aerosol/nebulizer, and oral metered dose inhalers.

(3) The objective of the LIMA Training Program shall be to ensure that the LIMA will be able to define the role, limitations, and responsibilities of a LIMA; prepare, administer, and document administration of medications by those routes listed in section (2) of this rule; observe, report, and record unusual responses to medications; identify responsibilities associated with acquiring, storing, and securing medications; utilize appropriate medication reference materials; and identify what constitutes a medication error.

(4) The course shall include a minimum of sixteen (16) hours of integrated formal instruction and practice sessions directly supervised by an approved instructor and shall include a final written examination and a final practicum examination.

(5) Course Manual Requirements.

(A) The course manual must be approved by the department. A list of approved LIMA training manuals may be accessed through the department's website or by telephone at (573) 526-5686.

(B) The manual content shall include procedures and instructions in the following areas: residents' rights; fundamental human body systems; common medical terminology and abbreviations; medication classifications and their implications; observing and reporting possible medication reactions; techniques of medication administration by all routes listed in section (2) of this rule; documentation, including telephone orders, medication administration records (MARs), and leaves of absence; acquiring, storing, and securing medications; medication reference resources; and infection control.

(6) Training Agency Requirements.

(A) The following entities are eligible to be training agencies: area vocational-technical schools, career centers, comprehensive high schools, community colleges, four-(4-) year institutions of higher learning, RCFs or ALFs licensed by the department, DMH facilities, or LTC associations.

(B) The training agency is responsible for obtaining an approved instructor, providing training materials for each student, including a copy of a department-approved course manual, and presenting a class schedule for approval by an approved certifying agency.

(C) Prior to beginning the class the following information must be provided in writing to the certifying agency along with the class schedule: the approved instructor's legal name, Social Security number, nursing license number, current address, and telephone number; each student's legal name, address, telephone number, Social Security number, date of birth, and employer's name and address, if applicable; the date and location of each class to be held; and the date and location of the final

examination. The certifying agency which approved the class shall be notified in advance if there are any changes in dates or locations.

(D) Training locations shall contain sufficient space, equipment, and teaching aids to meet the course objectives and accommodate the number of students.

(E) If the instructor is not directly employed by the training agency, there shall be a signed written agreement between the training agency and the instructor, which specifies the roles, responsibilities, and liabilities of each party.

(F) If the training agency is not an RCF or ALF licensed by the department or a DMH facility, the agency must have a written agreement of cooperation currently in effect with the RCF, ALF, or DMH facility where the final practicum examination portion of the course will be conducted.

(G) Within thirty (30) days following the examination date, the training agency must provide in writing to the certifying agency that approved the class the following: each student's legal name, address, date of birth, Social Security number, test booklet and test sheet, class beginning date and completion date, whether certified by a challenge or full course, and form MO 580-2531 (12/10) LIMA Examination Score Sheet (examination score sheet), incorporated by reference in this rule and available by mail at: Department of Health and Senior Services, Section for Long Term Care Regulation, Health Education Unit, PO Box 570, Jefferson City, MO 65102-0570 or by telephone at: (573) 526-5686. This rule does not incorporate any subsequent amendments or additions to the materials incorporated by reference.

(H) Records Requirements.

1. The training agency shall maintain records for a minimum of two (2) years for those individuals who have completed the LIMA course.

2. The training agency shall provide a copy of the examination score sheet to any individual who completes the course.

3. The training agency may release an examination score sheet with written permission from the student, in accordance with the provisions of the Family Education Rights and Privacy Act of 1974, 20 U.S.C. Section 1232g.

(7) Student Requirements.

(A) Any individual employable by an RCF or ALF to be involved in direct resident care shall be eligible to enroll as a student in the course. Employable shall mean an individual who is at least eighteen (18) years of age and meets the employability criteria pursuant to the provisions of 19 CSR 30-86.042, 19 CSR 30-86.043, or 19 CSR 30-86.047.

(B) Any individual employable in a DMH facility to be involved in direct resident care shall be eligible to enroll as a student in the course. Employable shall mean an individual who meets the employability criteria pursuant to the provisions of 9 CSR 10-5.190.

(C) Individuals either enrolled in or who have been enrolled in a professional nursing school or in a practical nursing program who have completed the medication administration or pharmacology course and who have letters of endorsement from the directors of their respective programs may qualify as a LIMA by successfully challenging the final examination.

1. Those persons wanting to challenge the final examination shall submit a request in writing to the department's Health Education Unit, enclosing documentation required by this rule. If approved to challenge the examination, a letter so stating will be sent from the department to present to an approved instructor so that arrangements can be made for testing.

2. Individuals requesting approval for challenging the examination shall meet the employability criteria in subsection (7)(A) or (B) of this rule.

(D) A student shall not administer medications without the instructor present until s/he successfully completes the course and obtains a copy of the examination score sheet.

(E) Biennial Training.

1. LIMAs shall participate in a minimum of four (4) hours of medication administration training every two (2) years in order to administer medications in an RCF or ALF via the routes set forth in section (2) of this rule. The training shall be completed by the biennial anniversary date of the original issue of the LIMA certificate. The training shall be—

A. Offered by an approved instructor as outlined in section (8) of this rule; and

B. Documented on form MO 580-2973 (12/10), LIMA Biennial Training, incorporated by reference in this rule and available through the department's website or by mail at: Department of Health and Senior Services, Section for Long Term Care Regulation, Health Education Unit, PO Box 570, Jefferson City, MO 65102-0570, telephone: (573) 526-5686, and kept in the employee's personnel file. The department will also accept DMH's Medication Aide Bi-Annual Training Form MO 650-8730 (12/00) incorporated by reference in this rule as acceptable documentation and available through the department's website or by mail at: Department of Health and Senior Services, Section for Long Term Care Regulation, Health Education Unit, PO Box 570, Jefferson City, MO 65102-0570, telephone: (573) 526-5686, and kept in the employee's personnel file. This rule does not incorporate any subsequent amendments or additions to the materials incorporated by reference.

2. At a minimum the training shall address the following:

A. Medication ordering and storage;

B. Medication administration and documentation;

C. Use of generic drugs;

D. Infection control;

E. Observing and reporting possible medication reactions;

F. New medications and/or new procedures;

G. Medication errors;

H. Individual rights and refusal of medications and treatments;

I. Issues specific to the facility/program as indicated by the needs of the residents and the medications and treatments currently being administered; and

J. Corrective actions based on identified problems.

3. LIMAs are responsible to ensure that the department is provided with the documentation required in subparagraph (7)(E)1.B. of this rule by the biennial anniversary date of the original LIMA certificate.

A. LIMAs who fail to submit to the department the documentation required by this rule by the biennial anniversary date of issue of their original LIMA certification will be removed from the LIMA active registry and will not be eligible to be employed as a LIMA in an RCF or ALF.

B. Any LIMA, after having been removed from the active registry for failing to provide to the department the documentation required by this rule, may be reinstated to the active registry by providing proof of a completed biennial training update at any time except any individual who has been off the active registry for more than five (5) years shall retake the course or s/he may challenge the examination if s/he meets the requirements of subsection (C) of this section.

4. LIMAs certified on or before September 30, 2012, shall have until September 30, 2014, to comply with the biennial training requirements required by this section.

(8) Instructor Requirements.

(A) An instructor shall be currently licensed to practice as either a registered nurse or practical nurse in Missouri, shall hold a current temporary permit from the Missouri State Board of Nursing, or shall hold a multi-state or single state registered nurse license from a jurisdiction that is party to the Nurse Licensure Compact. The licensee shall not be subject to current disciplinary action such as probation, suspension, or revocation and shall not be listed on the department's Employee Disqualification List (EDL).

(B) In order to be qualified as an instructor, the individual shall have had one (1) year's experience working as a nurse and shall have attended and successfully completed a "Train the Trainer" workshop to instruct the LIMA course conducted by an approved registered nurse presenter.

(C) A person who has been approved as an instructor shall have that status revoked if, after an investigation by the department or by DMH, it is found that the instructor—

1. Accepted money from a student and did not complete instruction of the class or upon successful completion of the class and final written and practicum examination did not complete the examination score sheet and provide it to the training agency;

2. Falsified information on the examination score sheet or any other required documentation;

3. Failed to administer the course in accordance with the provisions of this rule; or

4. Administered the final examination incorrectly and not in accordance with section (9) of this rule.

(D) Once an instructor's status is revoked, only the department's Section for Long Term Care Regulation Administrator or his/her designee may reinstate the individual and only after the individual has made a written request for reinstatement documenting new circumstances. If an instructor's status is revoked or reinstated, the department shall make such information available to all approved certifying agencies.

(9) Testing Requirements.

(A) The final examination shall consist of a written and a practicum examination administered by an approved instructor.

1. A department-approved written examination which includes twenty-five (25) questions based on the course objectives shall be used.

2. The practicum examination shall be conducted in an RCF or ALF licensed by the department or a DMH facility and shall include the preparation, administration, and documentation of a minimum of ten (10) medications, with no more than five (5) being oral, administered to residents by routes listed in section (2) of this rule. The practicum examination shall be conducted under the direct supervision of the instructor. Testing on routes not available in the facility shall be conducted in a simulated training setting.

(B) The final examination may be retaken one (1) time within ninety (90) days of the first fail date without repeating the course. A minimum score of eighty percent (80%) for the final written examination and one hundred percent (100%) accuracy for the practicum examination is required to pass.

(C) An individual challenging the final examination who does not successfully pass the examination during the challenge process shall be required to complete the course in order to retake the examination.

(D) The instructor shall complete the examination score sheets and provide them to the training agency within fifteen (15) days of administering the examination.

(10) Registered Nurse Presenter Requirements.

(A) A registered nurse presenter shall have the following qualifications:

1. Registered nurse licensed in Missouri or hold a multi-state or single state registered nurse license from a jurisdiction that is party to the Nurse Licensure Compact;

2. Approved LIMA instructor;

3. Has instructed at least one (1) LIMA course and conducted the final examination; and

4. Approved by a certifying agency.

(11) Certifying Agency Requirements.

(A) In order for a certifying agency to be approved by the department, the agency shall enter into an agreement of cooperation with the department which shall be renewable annually and shall carry out the following responsibilities:

1. Verify eligibility requirements and approve registered nurse presenters;

2. Administer Train the Trainer Workshops;

3. Verify eligibility requirements for the Train the Trainer Workshops' participants;

4. Provide instructors, who have successfully completed a Train the Trainer Workshop conducted by an approved registered nurse presenter, with a certificate documenting approval to teach the LIMA course;

5. Within one (1) week of issuing the LIMA instructor certificate, provide in writing to the department after each workshop held: legal names, Social Security numbers, addresses, telephone numbers, and date of birth of approved instructors. The department shall maintain a list of all instructors approved to teach the LIMA course. The list of approved instructors may be accessed through the department's website.

6. Approve training agencies' LIMA course schedules;

7. Verify that the instructor is listed on the department's LIMA-approved instructor list;

8. Verify that the instructor's nursing license is in good standing. A license search is available through the Missouri Division of Professional Registration website;

9. Review information provided by training agencies to ensure that the training program meets the requirements of the LIMA training program included in this rule;

10. Provide training agencies with the department-approved LIMA test booklets and test sheets prior to the final examination date for approved classes;

11. Issue certificates to individuals who successfully complete the LIMA course or successfully challenge the final examination;

12. Within one (1) week of issuing a LIMA certificate, provide in writing to the department the LIMA's legal name, date of birth, address, telephone number, Social Security number, class beginning date and completion date, location of practicum examination, and whether certified by challenge or full course;

13. Issue a LIMA certificate to any DMH certified Medication Aide who applies for LIMA certification, pays the necessary fee, and provides all of the documentation and identifying information required by this rule.

A. The certifying agency shall verify with DMH that the individual is on the Medication Aide registry and has maintained current biennial training updates before issuing the certificate. Verification may be made by contacting DMH; and

14. Maintain records for a minimum of two (2) years for all requirements established in this section.

(B) The certifying agency may release an examination score sheet with written permission from the student, in accordance with the provisions of the Family Education Rights and Privacy Act of 1974, 20 U.S.C. Section 1232g.

*AUTHORITY: sections 198.073 and 198.076, RSMo Supp. 2011. *This rule originally filed as 13 CSR 15-13.030. Original rule filed May 14, 1985, effective Sept. 1, 1985. Amended: Filed Oct. 16, 1985, effective Jan. 12, 1986. Amended: Filed May 26, 1998, effective Jan. 30, 1999. Moved to 19 CSR 30-84.030, effective Aug. 28, 2001. Amended: Filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 30, 2012, effective Nov. 30, 2012.*

**Original authority: 198.073, RSMo 1974, amended 1984, 1992, 1999, 2006 and 198.076, RSMo 1979, amended 1984.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30—Division of Health Standards and Licensure

Chapter 84—Training Program for Nursing Assistants

19 CSR 30-84.040 Insulin Administration Training Program

PURPOSE: This rule sets forth the requirements for approval of an insulin administration training program, designates the required course curriculum content, outlines the qualifications required of students and instructors and outlines the testing and records requirements.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) The Insulin Administration Training Program shall be administered by the Department of Health and Senior Services (the department) in order to prepare medication technicians in a skilled nursing facility (SNF) or intermediate care facility (ICF), or medication aides in a residential care facility (RCF) or an assisted living facility (ALF) to administer insulin. The program shall be designed to present information on diabetes as it relates to symptoms and implications of proper or improper treatment, and to teach skills in insulin administration in order to qualify students to perform this procedure in long-term care (LTC) facilities in Missouri. All aspects of the Insulin Administration Training course included in this rule shall be met in order for the program to be approved.

(2) The course shall consist of at least four (4) hours of classroom instruction by an approved instructor and shall include a final written and practicum examination. The practicum examination shall not be conducted in a simulated situation.

(3) The curriculum content shall include procedures and instruction in the following areas: diabetes and its treatment and complications, types of insulin, technique of insulin administration and methods of monitoring blood sugar levels.

(4) The manual entitled *Insulin Administration* (50-6080-S and 50-6080-I), 2001 edition, produced by the Instructional Materials Laboratory, University of Missouri-Columbia, which is incorporated by reference in this rule, and available through the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570, shall be considered the approved course curriculum. This rule does not incorporate any subsequent amendments or additions to the materials incorporated by reference. Students and instructors shall each have a copy of the manual.

(5) A student shall not administer insulin without the instructor present until s/he has successfully completed the course.

(6) Student Qualifications.

(A) Any level I medication aide working in an RCF or ALF, who is recommended in writing for training by an administrator/manager or nurse with whom s/he has worked shall be eligible to enroll as a student in this course.

(B) Any certified medication technician who is recommended in writing for training by the administrator or director of nursing with whom s/he has worked shall be eligible to enroll as a student in this course. The letter of recommendation shall be given to the training agency or instructor at enrollment.

(7) Instructor Qualifications. Only a registered nurse who is an approved instructor for the Level I Medication Aide Program, instructor/examiner for the Certified Nurse Assistant Program or instructor for the Certified Medication Technician Program shall be considered qualified to teach the Insulin Administration Course.

(8) Testing.

(A) The final examination shall consist of a written and practicum examination administered by an approved instructor or examiner.

1. The written examination shall include ten (10) questions extracted from the list in the instructor's manual.
2. The practicum examination shall include the preparation, administration and recording of administration of insulin to a resident(s) under the direct supervision of the instructor/examiner.

(B) A score of eighty percent (80%) is required for passing the final written examination and one hundred percent (100%) accuracy in the performance of the steps of procedure in the practicum examination.

(C) The final examination, if not successfully passed, may be retaken one (1) time within thirty (30) days without repeating the course.

(9) Records.

(A) The instructor shall complete the final record of the insulin administration course and shall distribute copies in the following manner:

1. A copy shall be provided to each individual who successfully completes the course;
2. A copy shall be kept in the instructor's file; and
3. The original shall be sent to a certifying agency.

(B) Each student shall obtain a certificate from a state-approved certifying agency validating successful completion of the training program.

(C) Records shall be retained by instructors for at least two (2) years.

(D) The department shall maintain a list of approved certifying agencies to handle issuance of certificates for the Insulin Administration Program. In order for an agency to be approved by the department to be a certifying agency, it shall enter into an agreement of cooperation with the department which shall be renewable annually and the agency shall effectively carry out the following responsibilities:

1. Review all documents submitted by the instructor to assure that the instructor is qualified in accordance with section (7);

2. Assure that all program requirements have been met as set forth in these rules or as stipulated in the agreement with the department;

3. Issue certificates to individuals who successfully complete the course;

4. Provide the department with the names of those receiving certificates on at least a monthly basis; and

5. Maintain accurate and complete records for a period of at least two (2) years.

AUTHORITY: sections 198.009 and 198.076, RSMo 2000 and 198.005 and 198.073, RSMo Supp. 2006. This rule originally filed 13 CSR 15-13.040. Original rule filed Oct. 15, 1990, effective March 14, 1991. Amended: Filed May 26, 1998, effective Nov. 30, 1998. Moved to 19 CSR 30-84.040, effective Aug. 28, 2001. Amended: Filed Aug. 23, 2006, effective April 30, 2007.*

**Original authority: 198.005, RSMo 2006; 198.009, RSMo 1979, amended 1993, 1995; 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006 and 198.076, RSMo 1979, amended 1984.*

Rules of
Department of Health and Senior Services
Division 30-Division of Regulation and Licensure
Chapter 85-Intermediate Care and Skilled Nursing Facility

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Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Health Standards and Licensure

Chapter 85—Intermediate Care and Skilled Nursing Facility

19 CSR 30-85.012 Construction Standards for New Intermediate Care and Skilled Nursing Facilities and Additions to and Major Remodeling of Intermediate Care and Skilled Nursing Facilities

PURPOSE: This rule establishes construction standards for new intermediate care and skilled nursing facilities and additions to and remodeling of intermediate care and skilled nursing facilities.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency's headquarters or the same will be made available at the Office of the Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

PUBLISHER'S NOTE: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 1986.

(1) Plans and specifications shall be prepared for the construction of all new intermediate care and skilled nursing facilities and additions to and remodeling of existing facilities. The plans and specifications shall be prepared in conformance with Chapter 327, RSMo, by a duly registered architect or registered professional engineer. III

(2) The facility may submit schematic and preliminary plans to the division showing the basic layout of the building and the general types of construction, mechanical and electrical systems. The facility may submit details before the larger and more complicated working drawings and specifications so that necessary corrections can be easily made before the final plans are submitted. The facility shall prepare and submit working drawings and specifications, complete in all respects, for approval by the division. These plans shall cover all phases of the construction project, including site preparation; paving; general construction; mechanical work, including plumbing, heating, ventilating and air conditioning; electrical work; and all built-in equipment, including elevators, kitchen equipment and cabinet work. II/III

(3) Facilities shall begin construction only after the plans and specifications have received the written approval of the division. Facilities shall then build in conformance with the approved plans and specifications. The facility shall notify the division within five (5) days after construction begins. If construction of the project is not started within one (1) year after the date of approval of the plans and specifications are not completed within a period of three (3) years, the facility shall resubmit the plans to the division for its approval and shall amend them, if necessary, to comply with the then current rules before construction work is started or continued. II/III

(4) The facility shall be located on an all-weather road and have easy access for vehicular traffic. III

(5) Facilities shall have access to local fire protection. III

(6) The facility shall provide adequate roads and walks within the lot lines to the main entrance and service entrance. III

(7) In any new addition, an existing licensed facility shall provide all required ancillary service areas, proportional to the number of new beds. However, for existing facilities, these support service areas may be reduced by the amount of existing areas that meet new facility requirements. New support areas required in this project, whether they are to serve the new beds or the existing beds, shall comply with the rules for new facilities. III

(8) Facilities shall have administrative and public areas as listed: business office, administrator's office (business office and administrator's office may be combined); director of nurses' office; lobby and waiting room (may be combined); public restrooms for each sex; and public telephone. III

(9) The facility shall provide recreation, occupational therapy, activity and residents' dining space at a ratio of at least thirty (30) square feet for each resident. II

(10) Facilities shall provide a bulk storage area consisting of a locked room, shelving, bins and large cans for storing long-term supplies of food and other dietary materials above the floor in a dry room with adequate ventilation, cool, but not freezing. The bulk storage area shall be one (1) square foot per bed, but in no case shall it be less than one hundred (100) square feet. III

(11) Facilities shall have dry short-term storage areas for daily food supplies and other dietary materials. The dry short-term storage area may include the space required for bulk storage. III

(12) A facility shall provide a preparation area for wrapping removal, vegetable cleaning and peeling and meat cutting. III

(13) Facilities shall provide adequate cooking and baking areas. III

(14) A facility shall have a salad and sandwich preparation area for the preparation of cold foods. III

(15) Facilities shall provide a tray preparation and loading area for preparing trays for residents' food delivery and food cart loading. III

(16) A facility shall provide a pot and pan washing area consisting of a three (3)-compartment sink with a double drainboard for the washing of utensils during the food preparation period. III

(17) Facilities shall have a dishwashing area provided with a soiled dish receiving counter, space for scraping with a garbage grinder, prerinse sink, counter for racking dishes, dishwasher, clean dish counter, dish rack storage and an exhaust fan. II/III

(18) A facility shall have a dish storage area with shelves adjacent to the tray preparation area. III

(19) Facilities shall provide refrigerators of adequate capacity in all kitchens and other preparation centers where perishable foods will be stored. A minimum of two (2) separate sections or boxes shall be provided in the main kitchen; one (1) for meat and dairy products and one (1) for general storage. III

(20) The refrigerators' compressors and evaporators shall have sufficient capacity to maintain temperatures of thirty-five degrees Fahrenheit (35°F) in the meat and dairy boxes and forty degrees Fahrenheit (40°F) in the general storage boxes when the boxes are being used for those purposes. II

(21) These compressors shall be automatically controlled. III

(22) Compressors, piping and evaporators shall be tested for leaks and capacity. Certification of these tests shall be made available to the division. III

(23) A facility shall have an office area for planning menus and food purchases next to the dietary area. III

(24) Kitchen shall have handwashing sinks. III

(25) A facility shall have a janitor's area, exposed or in a closet, in or near the kitchen, that contains a floor receptor or service sink. III

(26) A garbage removal area with garbage and trash cans located inconspicuously shall be easily accessible from both the kitchen and the service drive. III

(27) Housekeeping areas shall be provided as listed: clean linen area, soiled linen area and laundry area. II

(28) The facility shall have a designated physical therapy area large enough to give rehabilitative care to physically disabled residents. This area shall be sized to accommodate all equipment and activities in the facility's proposed physical therapy program. In no case shall this area be less than two hundred (200) square feet. III

(29) The facility shall provide the following elements: treatment areas and equipment as dictated by the facility's physical therapy program; a handwashing sink; an exercise area; storage for clean linen, supplies and equipment; a toilet room located in the physical therapy room or within the immediate area of the physical therapy department; and an office or sufficient space for the physical therapy director's desk and file. The physical therapy area may be located adjacent to an occupational therapy area and share any or all of the required elements providing that the sharing of elements conforms with the facility's therapy programs. III

(30) If there is a designated occupational therapy area, it shall be large enough to accommodate all the equipment and activities in the facility's proposed occupational therapy program. When the facility locates physical therapy and occupational therapy in the same area, there shall be a space that can be separated from the rest of the area if ceramics, sculpture, minor woodwork and light mechanical work are a part of the occupational therapy program. III

(31) Facilities shall provide a maintenance room or area. II

(32) A facility shall provide an employees' dressing or locker room with separate restrooms for each sex. III

(33) Facilities shall provide storage rooms as listed: general storage—ten (10) square feet per bed for the first fifty (50) beds, plus eight (8) square feet per bed for the next twenty-five (25) beds, plus five (5) square feet per bed for any additional beds over seventy-five (75). No storage room shall be less than one hundred (100) square feet of floor space. The required residents' clothes storage room and storage for outdoor equipment may be included in the minimum area required for general storage. III

(34) A continuous system of unobstructed corridors, referred to as required corridors, shall extend through the enclosed portion of each story of the building. These corridors will connect all rooms and spaces with each other and with all entrances, exit ways and elevators, with the following exceptions: work suites, such as the administrative suite and dietary area, occupied primarily by employed personnel may contain corridors or aisles as necessary, and will not be subject to the rules applicable to required corridors. Areas may be open to this system as permitted by the 1985 edition of the *Life Safety Code*, for those facilities with plans approved on or before December 31, 1998. All facilities with plans submitted for approval on or after January 1, 1999, shall comply with the provisions of the 1997 *Life Safety Code*, incorporated by reference in this rule. II/III

(35) A facility shall provide a personal care room with barber and beauty shop facilities. III

(36) There shall be an oxygen storage room that is surrounded by one (1)-hour rated construction with a powered or gravity vent to the outside. II

(37) Facilities shall have one (1) or more nursing units. A nursing unit shall not exceed a maximum of sixty (60) resident beds. Each nursing unit shall be a single floor continuous area which does not require resident care traffic to traverse other areas. A facility shall not locate a resident room door more than one hundred forty feet (140') from the nurses' station and the dirty utility room. II

(38) Resident room area shall be a minimum of eighty (80) square feet per bed in multiple bed resident rooms, and one hundred (100) square feet per bed in one (1)-bed resident rooms. A continuous aisle not less than three feet (3') wide shall be available around the foot and along both sides of each bed. Facilities shall locate beds to avoid drafts, excessive heat and other residents discomforts. Typical minimum clear dimensions for the bed area in resident rooms shall be as follows:

1-Bed 10' 6" × 9' 3"
2-Bed 10' 6" × 15' 6"
3-Bed 10' 6" × 21' 9"
4-Bed 18' 0" × 15' 6"

Heating units and hand washing sinks may protrude into this required space. II

(39) To provide for the isolation of a resident(s) with a communicable disease(s), each unit shall have at least two (2) private resident rooms provided with a separate room equipped with a toilet and handwashing sink to serve the isolation room only. III

(40) Each resident shall have a wardrobe, locker or closet. A clothes rod and shelf shall be provided. III

(41) No room shall be occupied by more than four (4) beds. III

(42) No resident shall be housed in a room in which the outside grade line is more than three feet (3') above the floor level on the window side of the resident room for a distance of at least fifteen feet (15') from the outside wall of the resident room. The resident rooms shall be outside rooms with minimum window sizes as follows:

1-Bed 10 square feet
2-Bed 16 square feet
3-Bed 24 square feet
4-Bed 32 square feet

These areas are for total window size including frames. III

(43) Each resident, without entering the general corridor area, shall have access to a toilet room. III

(44) One (1) toilet room shall serve no more than six (6) beds and no more than two (2) resident rooms. II/III

(45) The toilet room shall contain a water closet and a lavatory. II

(46) If each resident room contains a handwashing sink, the may omit the handwashing sink from a toilet room that serves adjacent resident rooms. When a handwashing sink is located within the same room as the toilet, the minimum area of a room shall be thirty (30) square feet. If the room contains only a toilet, the minimum area of the room shall be eighteen (18) square feet. III

(47) Each nursing unit shall have a centrally located nurses' work station with a work counter and storage space for charts. The entire counter shall have a four foot (4') distance between the wall located behind the counter and the edge of the counter nearest the wall. III

(48) Facilities shall provide a medicine preparation room next to each nurses' station that has at least sixty (60) square feet of useable floor space. Facilities shall provide a special locked medication cabinet for storage of the Class II medications inside the locked medication cabinet. If the outer cabinets are not locked, the facility must provide a closer and hardware that cannot be left unlocked on the door to the medicine room. A facility is also required to have the following in the medicine room: a work counter, handwashing sink, under cabinet storage, a medicine refrigerator, adequate lighting and provisions for proper temperature control. II/III

(49) Each nursing unit shall have a clean utility room accessible directly from the nursing unit corridor and near enough to the nurses' station to facilitate control by the nurses. The floor and walls shall have impervious surfaces. The facility shall provide this room with adequate lighting and heating, a handwashing sink and at least one (1) locking cabinet. II/III

(50) Each nursing unit shall have a dirty utility room which is accessible directly from the nursing unit corridor. The floor shall have an impervious surface and the walls shall have impervious surfaces to a minimum height of five feet (5') above the floor. The room shall be provided with adequate lighting and heating, a double sink, clinic sink and at least one (1) locking cabinet. III

(51) Each nursing unit shall contain one (1) training or handicapped toilet per sex, each with a floor area of at least five feet by six feet (5' × 6'). This toilet may be located in the central bath. III

(52) Each nursing unit shall have a separate bathroom for each sex. II

(53) Tubs shall be institutional-type, free standing with a minimum of three feet (3') clearance from the wall on each side and four feet (4') at the end. The shower shall be a minimum of four feet (4') wide and of ample length for a wheelchair resident. Thirty-inch by sixty-inch (30" × 60") Americans with Disability Act (ADA)-approved showers will be accepted. The facility may replace required institutional-type tub(s) with whirlpool tubs or other types of bathing fixtures. III

(54) The aggregate number of tubs or showers or both shall not be less than one for each fifteen (1:15) beds on each floor. II/III

(55) The facility shall provide a locked cabinet in or near each bathroom for the storage of cleaning supplies. III

(56) Centralized bathing facilities shall have fixed partitions or fire-resistant curtains to provide a private compartment for each water closet, bathtub and shower. Curtains or doors shall be installed on access openings. III

(57) Clean linen storage with adequate shelving is required in each nursing unit. III

(58) Each nursing unit must have a stretcher and wheelchair parking area. III

(59) Equipment and supply storage is required in each nursing unit. III

(60) Required corridors shall be at least eight feet (8') wide and shall be wider at elevators and other points of traffic concentration. No part of the area of any required corridor or aisle shall be counted as part of the required area of any space adjacent to the corridor or aisle. II/III

(61) The width of stairways shall not be less than three feet eight inches (3' 8"). The width shall be measured between handrails where handrails project more than three and one-half inches (3 1/2"). II/III

(62) Doors from sleeping and treatment areas through which residents will pass shall be at least forty-four inches (44") wide. Doors to centralized toilets, bathrooms, hair care salons and small day rooms shall be at least thirty-six inches (36") wide. Doors to individual toilets adjacent to resident rooms shall be at least thirty-two inches (32") wide. II

(63) Exit doors shall swing outward. Doors to rooms shall swing into the rooms they serve. Doors to small toilet rooms may swing outward into the next room and, if they swing inward, they shall be equipped for emergency access. No doors shall swing into required corridors or aisles except doors to janitors' closets, linen closets or doors to similar small spaces that are open only temporarily. II

(64) Ceilings shall be at least eight feet (8'). Ceilings in corridors, storage rooms, toilet rooms and other minor rooms shall not be less than seven feet six inches (7' 6"). Suspended tracks, rails and pipes located in the normal traffic path shall be at least six feet eight inches (6' 8") above the floor. III

(65) Drinking fountains shall be located in or near the lobby and recreation area and in each nursing unit. The fountain shall be accessible to residents in wheelchairs. III

(66) Facilities with plans approved on or before December 31, 1998, shall comply with the American National Standards Institute (ANSI) publication A117.1, 1971, *Making Buildings and Facilities Accessible to, and Useable by, the Physically Handicapped*. All new facilities whose plans were submitted to the division on or after January 1, 1999, shall comply with ANSI A117.1, 1992, *Making Buildings and Facilities Accessible to, and Useable by, the Physically Handicapped*, incorporated by reference in this rule. III

(67) Handrails shall be provided on both sides of all corridors and aisles used by residents. Corridor handrails shall have ends return to the wall. III

(68) All stairways shall have handrails on both sides. II

(69) Facilities shall provide grab bars or handrails, secured in proper positions to facilitate the bodily movements of residents, next to all bathtubs, within all showers and on at least one (1) side of all toilets. II

(70) Lavatories shall be positioned to be accessible to wheelchair residents and shall not have cabinets underneath or any other unnecessary obstruction to the maneuverability of wheelchairs. III

(71) The facility shall provide mirrors in each resident's room or adjoining toilet room. Mirrors shall be at least three feet (3') high with the bottom edge located no more than three feet four inches (3' 4") above the floor or the facility may use framed tilting mirror(s). III

(72) Facilities shall provide fire-resistant divider curtains attached to the ceiling or walls in all resident rooms other than private or single bedrooms. A facility shall place these divider curtains to provide complete privacy for each bed. III

(73) All new facilities and additions to all areas of existing facilities which undergo major remodeling, shall be of sufficient strength in all their parts to resist all stresses imposed by dead loads, live loads and lateral or uplift forces such as wind, without exceeding, in any of the structural materials, the allowable working stresses established for these materials by generally accepted good engineering practice. II

(74) The following unit live loads shall be the minimum distributed live loads acceptable for the occupancies listed:

(A) Facility bedrooms and all adjoining service rooms which compose a typical nursing unit (except solariums and corridors)—forty pounds per square foot (40 psf); II

(B) Solariums, corridors in nursing units and all corridors above the first floor, examination and treatment rooms, laboratories, toilet rooms and locker rooms—sixty (60) psf; II

(C) Offices, conference room, library, kitchen, corridors and other public areas on first the floor—eighty (80) psf; II

(D) Stairways, laundry, large rooms used for dining, recreation or assembly areas and workshops—one hundred (100) psf; II

(E) Records file room, storage and supply—one hundred twenty-five (125) psf; II

(F) Mechanical equipment room—one hundred fifty (150) psf; II

(G) Roofs (except use increased value where snow and ice may occur)—twenty (20) psf; and II

(H) Wind—as required by local conditions but not less than fifteen (15) psf. II

(75) For live loads of one hundred (100) pounds or less per square foot, the design live load on any member supporting one hundred fifty (150) square feet or more may be reduced at the rate of eight hundredths of a percent (0.08%) per square foot of area supported by the member, except that no reductions shall be made for roof live loads or for live loads of areas to be occupied as places of public assembly. The reduction shall exceed neither "R", as determined by the following formula nor sixty percent (60%): II

$$R = 100 \times \frac{D + L}{4.33\ L}$$

where
R = reduction in percent;
D = dead load per square foot of area supported by the member; and
L = design live load per square foot of area supported by the member.

(76) For live loads exceeding one hundred (100) psf, no reduction shall be made, except that the design live loads on columns may be reduced twenty percent (20%). II

(77) Floor areas where partition positions are subject to change shall be designed to support a uniformly distributed load of twenty-five (25) psf in addition to all other loads. II

(78) Foundations shall rest on natural solid ground or properly compacted fill and shall be carried to a depth of not less than one foot (1') below the estimated frost line or shall rest on leveled rock or load-bearing piles when solid ground is not encountered. Footings, piers and foundation walls shall be adequately protected against deterioration from the action of groundwater. A facility shall take reasonable care to establish proper soil bearing values for the building site soil. If the bearing capacity of a soil is in question, a recognized load test may be used to determine the safe bearing value. II

(79) All facilities with plans approved between June 10, 1981 and December 31, 1998, shall comply with the 1985 edition of the *Life Safety Code*, and all new facilities with plans approved on or after January 1, 1999, shall comply with the 1997 edition of the *Life Safety Code* (National Fire Protection Association NFPA 101), which are incorporated by reference in this rule. No provision of the 1997 code will be enforced if it is more restrictive than the code of original plan approval. Facilities may only use the fire safety evaluation system found in the 1995 NFPA 101A, incorporated by reference in this rule, if necessary to justify variance from the text of the *Life Safety Code* and not as a guide for the total design of a new facility. II

(80) Facilities with plans approved on or before December 31, 1998, shall comply with the fire-resistant rating of structural elements equal to those required by the 1985 *Life Safety Code* (NFPA 101). Facilities with plans approved on or after January 1, 1999, shall comply with the fire-resistant rating of structural elements equal to those required by the 1997 *Life Safety Code* (NFPA 101), incorporated by reference in this rule. All facilities shall meet the following additional requirement: exterior walls less than thirty feet (30') from an adjacent building, property line or parallel wing shall have a two (2)-hour fire-resistant rating. This distance may be reduced to fifteen feet (15') if a one (1)-hour rated wall is provided with sprinkler protection for each window. II

(81) Doors between rooms and the required corridors shall not have louvres or transoms. They shall be one and three-fourths inches (1 3/4") solid-core wood doors or metal doors with equivalent or greater fire-resistance. II

(82) Laundry and trash chutes, where used, shall be of fire-resistant material and installed with a flushing ring, vent to atmosphere and floor drain in the basement. Facilities shall provide an automatic sprinkler at the top of each laundry and trash chute. Each floor shall have a self-closing one and one-half (1 1/2)-hour B-label fire door that shall not open to a corridor. II

(83) Hardware on toilet room doors shall be operable from both the inside and the outside. II

(84) The floors of toilets, baths, bedpan rooms, pantries, utility rooms and janitors' closets shall have smooth, waterproof surfaces which are wear-resistant. The floors of residents' rooms shall be smooth and easily cleaned. The floors of kitchens and food preparation areas shall be waterproof, greaseproof, smooth and resistant to heavy wear. II/III

(85) The walls of all rooms where food and drink are prepared, served or stored shall have a smooth surface with painted or equally washable finish. At the base, they shall be waterproof and free from spaces which may harbor ants and roaches. The walls of kitchens, sculleries, utility rooms, baths, showers, dishwashing rooms, janitors' closets and spaces with sinks shall have waterproof painted, glazed or similar finishes to a point above the splash and spray line. III

(86) The ceilings of all sculleries, kitchens and other rooms where food and drink are prepared shall be painted with washable paint. III

(87) All floor construction shall be completely of noncombustible material regardless of the construction type of the building. II

(88) All new floor covering installed and used in new and existing licensed facilities on or after January 1, 1999, shall be Class I in nonsprinklered buildings and Class II in sprinklered buildings. Class I has a critical radiant flux of zero point forty-five (0.45) or more watts per square

centimeter when tested according to the 1995 NFPA 253, incorporated by reference in this rule. Class II has a critical radiant flux of zero point twenty-two (0.22) or more watts per square centimeter when tested according to the 1995 NFPA 253. Those facilities who installed new floor covering on or before December 31, 1998, shall comply with the requirements of the 1978 edition of the NFPA 253. III

(89) A facility shall furnish and install the heating system, steam system, boilers and ventilation to meet all requirements of local and state codes and NFPA regulations. II/III

(90) The building shall be heated by a two (2)-pipe steam system, a forced hot water system, a forced hot air system, a system of electrical heating elements or a combination of two (2) or more of these systems. No open flame space heaters or space heaters receiving combustion air from the heated space shall be used. Facilities shall not depend upon fireplaces for required heating. III

(91) The heating system shall be capable of heating resident-occupied areas to a temperature of eighty degrees Fahrenheit (80°F) (27°C) at the winter design temperature. In spaces where radiant panel heating is used, facilities may reduce the temperature as required to maintain an equivalent comfort level. III

(92) The heating system shall have automatic controls adequate to provide comfortable conditions in all portions of the building at all times. III

(93) Neither the heating nor the ventilating system shall require the circulation of air through openings in the required corridor partitions except for the delivery of ventilating air from corridors through each room door at a velocity of not more than two hundred fifty feet (250') per minute when the door is closed and the space under it is not over one inch (1") in height. No louvres shall be installed in doors in required corridor partitions. II/III

(94) A facility with plans approved on or after January 1, 1999, shall install an air-conditioning system, or individual room air-conditioning units, that meet all the 1996 NFPA 90A requirements, incorporated by reference in this rule. The systems or units must be capable of maintaining resident-use areas at eighty-five degrees Fahrenheit (85°F) (29.4°C) at the summer design temperature. Those facilities with plans approved on or before December 31, 1998, shall comply with the NFPA 90A requirements as referenced in the 1985 *Life Safety Code*. II/III

(95) Ventilation requirements given in Table I—Ventilation Requirements shall be met. II/III

TABLE I VENTILATION REQUIREMENTS

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour Supplied to Room	Minimum Total Air Changes Per Hour Supplied to Room	All Air Exhausted Directly to Outdoors	Air Returned From This Room
Patient Area Corridor	P	Optional	2	Optional	Optional
Physical Therapy	N	2	4	Optional	Optional
Occupational Therapy	N	2	4	Optional	Optional
Soiled Work Room or Soiled Holding	N	2	10	Yes	No
*Toilet Room	N	Optional	6	Yes	No
Bathroom	N	Optional	6	Yes	No
Janitors' Closet(s)	N	Optional	6	Yes	No
Linen and Trash Chute Room	N	Optional	6	Yes	No
Food Preparation Center	E	2	6	Yes	Optional
Warewashing Room	N	Optional	6	Yes	No
Dietary Day Storage	V	Optional	2	Yes	No
Laundry, General	V	2	6	Yes	No
Soiled Linen Sorting and Storage	N	Optional	10	Yes	No

P = Positive N = Negative E = Equal V = Variable

*Up to 75 cubic feet per minute (cfm) of make-up air for each patient room toilet may be supplied to the corridor and need not be supplied directly to the room.

NOTE: In the interest of energy conservation, energy saving design innovations that are not in strict conformance with these requirements, which do not adversely affect direct patient care, will be acceptable if approved in writing by the Division of Aging.

(96) The entire plumbing system and its maintenance and operation shall comply with the requirements of all applicable local and state codes including the requirements set forth in this rule and with the requirements of the 1987 *National Plumbing Code*, which is incorporated by reference in this rule. II/III

(97) Plumbing fixtures that require hot water and are resident-accessible shall be supplied with water thermostatically controlled to provide a water temperature of between one hundred twenty degrees Fahrenheit (120°F) (49°C) and one hundred five degrees Fahrenheit (105°F) (41°C) at the fixture or faucet. I/II

(98) The hot water heating equipment shall have sufficient capacity to supply five (5) gallons (19 l) of water at one hundred twenty degrees Fahrenheit (120°F) (49°C) per hour per bed for nursing home fixtures or faucets, and eight (8) gallons (30 l) of water at one hundred sixty degrees Fahrenheit (160°F) (71.1°C) per hour per bed for kitchen and laundry. The division may accept lesser capacities following submission of the calculation for the anticipated demand of all fixtures and equipment in the building. II

(99) Pipes shall be sized to supply water to all fixtures with a minimum pressure of fifteen pounds per square inch (15 psi) (1.02 atmospheres) at the top floor fixture during maximum demand periods. All plumbing fixtures except water closets, urinals and drinking fountains shall have both hot and cold water supplies. III

(100) Facilities shall protect every supply outlet or connection to a fixture or appliance against back flow as provided by the 1987 *National Plumbing Code*, incorporated by reference in this rule. All faucets to which hoses can be attached, all spray fittings and all other fittings that could deliver water to points below overflow lines, shall be equipped with vacuum breakers. II/III

(101) Wherever the usage of fixtures or appliances will permit, water supplied to all fixtures, open tanks and equipment shall be introduced through a suitable air gap between the water supply and the flood level of the fixture. II

(102) Hot water circulating mains and risers shall be run from the hot storage tank to a point directly below the highest fixture at the end of each branch main. III

(103) Where the building is higher than three (3) stories, each riser shall be circulated. III

(104) Water pipe sizes shall be equal to or greater than those prescribed by the 1987 *National Plumbing Code*, incorporated by reference in this rule. III

(105) All fixtures and equipment shall be connected through traps to soil and waste piping and to the sewer and they shall all be properly trapped and vented to the outside. II

(106) Courts, yards and drives which do not have natural drainage from the building shall have catch basins and drains to low ground, storm-water system or dry wells. III

107) Facilities where gas-fired equipment is to be installed for use on or after January 1, 1999, shall provide and install all gas piping, fittings, tanks and specialties in compliance with the 1996 NFPA 54, *Installation of Gas Appliances and Gas Piping*, the 1995 NFPA 58, *Storage and Handling of Liquefied Petroleum Gases*, incorporated by reference in this rule, and the instructions of the gas supplier, except where more strict requirements are stated. Facilities which installed gas-fired equipment on or before December 31, 1998, shall ensure that the installation was in compliance with the instructions and requirements outlined in the NFPA 54 and NFPA 58 as referenced in the 1985 *Life Safety Code.* Where liquefied petroleum gas (LPG) is used, the Missouri Department of Agriculture also requires compliance with its rules. II

(108) Where gas piping enters the building below grade, it shall have an outside vent as follows: A concrete box, eighteen inches by eighteen inches (18" × 18") with three-inch (3") thick walls, of a height to rest on top of the entering gas pipe, and top of the box to come within six inches (6") of top grade. The box shall be filled with coarse gravel. A one-inch (1") upright vent line shall be to one-half (1/2) the depth of the box and extend twelve inches (12") above top grade with a screened U-vent looking down. The vent line is to be anchored securely to the building wall. II

(109) Facilities shall not install gas-fired equipment in any resident bedroom except that through-wall gas heating units may be used if vented directly to the outside, take combustion air directly from the outside and provide a complete separation of the combustion system from the atmosphere of the occupied area. II

(110) In facilities where oxygen systems are installed on or after January 1, 1999, the facilities shall install the oxygen piping, outlets, manifolds, manifold rooms and storage rooms in accordance with the requirements of the 1993 NFPA 99, incorporated by reference in this rule. In facilities where oxygen systems were installed on or before December 31, 1998, facilities shall ensure that the installation was in compliance with NFPA 99 as required and referenced in the 1985 *Life Safety Code.* I/II

(111) The building sanitary drain system may be cast iron, steel, copper or plastic if installed in compliance with the *National Plumbing Code*, current edition. III

(112) Each main, branch main, riser and branch to a group of fixtures of the water system shall be valved. III

(113) To prevent condensation, facilities shall cover cold water mains in occupied spaces with approved vapor-proof insulation. III

(114) To prevent freezing, facilities shall insulate all pipes in outside walls. III

(115) Facilities shall test soil, waste, vent and drain lines according to the requirements of the 1987 *National Plumbing Code,* incorporated by reference in this rule. The facility shall make certification of these tests available to the division. III

(116) After installation and before the nursing home is operating, the facility shall disinfect the entire water distribution system, both hot and cold, and all connecting equipment by one (1) of the methods described in the 1987 *National Plumbing Code,* incorporated by reference in this rule. III

(117) Water softeners, if used, shall be connected to the hot water supply only or connected so that water used for cooking and drinking is not softened. III

(118) Facilities with plans approved on or after January 1, 1999, shall ensure that the entire electrical system and its maintenance and operation comply with the 1996 *National Electrical Code,* which is incorporated by reference in this rule. Facilities whose plans were approved on or before December 31, 1998, shall comply with the *National Electrical Code* as referenced in the 1985 *Life Safety Code*. II/III

(119) Facilities shall adequately light all occupied areas as required by the duties performed in that space. II/III

(120) Residents' bedrooms shall have a minimum general illumination of ten (10) footcandles, a night-light and a resident's reading light. The outlets for general illumination and night-lights shall be switched at the door. III

(121) Each single-bed resident room shall have at least two (2) duplex receptacles. All multi-bed resident rooms shall have at least one (1) duplex receptacle at the head of each bed plus one (1) additional duplex receptacle. Facilities shall not place duplex receptacles in a manner to cause an electrical shock hazard. III

(122) Facilities shall furnish lighting fixtures of a type suitable for the space for all lighting outlets. III

(123) If ceiling lights are used in residents' rooms, they shall be of a type which are shaded or globed to minimize glare. III

(124) Facilities shall provide an electrically-powered nurses' call system with indicator lights at the corridor entrance of each bedroom. Audible signals and indicating panels shall be located in each nurses' station and utility room. Facilities shall provide signal buttons at the head of each resident bed, in each toilet room and in each bathroom. III

(125) Facilities shall provide night-lights in hallways, individual toilet rooms, stairways and resident rooms or adjacent toilet rooms. II

(126) A qualified electrician shall test and certify the entire electrical system as being in compliance with the 1996 *National Electrical Code,* incorporated by reference in this rule. In facilities whose plans were approved on or before December 31, 1998, the electrician shall test the system according to the standards of the *National Electrical Code* as referenced in the 1985 *Life Safety Code.* Facilities shall make this test certification available to the division. III

(127) Facilities shall provide a complete, electrically-operated door alarm system that is audible in the nurses' station for all resident-accessible exterior doors. III

(128) A facility shall have emergency lighting for exits, stairs, corridors and nurses' stations. Facilities may provide this emergency lighting using an emergency generator or battery-operated lights rated at least one and one-half (1 1/2) hours. In facilities with plans approved on or after January 1, 1999, an emergency generator shall supply emergency power to life support systems as required by the 1993 NFPA 99, *Health Care Facilities,* incorporated by reference in this rule. In facilities where plans were approved on or before December 31, 1998, the electrical system shall comply to the standards of the *National Electrical Code* as referenced in the 1985 *Life Safety Code.* III

(129) The elevator installations shall comply with all local and state codes, American Standards Association Specification A17.1, 1993 *Safety Code for Elevators and Escalators,* the 1996 *National Electrical Code,* incorporated by reference in this rule, and the minimum general standards as set forth in this rule. In facilities whose plans were approved on or before December 31, 1998, the elevators shall comply with applicable local and state codes and the requirements set forth in the ASAS A17.1, *Safety Code for Elevators and Escalators,* and the *National Electrical Code* as referenced in the 1985 *Life Safety Code.* II

(130) Any facility with residents on one (1) or more floors above the first floor shall have at least one (1) hydraulic or electric motor driven elevator. Facilities with a bed capacity from sixty-one to two hundred (61–200) above the first floor shall not have less than two (2) elevators. II

(131) Facilities with a bed capacity of from two hundred to three hundred fifty (200—350) above the first floor shall have not less than three (3) elevators—two (2) passenger and one (1) service. II

(132) Inside cab dimensions of elevators shall be not less than five feet four inches by eight feet (5' 4" × 8') with a capacity of three thousand five hundred pounds (3,500 lbs.). Cab and shaft doors shall have no less than three feet ten inches (3' 10") clear opening. Elevators for which operators will not be employed shall have automatic push-button controls, signal controls or dual controls for use with or without the operator. Where two (2) push-button elevators are located together and where one (1) elevator serves more than three (3) floors and basement, they shall have collective or signal control. III

(133) Facilities with plans approved on or after January 1, 1999, shall have overspeed tests conducted on all elevator machines. Elevators will be tested for speed and load, with and without loads, in both directions as covered by the 1993 *Safety Code for Elevators and Escalators*, incorporated by reference in this rule. Facilities whose plans were approved on or before December 31, 1998, shall conduct overspeed tests in accordance with applicable local and state codes and the requirements set forth in the ASAS A17.1, *Safety Code for Elevators and Escalators*, as referenced in the 1985 *Life Safety Code*. Facilities shall make this test certification available to the division. III

AUTHORITY: section 198.009, RSMo Supp. 1998. This rule originally filed as 13 CSR 15-14.012. Original rule filed July 13, 1983, effective Oct. 13, 1983. Amended: Filed Aug. 1, 1988, effective Nov. 11, 1988. Amended: Filed May 11, 1998, effective Dec. 30, 1998. Emergency amendment filed May 12, 1999, effective May 22, 1999, expired Feb. 24, 2000. Amended: Filed July 13, 1999, effective Jan. 30, 2000. Moved to 19 CSR 30-85.012, effective Aug. 28, 2001.*

**Original authority: 198.009, RSMo 1979, amended 1993, 1995.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 85—Intermediate Care and Skilled Nursing Facility

19 CSR 30-85.022 Fire Safety and Emergency Preparedness Standards for New and Existing Intermediate Care and Skilled Nursing Facilities

PURPOSE: This rule establishes fire-safety and emergency preparedness requirements for new and existing intermediate care and skilled nursing facilities.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the Department of Health and Senior Services are followed by a Roman Numeral notation which refers to the class (either class I, II, or III) of standard as designated in section 198.085, RSMo 2000.

(1) Definitions. For the purpose of this rule, the following definitions shall apply;

(A) Accessible spaces—shall include all rooms, halls, storage areas, basements, attics, lofts, closets, elevator shafts, enclosed stairways, dumbwaiter shafts, and chutes;

(B) Area of refuge—a space located in or immediately adjacent to a path of travel leading to an exit that is protected from the effects of fire, either by means of separation from other spaces in the same building or its location, permitting a delay in evacuation. An area of refuge may be temporarily used as a staging area that provides some relative safety to its occupants while potential emergencies are assessed, decisions are made, and if applicable, evacuation has begun;

(C) Major renovation—shall include the following:

1. Addition of any room(s), accessible by residents, that either exceeds fifty percent (50%) of the total square footage of the facility or exceeds four thousand five hundred (4,500) square feet;

2. Repairs, remodeling, or renovations that involve more than fifty percent (50%) of the building;

3. Repairs, remodeling, or renovations that involve more than four thousand five hundred (4,500) square feet of a smoke section; or

4. If the addition is separated by two- (2-) hour fire-resistant construction, only the addition portion shall meet the requirements for an NFPA 13, 1999 edition, sprinkler system, unless the facility is otherwise required to meet NFPA 13, 1999 edition; and

(D) Concealed spaces—shall include areas within the building that cannot be occupied or used for storage.

(2) General Requirements.

(A) All National Fire Protection Association (NFPA) codes and standards cited in this rule: NFPA 10, *Standard for Portable Fire Extinguishers*, 1998 edition; NFPA 13, *Standard for the Installation of Sprinkler Systems*, 1999 edition; NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*, 1998 edition; NFPA 99, *Standard for Health Care Facilities*, 1999 edition; NFPA 101, *The Life Safety Code*, 2000 edition; NFPA 72, *National Fire Alarm Code*, 1999 edition; NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, 1998 edition; NFPA 253, *Standard Method of Test of Surface Burning Characteristics of Building Materials*, 2000 edition; NFPA 701, *Standard Methods of Fire Tests for Flame Propagation of Textiles and Films*, 1999 edition; NFPA 211, *Chimneys, Fireplaces, Vents and Solid Fuel-Burning Appliances*, 2000 edition; and NFPA 101A, *Guide to Alternative Approaches to Life Safety*, 2001 edition, are incorporated by reference in this rule and available for purchase from the National Fire Protection Agency, 1 Batterymarch Park, Quincy, MA 02269-9101; www.nfpa.org; by telephone at (617) 770-3000 or 1-800-344-3555. This rule does not incorporate any subsequent amendments or additions to the materials listed above.

(B) This rule does not prohibit facilities from complying with standards set forth in newer editions of the incorporated by reference material listed in subsection (2)(A) of this rule if approved by the department.

(C) The department shall have the right of inspection of any portion of a building in which a licensed facility is located unless the unlicensed portion is separated by two- (2-) hour fire-resistant construction. I/II

(D) Facilities shall not use space under stairways to store combustible materials. I/II

(E) No section of the building shall present a fire hazard. I/II

(F) All facilities shall notify the department immediately after the emergency is addressed if there is a fire in the facility or premises and shall submit a complete written fire report to the department within seven (7) days of the fire, regardless of the size of the fire or the loss involved. II/III

(G) Following the discovery of any fire, the facility shall monitor the area and/or the source of the fire for a twenty-four- (24-) hour period. This monitoring shall include, at a minimum, hourly visual checks of the area. These hourly visual checks shall be documented. I/II

(H) All electrical appliances shall be Underwriters' Laboratories (UL) or Factory Mutual (FM)-approved, shall be maintained in good repair, and no appliances or electrical equipment shall be used which emit fumes or which could in any other way present a hazard to the residents. I/II

(3) All openings that could permit the passage of fire, smoke, or both, between floors shall be fire-stopped with a suitable noncombustible material. II/III

(4) Hazardous areas shall be separated by construction of at least one- (1-) hour fire-resistant construction. Hazardous areas may be protected by an automatic sprinkler system in lieu of a one- (1-) hour rated fire-resistant construction. When the sprinkler option is chosen, the areas shall be separated from other spaces by smoke-resistant partitions and doors. The doors shall be self-closing or automatic closing. II

(5) The storage of any unnecessary combustible materials in any part of a building in which a licensed facility is located is prohibited. No section of the building shall present a fire hazard. I/II

(6) Oxygen storage shall be in accordance with NFPA 99, 1999 edition. Facilities shall use permanent racks or fasteners to prevent accidental damage or dislocation of oxygen cylinders. Safety caps shall remain intact except where a cylinder is in actual use or where the regulator has been attached and the cylinder is ready for use. Individual oxygen cylinders in use or with an attached regulator shall be supported by cylinder collars or by stable cylinder carts. II/III

(7) Each nursing unit may maintain only one (1) emergency-use oxygen tank in a readily accessible unit area. II

(8) Fire Extinguishers.

(A) Fire extinguishers shall be provided at a minimum of one (1) per floor, so that there is no more than seventy-five feet (75') travel distance from any point on that floor to an extinguisher. I/II

(B) All new or replacement portable fire extinguishers shall be ABC-rated extinguishers, in accordance with the provisions of NFPA 10, 1998 edition. A K-rated extinguisher or its equivalent shall be used in lieu of an ABC-rated extinguisher in the kitchen cooking areas. II

(C) Fire extinguishers shall have a rating of at least—

1. Ten pounds (10 lbs.), ABC-rated or the equivalent, in or within fifteen feet (15') of hazardous areas as defined in 19 CSR 30-83.010; II and

2. Five pounds (5 lbs.), ABC-rated or the equivalent, in other areas. II

(D) All fire extinguishers shall bear the label of the UL or the FM Laboratories and shall be installed and maintained in accordance with NFPA 10, 1998 edition. This includes the documentation and dating of a monthly pressure check. II/III

(9) Facilities shall provide every cooking range with a range hood and approved range hood extinguishing system installed, tested, and maintained in accordance with NFPA 96, 1998 edition. The range hood and its extinguishing system shall be certified at least twice annually in accordance with NFPA 96,1998 edition. II/III

(10) Complete Fire Alarm Systems.

(A) Facilities shall have a complete fire alarm system installed in accordance with NFPA 101, Section 18.3.4, 2000 edition. The complete fire alarm system shall automatically transmit to the fire department, dispatching agency, or central monitoring company. The complete fire alarm system shall include visual signals and audible alarms that can be heard throughout the building and a main panel that interconnects all alarm-activating devices and audible signals in accordance with NFPA 72, 1999 edition. Manual pull stations shall be installed at or near each required nurse/attendant's station and each required exit. Smoke detectors shall be interconnected to the complete fire alarm system. Specific minimum requirements relating to the interconnected smoke detectors are found in subsections (10)(I) and (10)(J) of this rule. I/II

(B) All facilities shall test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition. I/II

(C) All facilities shall have inspections and written certifications of the complete fire alarm system completed by an approved qualified service representative in accordance with NFPA 72, 1999 edition, at least annually. I/II

(D) The complete fire alarm system shall be activated by all of the following: sprinkler system flow alarm, smoke detectors, heat detectors, manual pull stations, and activation of the range hood extinguishment system. II/III

(E) Facilities shall test by activating the complete fire alarm system at least once a month. II/III

(F) Facilities shall maintain a record of the complete fire alarm system tests, inspections and certifications required by subsections (10)(B), (10)(C), and (10)(E) of this rule. III

(G) Upon discovery of a fault with the complete fire alarm system, the facility shall correct the fault. I/II

(H) When a complete fire alarm system is to be out-of-service for more than four (4) hours in a twenty-four- (24-) hour period, the facility shall immediately notify the department and the local fire authority and implement an approved fire watch in accordance with NFPA 101, 2000 edition, until the fire alarm system has returned to full service. I/II

(I) All facilities shall have smoke detectors inter-connected to the complete fire alarm system in all corridors and spaces open to corridors. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. I/II

(J) Facilities that have a sprinkler system exemption shall have smoke detectors interconnected to the complete fire alarm system in all accessible spaces within the facility as required by NFPA 72, 1999 edition. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. Smoke detectors shall not be installed in areas where environmental influences may cause nuisance alarms. Such areas include, but are not limited to, kitchens, laundries, bathrooms, mechanical air handling rooms, and attic spaces. In these areas, heat detectors interconnected to the complete fire alarm system shall be installed. Bathrooms not exceeding fifty-five (55) square feet and clothes closets, linen closets, and pantries not exceeding

twenty-four (24) square feet are exempt from having any detection device if the walls and ceilings are surfaced with limited-combustible or noncombustible material as defined in NFPA 101, 2000 edition. Concealed spaces of noncombustible or limited-combustible construction are not required to have detection devices. These spaces may have limited access but cannot be occupied or used for storage. I/II

(K) For each facility not having a sprinkler system exemption, each resident room or any room designated for sleeping shall be equipped with at least one (1) battery-powered smoke alarm installed, tested, and maintained in accordance with manufacturer's specifications. In addition, the facility shall be equipped with interconnected heat detectors installed, tested, and maintained in accordance with NFPA 72, 1999 edition, with detectors in all areas subject to nuisance alarms, including, but not limited to, kitchens, laundries, bathrooms, mechanical air handling rooms, and attic spaces. I/II

1. The facility shall maintain a written record of the monthly testing and battery changes. The written records shall be retained for one (1) year. I/II

2. Upon discovery of a fault with any detector or alarm, the facility shall correct the fault. I/II

(11) Sprinkler System.

(A) All facilities shall have inspections and written certifications of the sprinkler system completed by an approved qualified service representative in accordance with NFPA 25, 1998 edition. The inspections shall be in accordance with the provisions of NFPA 25, 1998 edition, with certification at least annually by a qualified service representative. I/II

(B) All facilities licensed prior to August 28, 2007, that were not required to have a complete sprinkler system in accordance with NFPA 13 shall have until December 31, 2012, to comply with NFPA 13, 1999 edition. I/II

1. Exemptions shall be granted if the facility presents evidence in writing from a certified sprinkler system representative or licensed engineer that the facility is unable to install an approved NFPA 13, 1999 edition, system due to the unavailability of the water supply. I/II

(C) Facilities that have a sprinkler system installed prior to August 28, 2007, shall inspect, maintain, and test these systems in accordance with the requirements in effect for such facilities on August 27, 2007. I/II

(D) Facilities licensed on or after August 28, 2007, or any section of a facility in which a major renovation has been completed on or after August 28, 2007, shall install and maintain a complete sprinkler system in accordance with NFPA 13, 1999 edition. I/II

(E) When a sprinkler system is to be out-of-service for more than four (4) hours in a twenty-four- (24-) hour period, the facility shall immediately notify the department and the local fire authority and implement an approved fire watch in accordance with NFPA 101, 2000 edition, until the sprinkler system has returned to full service. I/II

(12) Each floor of an existing licensed facility shall have at least two (2) unobstructed exits remote from each other. One (1) of the required exits in an existing multi-story facility must be an outside stairway or an enclosed stair that is separated by one- (1-) hour construction from each floor and has an exit leading directly outside at grade level. One (1) exit may lead to a lobby with exit facilities to the ground level outside instead of leading directly to the outside. The lobby shall have at least a one- (1-) hour fire-rated separation from the remainder of the exiting floor. I/II

(13) If facilities have outside stairways, they shall be substantially constructed to support residents during evacuation. These stairways shall be protected or cleared of ice and snow. Stairways shall be of sturdy construction using at least two-inch (2") lumber and shall be continuous to ground level. All treads and risers shall be of the same height and width throughout the entire stairway, not including landings. II/III

(14) Fire escapes added to existing buildings, whether interior or exterior, shall have at least a minimum thirty-six-inch (36") width, eight-inch (8") maximum risers, a nine-inch (9") minimum tread, no winders, a maximum height between landings of twelve feet (12'), minimum landing dimensions of forty-four inches (44"), landings at each exit door, and handrails on both sides. Exit(s) to fire escapes shall be at least thirty-six inches (36") wide, and the fire-escape door shall swing outward. All treads and risers shall be of the same height and width throughout the entire stairway, not including landings. II/III

(15) Facilities with three (3) or more floors shall comply with the provisions of Chapter 320, RSMo, which requires that outside stairways be constructed of iron or steel. II

(16) Door locks shall be of a type that can be opened from the inside by turning the knob or operating a simple device that will release the lock, or shall meet the requirements of Section 19.2 of NFPA 101, 2000 edition. Only one (1) lock will be permitted on any one (1) door. I/II

(17) All exit doors in existing licensed facilities shall be at least thirty inches (30") wide. II

(18) All exit doors in new facilities shall be at least forty-four inches (44") wide. II

(19) In all facilities, all exit doors and vestibule doors shall swing outward in the direction of exit travel. II

(20) In all existing licensed facilities, all horizontal exit doors in fire walls and all doors in smoke barrier partitions may swing in either direction. These doors normally may be open, but shall be automatically self-closing upon activation of the fire alarm system. They shall be capable of being manually released to self-closing action. II/III

(21) Facilities shall maintain corridors to be free of obstruction, equipment, or supplies not in use. Doors to resident rooms shall not swing into the corridor. II/III

(22) Facilities shall place signs bearing the word EXIT in plain, legible block letters at each required exit, except at

doors directly from rooms to exit corridors or passageways. II

(23) Wherever necessary, the facility shall place additional signs in corridors and passageways to indicate the exit's direction. Letters on these signs shall be at least six inches (6") high and principle strokes three-fourths inch (3/4") wide, except that the letters of internally illuminated exit signs may be not less than four inches (4") high. III

(24) Facilities shall maintain all exit and directional signs to be clearly legible and electrically illuminated at all times by acceptable means such as emergency lighting when lighting fails. II

(25) Facilities shall have emergency lighting of sufficient intensity to provide for the safety of residents and other people using any exit, stairway, and corridor. The lighting shall be supplied by an emergency service, an automatic emergency generator or battery lighting system. This emergency lighting system shall be equipped with an automatic transfer switch. In an existing licensed facility, battery lights, if used, shall be wet cell units or other rechargeable-type batteries that shall be UL-approved and capable of operating the light for at least one and one-half (1½) hours. Battery-operated emergency lighting shall be tested for at least thirty (30) seconds every thirty (30) days, and an annual function test shall be conducted for the full operational duration of one and one-half (1½) hours. Records of these tests shall be documented and maintained for review. II

(26) If existing licensed facilities have laundry chutes, dumbwaiter shafts, or other similar vertical shafts, they shall have a fire resistance rating of at least one (1) hour if serving three (3) or fewer stories. Enclosures serving four (4) or more stories shall have at least a two- (2-) hour fire-rated enclosure. These chute or shaft doors shall be self-closing or shall have any other approved device that will guarantee separation between floors. II

(27) Existing licensed multistoried facilities shall provide a smoke separation barrier between the basement and the first floor and the floors of resident-use areas. At a minimum, this barrier shall consist of one-half inch (1/2") gypsum board, plaster, or equivalent. There shall be a one and three-fourths inch (1 3/4") thick solid-core wood door, or equivalent, at the top or bottom of the stairs. If the door is glazed, it shall be glazed with wired glass. II

(28) Each floor accessed by residents shall be divided into at least two (2) smoke sections with each section not exceeding one hundred fifty feet (150') in length or width. If the floor's dimensions do not exceed seventy-five feet (75') in length or width, a division of the the floor into two (2) smoke sections will not be required. II

(29) Each smoke section shall be separated by one- (1-) hour fire-rated walls that are continuous from outside wall-to-outside wall and from floor-to-floor or floor-to-roof deck. All doors in this wall shall be at least twenty- (20-) minute fire rated or its equivalent, self-closing, and may be held open only if the door closes automatically upon activation of the fire alarm system. II

(30) Existing licensed facilities shall have attached self-closing devices on all doors providing separation between floors. If the doors are to be held open, they shall have electromagnetic hold-open devices that are interconnected with either a smoke alarm or with other smoke-sensitive fire extinguishment or alarm systems in the building. II/III

(31) Smoking shall be permitted only in designated areas. Areas where smoking is permitted shall be directly supervised unless the resident has been assessed by the facility and determined capable of smoking unassisted. At least annually, the facility shall reassess those residents the facility has determined to be capable of smoking unsupervised and shall also reassess such resident when changes in his or her condition indicate the resident may no longer be capable of smoking without supervision. The facility shall document this assessment in the resident's medical record. II

(32) Designated smoking areas shall have ashtrays of noncombustible material and of safe design. The contents of ashtrays shall be disposed of properly in receptacles made of noncombustible material. II/III

(33) Fire Drills and Emergency Preparedness.

(A) All facilities shall have a written plan to meet potential emergencies or disasters and shall request consultation and assistance annually from a local fire unit for review of fire and evacuation plans. If the consultation cannot be obtained, the facility shall inform the state fire marshal in writing and request assistance in review of the plan. An up-to-date copy of the facility's entire plan shall be provided to the local jurisdiction's emergency management director. II/III

(B) The plan shall include, but is not limited to—

1. A phased response ranging from relocation of residents to an immediate area within the facility; relocation to an area of refuge, if applicable; or to total building evacuation. This phased response part of the plan shall be consistent with the direction of the local fire unit or state fire marshal and shall be appropriate for the fire or emergency;

2. Written instructions for evacuation of each floor including evacuation to areas of refuge, if applicable, and floor plan showing the location of exits, fire alarm pull stations, fire extinguishers, and any areas of refuge;

3. Evacuating residents, if necessary, from an area of refuge to a point of safety outside the building;

4. The location of any additional water sources on the property such as cisterns, wells, lagoons, ponds, or creeks;

5. Procedures for the safety and comfort of residents evacuated;

6. Staffing assignments;

7. Instructions for staff to call the fire department or other outside emergency services;

8. Instructions for staff to call alternative resource(s) for housing residents, if necessary;

9. Administrative staff responsibilities; and

10. Designation of a staff member to be responsible for accounting for all residents' whereabouts. II/III

(C) The written plan shall be accessible at all times and an evacuation diagram shall be posted on each floor in a conspicuous place so that employees and residents can become familiar with the plan and routes to safety. II/III

(D) A minimum of twelve (12) fire drills shall be conducted annually with at least one (1) every three (3) months on each shift. At least four (4) of the required fire drills must be unannounced to residents and staff, excluding staff who are assigned to evaluate staff and resident response to the fire drill. The fire drills shall include a simulated resident evacuation that involves the local fire department or emergency service at least once a year. II/III

(E) The fire alarm shall be activated during all fire drills unless the drill is conducted between 9 p.m. and 6 a.m., when a facility-generated predetermined message is acceptable in lieu of the audible and visual components of the fire alarm. II/III

(F) The facility shall keep a record of all fire drills including the simulated resident evacuation. The record shall include the time, date, personnel participating, length of time to complete the fire drill, and a narrative notation of any special problems. III

(34) Fire Safety Training Requirements.

(A) The facility shall ensure that fire safety training is provided to all employees:

1. During employee orientation;

2. At least every six (6) months; and

3. When training needs are identified as a result of fire drill evaluations. II/III

(B) The training shall include, but is not limited to, the following:

1. Prevention of fire ignition, detection of fire, and control of fire development;

2. Confinement of the effects of fire;

3. Procedures for moving residents to an area of refuge, if applicable;

4. Use of alarms;

5. Transmission of alarms to the fire department;

6. Response to alarms;

7. Isolation of fire;

8. Evacuation of the immediate area and building;

9. Preparation of floors and facility for evacuation; and

10. Use of the evacuation plan required by section (33) of this rule. II/III

(35) The use of wood- or gas-burning fireplaces will be permitted only if the fireplaces are built of firebrick or metal, enclosed by masonry, and have metal or tempered glass screens. The chimneys shall be of masonry construction with flue linings that have at least eight inches (8") of masonry separating the flue lining and the fireplace from any combustible material. All fireplaces shall be installed, operated, and maintained in a safe manner. Fireplaces not in compliance with these requirements may be provided if they are for decorative purposes only or if they are equipped with decorative-type electric logs or other electric heaters which bear the UL label and are constructed of electrical components complying with and installed in compliance with the *National Electrical Code*, incorporated by reference in this rule. Fireplaces meeting standards set forth in NFPA 211, 2000 edition, are considered in compliance with this rule. II/III

(36) All electric or gas clothes dryers shall be vented to the outside and the lint trap cleaned regularly. II/III

(37) In existing licensed facilities, all wall and ceiling surfaces shall be smooth and free of highly-combustible materials. II/III

(38) All curtains in resident-use areas shall be rendered and maintained flame-resistant in accordance with NFPA 701, 1999 edition. II/III

(39) All new floor covering installed in buildings that do not have a sprinkler system shall be Class I in accordance with NFPA 253, 2000 edition. II/III

(40) Trash and Rubbish Disposal Requirements.

(A) Only metal or UL- or FM-approved wastebaskets shall be used for the collection of trash. II

(B) The facility shall maintain the exterior premises in a manner as to provide for fire safety. II

(C) Trash shall be removed from the premises as often as necessary to prevent fire hazards and public health nuisance. II

(D) No trash shall be burned within fifty feet (50') of any facility except in an approved incinerator. I/II

(E) Trash may be burned only in a masonry or metal container. The container shall be equipped with a metal cover with openings no larger than one-half inch (1/2") in size. II/III

(41) Minimum Staffing for Safety and Protective Oversight to Residents.

(A) In a building that is of fire-resistant construction or a building with a sprinkler system, minimum staffing shall be the following:

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)	1	3–10*
3 p.m. to 11 p.m. (Evening)	1	3–15*
11 p.m. to 7 a.m. (Night)	1	3–20*

*One (1) additional staff person for every fraction after that. I/II

(B) In a building that is of nonfire-resistant construction or a building that has a sprinkler system exemption, minimum staffing shall be the following:

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)	1	3–10*
3 p.m. to 11 p.m. (Evening)	1	3–15*
11 p.m. to 7 a.m. (Night)	1	3 –15*

*One (1) additional staff person for every fraction after that. I/II

AUTHORITY: sections 198.074 and 198.079, RSMo Supp. 2011. This rule originally filed as 13 CSR 15-14.022. Original rule filed July 13, 1983, effective Oct. 13, 1983. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Aug. 1, 1988, effective Nov. 11, 1988. Amended: Filed May 11, 1998, effective Dec. 30, 1998. Emergency amendment filed May 12, 1999, effective May 22, 1999, expired Feb. 24, 2000. Amended: Filed July 13, 1999, effective Jan. 30, 2000. Moved to 19 CSR 30-85.022, effective Aug. 28, 2001. Emergency amendment filed Nov. 24, 2008, effective Dec. 4, 2008, expired June 1, 2009. Amended: Filed Nov. 24, 2008, effective May 30, 2009. Amended: Filed March 15, 2012, effective Oct. 30, 2012.*

Original authority: 198.074, RSMo 2007 and 198.079, RSMo 1979, amended 2007.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Health Standards and Licensure

Chapter 85—Intermediate Care and Skilled Nursing Facility

19 CSR 30-85.032 Physical Plant Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

PURPOSE: This rule establishes the requirements necessary in new and existing intermediate care and skilled nursing facilities.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo.

(1) General Requirements.

(A) All National Fire Protection Association (NFPA) codes and standards cited in this rule: NFPA 54, *National Fuel Code*, 1999 edition; NFPA 58, *Liquefied Petroleum Gas Code*, 1999 edition; NFPA 70, *National Electric Code*, 1999 edition; NFPA 99, Health Care Facilities, 1999 edition; and NFPA 101, *The Life Safety Code*, 2000 edition, are incorporated by reference in this rule and available for purchase from the National Fire Protection Agency, 1 Batterymarch Park, Quincy, MA 02269-9101; www.nfpa.org; by telephone at (617) 770-3000 or 1-800-344-3555. This rule does not incorporate any subsequent amendments or additions to the materials listed above.

(B) This rule does not prohibit facilities from complying with standards set forth in newer editions of the incorporated by reference material listed in subsection (1)(A) of this rule where approved by the Department of Health and Senior Services (the department).

(2) The building shall be substantially constructed and shall be maintained in good repair. New facilities shall comply with the requirements in accordance with the provisions found in 19 CSR 30-85.012. Existing licensed facilities shall meet and maintain the facility's physical plant in accordance with the construction standards in effect at the time of initial licensing, unless there is a specific rule governing the subject cited in this section or in 19 CSR 30-85.022, except that those facilities licensed between 1957 and 1965 shall not increase the capacity of any room or the total capacity of the facility without meeting new construction requirements. Existing licensed facilities with plans approved after April 8, 1972 and prior to January 1, 1999, shall comply as Existing Health Care Occupancies with NFPA 101, 2000 edition. Facilities whose physical plant requirement plans are approved on or after January 1, 1999, shall comply as New Health Care Occupancies with NFPA 101, 2000 edition. II/III

(3) In an existing facility licensed prior to July 1, 1965, the number of persons in any room or area used as sleeping quarters shall not exceed the proportion of one (1) adult for each sixty (60) square feet. In facilities licensed on or after July 1, 1965, adult resident rooms shall be a minimum of eighty (80) square feet per bed in multi-bed resident rooms and one hundred (100) square feet for private rooms. This square footage can include all useable floor spaces such as closets, entryways, and areas with moveable items or furniture that do not impact the safety or welfare of the resident, used for residents' belongings or if related to their care. Only the area of a room with a ceiling height of at least seven feet (7') can be included when calculating the square footage. II/III

(4) An existing facility licensed prior to July 1, 1965 shall not use a private room less than sixty (60) square feet in size as sleeping quarters for residents under seventeen (17) years of age. In multi-bed resident rooms, the following ratios shall apply: thirty (30) square feet per bed for beds four feet (4') or less in length, forty (40) square feet per bed for beds four feet through five feet (4'–5') in length and sixty (60) square feet per bed for beds over five feet (5') in length. In facilities licensed on or after July 1, 1965, rooms shall be a minimum of thirty-five (35) square feet per bed for beds four feet (4') or less in length; forty-five (45) square feet per bed for beds four feet through five feet (4'–5') in length; eighty (80) square feet per bed over five (5) square feet in length in multiple bedrooms; and one hundred (100) square feet for private rooms. II/III

(5) A facility may not house a resident in a room which has an outside grade of more than three feet (3') above the floor level on the window side of the resident's room for a distance of at least fifteen feet (15') from the outside wall of the resident's room. II/III

(6) Facilities initially licensed after July 1, 1965 shall have no more than four (4) beds per room. II/III

(7) The facility shall provide sleeping quarters, separate from resident bedrooms for the administrator or employees and their families who reside there. III

(8) A facility shall conspicuously and unmistakably identify each room or ward or resident-use area with a number or room name securely fastened to, or plainly painted on the entrance of the room or ward. III

(9) Each resident room shall have an outside window with an area equivalent to not less than ten percent (10%) of the required floor area. The facility shall maintain windows so that they may be readily opened and closed. II/III

(10) Facilities shall ensure that every window in resident-use areas has shades, curtains or drapes. III

(11) The facility shall make provisions for a room(s) which can be used for isolation of a resident(s) with communicable diseases. Facilities licensed after July 1, 1965 and prior to June 11, 1981 shall have at least two (2) private rooms with a toilet room equipped with toilet and handwashing sink. Rooms designated as isolation rooms may be occupied by residents provided there is a written agreement on file indicating the resident's willingness to relocate without prior notice if the room is needed for isolation purposes. III

(12) Every facility shall provide a living room or community room for the sole use of residents. Sufficient chairs and tables shall be furnished. Under no circumstances may the living room be used as a bedroom. A living room must be well-lighted, ventilated, and easily accessible to residents. II

(13) Facilities shall ensure that gas-burning equipment and appliances are approved by the American Gas Association and installed in compliance with NFPA 54, 1999 edition. Where liquefied petroleum gas (LPG) is used, facilities shall comply with the rules of the Missouri Department of Agriculture and NFPA 58, 1999 edition. Facilities that were complying prior to the effective date of this rule with prior editions of the NFPA 54 and NFPA 58 referenced in this rule shall be permitted to continue to comply with the earlier editions, as long as there is not an imminent danger to the health, safety, or welfare of any resident or a substantial probability that death or serious physical harm would result as determined by department. Gas-fired water heaters shall be properly vented and all water heaters shall be equipped with a temperature and pressure relief valve. II

(14) Oxygen cylinders for medical use shall be labeled "Oxygen." All facilities shall have oxygen systems, oxygen piping, outlets, manifold rooms, and storage rooms installed in accordance with the requirements of the NFPA 99, 1999 edition. I/II

(15) Facilities shall provide adequate storage areas for food, supplies, linen, equipment and residents' personal possessions. II/III

(16) Toilet rooms shall be easily accessible, conveniently located, well-lighted and properly ventilated. Doors to toilet rooms which may be locked from the inside shall be equipped with a special lock which may be opened from the outside. II/III

(17) Existing licensed facilities shall provide one (1) toilet for each ten (10) residents or fraction of ten. II/III

(18) The facility shall provide separate toilet facilities for each sex. Where urinals are provided for men, a facility shall provide one (1) toilet and urinal for each fifteen (15) males or fraction of fifteen. III

(19) Facilities shall provide grab bars on at least one (1) side of all toilets, in proper positions to facilitate bodily movement of residents. II

(20) Existing licensed facilities shall provide handwashing facilities consisting of a handwashing sink in each toilet room for each fifteen (15) residents or fraction of fifteen. The handwashing sink may be omitted from a toilet room which serves adjacent resident rooms if each room contains a handwashing sink. II/III

(21) The facility shall provide one (1) shower or tub for each fifteen (15) residents or fraction of fifteen. II/III

(22) Facilities shall have metal grab bars securely mounted for bathtubs, shower stalls and toilets. The facility shall also provide rubber or similar type nonskid mats or strips in tubs and showers to reduce or prevent slipping accidents and hazardous conditions. II

(23) Facilities shall provide fixed partitions or curtains in bathrooms and toilet areas to ensure privacy. III

(24) The facility shall ensure that plumbing fixtures that supply hot water and are accessible to the residents, shall be thermostatically controlled so the water temperature at the fixture does not exceed one hundred twenty degrees Fahrenheit (120°F) (49°C). The water shall be at a temperature range of one hundred five degrees Fahrenheit to one hundred twenty degrees Fahrenheit (105°F–120°F) (41°C–49°C). I/II

(25) Facilities shall provide adequate space and locations for the proper cleansing, disinfection, sterilization, and storage of nursing supplies and equipment. This area shall be specifically designated as a clean utility area. There shall be a separate area designated as a dirty utility area, and neither area shall be located in or open into a kitchen, dining room, or a bathroom. The facility shall have utility areas that are easily available to personnel and located conveniently for the nursing station staff. Utility areas shall be well-ventilated and well-lighted. II/III

(26) The facility shall provide either a nursing station or a nurses' work area on each floor of a multistory facility. This area shall have chart storage space on current residents. Facilities licensed or with plans approved on or after July 1, 1965, shall have a nurses' station for every sixty (60) beds. Handwashing facilities at or near the nurses' station shall be available for physicians, nurses and other personnel attending residents. II/III

(27) The facility shall be equipped with a call system that consists of an electrical intercommunication system, a wireless pager system, a buzzer system, or hand bells for each resident bed, toilet room, and bathroom. The call system shall be audible in the attendant's work area and be in compliance with 19 CSR 30-85.012(124). II/III

(28) The heating of the building shall be restricted to steam, hot water, permanently installed electric heating devices or warm air systems employing either central heating plants with installation so as to safeguard the inherent fire hazard or outside wall heaters with approved installation. Portable heater use is prohibited. Facilities shall provide adequate guards to safeguard residents where potential burn hazards exist. I/II

(29) The facility shall heat all resident-accessible areas to ensure that the air temperature is not lower than sixty-eight degrees Fahrenheit (68°F). These areas shall be capable of being heated to not less than eighty degrees Fahrenheit (80°F). At all times the reasonable comfort needs of residents shall be met. I/II

(30) The facility shall cool resident-accessible areas when air temperatures exceed eighty-five degrees Fahrenheit (85°F). These areas shall be capable of being cooled to at least seventy-one degrees Fahrenheit (71°F). At all times the reasonable comfort needs of residents shall be met. I/II

(31) Electrical Wiring Requirements.

(A) Electrical wiring and equipment shall be installed and maintained in accordance with the NFPA 70, 1999 edition. Facilities that were complying prior to the effective date of this rule with prior editions of the NFPA 70 referenced in this rule shall be permitted to continue to comply with the earlier editions, as long as there is not an imminent danger to the health, safety, or welfare of any resident or a substantial probability that death or serious physical harm would result as determined by the department. II/III

(B) Every two (2) years, a qualified electrician will be required to certify in writing that the electrical system is being maintained and operated in accordance with the standards outlined by the NFPA 70, 1999 edition or the earlier NFPA 70 edition with which the facility was complying prior to the effective date of this rule. II/III

(32) Lighting in hallways, bathrooms, recreational, dining, and all resident-use areas shall be provided with a minimum intensity of ten (10) footcandles and shall be sufficient to meet the residents' and staff needs. III

(33) Facilities shall use night-lights in hallways, resident rooms, toilet rooms or bathrooms and on stairways. II

(34) The facility shall ensure that a reading light is provided for each resident who desires to read. III

(35) To prevent direct glare to residents' eyes, facilities shall ensure that lights in resident-use areas have a shade or dome. III

(36) If elevators are used, their installation and maintenance shall comply with all local and state codes and NFPA 70, 1999 edition. II

(37) If extension cords are used, they must be Underwriters Laboratories (UL)-approved or shall comply with other recognized electrical appliance approval standards and sized to carry the current required for the appliance used. Only one (1) appliance shall be connected to one (1) extension cord. Only two (2) appliances may be served by one (1) duplex receptacle. Extension cords shall not be placed under rugs, through doorways, or located where they are subject to physical damage. II/III

(38) The facility shall maintain furniture and equipment in good condition and shall replace it if broken, torn, heavily soiled or damaged. Rooms shall be designed and furnished so that the comfort and safety of the residents are provided for at all times. II/III

(39) Rooms shall be neat, orderly and cleaned daily. II/III

(40) The facility shall ensure that each resident shall be provided an individual bed, single or twin, in good repair of rigid type. Beds shall be at least thirty-six inches (36") wide. Double beds of satisfactory construction may be provided for married couples. Rollaway, metal cots or folding beds shall not be used. II/III

(41) A minimum of three feet (3') shall be available between parallel beds. III

(42) Mattresses shall be clean, in good repair, sized to fit the bed and a minimum of four inches (4") in thickness to provide comfort. II/III

(43) The facility shall ensure that each bed has at least one (1) clean comfortable pillow. Extra pillows shall be available to meet the needs of the residents. III

(44) Multi-bed resident rooms shall have screens or curtains, either portable or permanently affixed, available and used to provide privacy as needed or as requested. III

(45) Facilities shall provide each resident with an individual locker or other suitable space for storage of clothing and personal belongings. III

(46) The facility shall provide residents with an individual rack for towels and washcloths unless they are provided with clean washcloths or towels for use each time needed. III

(47) A comfortable chair shall be available for each resident's use. III

(48) Only activities necessary to the administration of the facility shall be contained in any building used as a long-term care facility except as follows:

(A) Related activities may be conducted in buildings subject to prior written approval of these activities by the department. Examples of these activities are home health agencies, physician's office, pharmacy, ambulance service, child day care, food service, and outpatient therapy for the elderly or disabled in the community;

(B) Adult day care may be provided for four (4) or fewer participants without prior written approval of the department if the long-term care facility meets the following stipulations:

1. The operation of the adult day care business shall not interfere with the care and delivery of services to the long-term care residents;

2. The facility shall only accept participants in the adult day care program appropriate to the level of care of the facility and whose needs can be met;

3. The facility shall not change the physical layout of the facility without prior written approval of the department;

4. The facility shall provide a private area for adult day care participants to nap or rest;

5. Adult day care participants shall not be included in the census, and the number shall not be more than four (4) above the licensed capacity of the facility; and

6. The adult day care participants, while on-site, are to be included in the determination of staffing patterns for the long-term care facility; and

(C) An associated adult day health care program may be operated without prior written approval if the provider of the adult day health care services is certified in accordance with 13 CSR 70-92.010. II/III

AUTHORITY: section 198.079, RSMo Supp. 2007. This rule originally filed as 13 CSR 15-14.032. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Nov. 9, 1983, effective Nov. 19, 1983, expired March 18, 1984. Amended: Filed Nov. 9, 1983, effective Feb. 11, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Aug. 1, 1988, effective Nov. 11, 1988. Amended: Filed May 11, 1998, effective Dec. 30, 1998. Emergency amendment filed Feb. 1, 1999, effective Feb. 11, 1999, expired Aug. 9, 1999. Amended: Filed Feb. 1, 1999, effective July 30, 1999. Moved to 19 CSR 30-85.032, effective Aug. 28, 2001. Amended: Filed March 13, 2008, effective Oct. 30, 2008.*

**Original authority: 198.079, RSMo 1979, amended 2007.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Health Standards and Licensure

Chapter 85—Intermediate Care and Skilled Nursing Facility

19 CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

PURPOSE: This rule establishes standards for administration and resident care in an intermediate care or skilled nursing facility.

Editor's Note: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.

(1) The operator shall designate a person as administrator who holds a current license as a nursing home administrator in Missouri. II

(2) The facility shall post the administrator's license. III

(3) The operator shall be responsible to assure compliance with all applicable laws and rules. The administrator shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator's responsibilities shall include the oversight of residents to assure that they receive appropriate nursing and medical care. II/III

(4) The administrator shall be employed in the facility and serve in that capacity on a full-time basis. An administrator cannot be listed or function as an administrator in more than one (1) licensed facility at the same time, except that one (1) administrator may serve as the administrator of more than one (1) licensed facility if all facilities are on the same premises. II/III

(5) The licensed administrator shall not leave the premises without delegating the necessary authority in writing to a responsible individual. If the administrator is absent from the facility for more than thirty (30) consecutive days, the person designated to be in administrative charge shall be a currently licensed nursing home administrator. Such thirty (30) consecutive-day absences may only occur once within any consecutive twelve (12)-month period. I/II

(6) The facility shall not knowingly admit or continue to care for residents whose needs cannot be met by the facility directly or in cooperation with outside resources. Facilities which retain residents needing skilled nursing care shall provide licensed nurses for these procedures. I/II

(7) When outside resources are used to provide services to the resident, the facility shall enter into a written agreement with each resource. III

(8) Persons under seventeen (17) years of age shall not be admitted as residents to the facility unless the facility cares primarily for residents under seventeen (17) years of age. III

(9) The facility shall not care for more residents than the number for which the facility is licensed. II

(10) The facility's current license shall be readily visible in a public area within the facility. Notices provided to the facility by the Division of Aging granting exceptions to regulatory requirements shall be posted with the facility's license. III

(11) Regular daily visiting hours shall be established and posted. Relatives or guardians and clergy, if requested by the resident or family, shall be allowed to see critically ill residents at any time unless the physician orders otherwise in writing. II/III

(12) A supervising physician shall be available to assist the facility in coordinating the overall program of medical care offered in the facility. II

(13) The facility shall develop policies and procedures applicable to its operation to insure the residents' health and safety and to meet the residents' needs. At a minimum, there shall be policies covering personnel practices, admission, discharge, payment, medical emergency treatment procedures, nursing practices, pharmaceutical services, social services, activities, dietary, housekeeping, infection control, disaster and accident prevention, residents' rights and handling residents' property. II/III

(14) A pharmacist currently licensed in Missouri shall assist in the development of written policies and procedures regarding pharmaceutical services in the facility. II/III

(15) All personnel shall be fully informed of the policies of the facility and of their duties. II/III

(16) All persons who have any contact with the residents in the facility shall not knowingly act or omit any duty in a manner which would materially and adversely affect the health, safety, welfare or property of a resident. I

(17) Effective August 28, 1997, each facility shall, not later than two (2) working days of the date an applicant for a position to have contact with residents is hired, request a criminal background check, as provided in sections 43.530, 43.540 and 610.120, RSMo. Each facility must maintain in its record documents verifying that the background checks were requested and the nature of the response received for each such request. The facility must ensure that any applicant who discloses prior to the check of his/her

criminal records that he/she has been convicted of, plead guilty or *nolo contendere* to, or has been found guilty of any A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo, will not be allowed to work in contact with patients or residents until and unless a check of the applicant's criminal record shows that no such conviction occurred. II/III

(18) The facility must develop and implement written policies and procedures which require that persons hired for any position which is to have contact with any patient or resident have been informed of their responsibility to disclose their prior criminal history to the facility as required by section 660.317.5, RSMo. The facility—

(A) Shall also develop and implement policies and procedures which ensure that the facility does not knowingly hire, after August 28, 1997, any person who has or may have contact with a patient or resident, who has been convicted of, plead guilty or *nolo contendere* to, in this state or any other state, or has been found guilty of any A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo, unless the person has been granted a good cause waiver by the division;

(B) May consider for employment, in positions which have contact with resident or patients, any person who has been granted a good cause waiver by the division in accordance with the provisions of section 660.317, RSMo Supp. 1999 and 13 CSR 15-10.060; and;

(C) Shall contact the division to confirm the validity of an applicant's good cause waiver prior to hiring the applicant. II/III

(19) No person who is listed on the employee disqualification list maintained by the division as required by section 198.070, RSMo shall work or volunteer in the facility in any capacity whether or not employed by the operator. II

(20) The facility shall develop and offer an in-service orientation and continuing educational program for the development and improvement of skills of all the facility's personnel, appropriate for their job function. Facilities shall begin providing orientation on the first day of employment for all personnel including licensed nurses and other professionals. At a minimum, this shall cover prevention and control of infection, facility policies and procedures including emergency protocol, job responsibilities and lines of authority, confidentiality of resident information and preservation of resident dignity including protection of the resident's privacy and instruction regarding the property rights of residents. Nursing assistants who have not successfully completed the classroom portion of the state-approved training program prior to employment shall not provide direct resident care until they have completed the sixteen (16)-hour, orientation module and at least twelve (12) hours of supervised practical orientation. This shall include, in addition to the topics covered in the general orientation for all personnel, special focus on facility protocols as well as practical instruction on the care of the elderly and disabled. This orientation shall be supervised by a licensed nurse who is on duty in the facility at the time orientation is provided. II/III

(21) Nursing assistants who have not successfully completed the state-approved training program shall complete a comprehensive orientation program within sixty (60) days of employment. This may be part of a nursing assistant training program taught by an approved instructor in the facility. It shall include, at a minimum, information on communicable disease, handwashing and infection control procedures, resident rights, emergency protocols, job responsibilities and lines of authority. II/III

(22) The facility must ensure there is a system of in-service training for nursing personnel which identifies training needs related to problems, needs, care of residents and infection control and is sufficient to ensure staff's continuing competency. II/III

(23) Facilities shall conduct at least annual in-service education for nursing personnel including training in restorative nursing. This training by a registered nurse or qualified therapist shall include: turning and positioning for the bedridden resident, range of motion (ROM) exercises, ambulation assistance, transfer procedures, bowel and bladder retraining and self-care activities of daily living. II/III

(24) A registered nurse shall be responsible for the planning and then assuring the implementation of the in-service education program for nursing personnel. II

(25) Facilities shall maintain records which indicate the subject of, and attendance at, all in-service sessions. III

(26) All authorized personnel shall have access to the legal name of each resident, name and telephone number of physician and next of kin or responsible party of each resident to contact in the event of emergency. II/III

(27) The facility must develop and implement policies and procedures which ensure employees are screened to identify communicable diseases and ensure that employees diagnosed with communicable diseases do not expose residents to such diseases. The facility's policies and procedures must comply with the Missouri Department of Health's regulations pertaining to communicable diseases, specifically 19 CSR 20-20.010 through 19 CSR 20-20.100, as amended. II

(28) The administrator shall maintain on the premises an individual personnel record on each employee of the facility which shall include: the employee's name and address; Social Security number; date of birth; date of employment; experience and education; references, if available; the result of background checks required by section 660.317, RSMo; a copy of any good cause waiver, granted by the division, if applicable; position in the facility; record that the employee was instructed on resident's rights; basic orientation received; and reason for termination, if applicable. Documentation shall be on file of all training received within the facility in addition to current copies of licenses, transcripts, certificates or statements evidencing competency for the position held. Facilities shall retain personnel records for at least one (1) year following termination of employment. III

(29) Facilities shall maintain written documentation on the premises showing actual hours worked by each employee. III

(30) All persons who have or may have contact with residents shall at all times when on duty or delivering services wear an identification badge. The badge shall give their name, title and, if applicable the status of their license or certification as any kind of health care professional. This rule shall apply to all personnel who provide services to any resident directly or indirectly. III

(31) Employees other than nursing personnel shall be at least sixteen (16) years of age.II/III

(32) Nursing personnel shall be at least eighteen (18) years of age except that a person between the ages of seventeen (17) years of age and eighteen (18) years of age may provide direct resident care if he/she has successfully completed the state-approved nursing assistant course and has been certified with his/her name on the state nursing assistant register. He/she must work under the direct supervision of a licensed nurse and will never be left responsible for a nursing unit. II/III

(33) All nurses employed by the facility shall be currently licensed in Missouri. II

(34) All facilities shall employ a director of nursing on a full-time basis who shall be responsible for the quality of patient care and supervision of personnel rendering patient care. II

(35) Licensed Nursing Requirements; Skilled Nursing Facility.

(A) The director of nursing shall be a registered nurse. II

(B) A registered nurse shall be on duty in the facility on the day shift. Either a licensed practical nurse (LPN) or a registered professional nurse (RN) shall be on duty in the facility on both the evening and night shifts. II

(C)A registered nurse shall be on call during the time when only an LPN is on duty. II

(36) Licensed Nursing Requirements; Intermediate Care Facilities.

(A) The director of nursing shall be either an RN or an LPN. II

(B) When the director of nursing is an LPN, an RN shall be employed as consultant a minimum of four (4) hours per week to provide consultation to the administrator and the director of nursing in matters relating to nursing care in the facility. II

(C) An LPN or RN shall be on duty and in the facility on the day shift. II

(D) An LPN or RN shall be on call twenty-four (24) hours a day, seven (7) days a week. I/II

(37) All facilities shall employ nursing personnel in sufficient numbers and with sufficient qualifications to provide nursing and related services which enable each resident to attain or maintain the highest practicable level of physical, mental and psychosocial well-being. Each facility shall have a licensed nurse in charge who is responsible for evaluating the needs of the residents on a daily and continuous basis to ensure there are sufficient, trained staff present to meet those needs. I/II

(38) Nursing personnel shall be on duty at all times on each resident-occupied floor. II

(39) Nursing assistants employed after January 1, 1980, shall have completed mandatory training as required by section 198.082, RSMo, or be enrolled in the course and functioning under the supervision of a state approved instructor of clinical supervisor as part of the one hundred (100) hours of on-the-job training. The person enrolled shall have successfully completed the course and become certified within one (1) year of employment with a licensed-only facility or within four (4) months of employment with a facility certified under Title XVIII or Title XIX if he or she is to remain employed in the facility as a nursing assistant. II

(40) Nursing personnel in any facility with more than twenty (20) residents shall not routinely perform non-nursing duties. II/III

(41) Nursing personnel in facilities with twenty (20) residents or less shall perform non-nursing duties only if acceptable infection control measures are maintained. II/III

(42) Each facility resident shall be under the medical supervision of a Missouri-licensed physician who has been informed of the facility's emergency medical procedures and is kept informed of treatments or medications prescribed by any other professional lawfully authorized to prescribe medications. I/II

(43) Facilities shall ensure that at the time the resident is admitted, the facility obtains from a physician the resident's primary diagnosis along with current medical findings and the written orders for the immediate care of the resident. II/III

(44) The facility shall ensure that the resident's private physician, the physician's designee, the facility's supervising physician or an alternate physician shall examine the resident at least annually, and shall examine the resident as often as necessary to ensure proper medical care. I/II

(45) For each medical examination, the physician must review the resident's care, including medications and treatments; write, sign and date progress notes; and sign and date all orders. The facility shall establish a policy requiring the physician to sign orders and to complete all other documentation required if the physician does not visit the resident routinely. II/III

(46) No medication, treatment or diet shall be given without a written order from a person lawfully authorized to prescribe such and the order shall be followed. No restraint shall be applied except as provided in 13 CSR 15-18.010, Resident Rights. I/II

(47) There shall be a safe and effective system of medication distribution, administration, control and use. I/II

(48) Verbal and telephone orders for medication or treatment shall be given only to those individuals licensed or certified to accept orders. Orders shall be immediately reduced to writing and signed by that individual. If a telephone order is given to a certified medication technician, an initial dose of medication or treatment shall not be given until the order has been reviewed by telephone or in person by a licensed nurse or pharmacist. The review shall be documented by the reviewer co-signing the telephone order. II

(49) Medications shall be administered only by a licensed physician, a licensed nurse or a medication technician who has successfully completed the state-approved course for medication administration. II

(50) Injectable medication, other than insulin, shall be administered only by a licensed physician or a licensed nurse. Insulin injections may be administered by a certified medication technician who has successfully completed the state-approved course for insulin administration. II

(51) Self-administration of medication is permitted only if approved in writing by the resident's physician and it is in accordance with the facility's policy and procedures. II

(52) All medication errors and adverse reactions shall be reported immediately to the nursing supervisor and the resident's physician and, if there was a dispensing error, to the issuing pharmacist. II/III

(53) At least monthly a pharmacist or a registered nurse shall review the drug regimen of each resident. Irregularities shall be reported in writing to the resident's physician, the administrator and the director of nurses. There must be written documentation which indicates how the reports were acted upon. II/III

(54) All prescription medications shall be supplied as individual prescriptions. All medications, including over-the-counter medications, shall be packaged and labeled in accordance with applicable professional pharmacy standards and state and federal drug laws and regulations. The *United States Pharmacopoeia* (USP) labeling shall include accessory and cautionary instructions as well as the expiration date, when applicable, and the name of the medication as specified in the physician's order. Over-the-counter medications for individual residents shall be labeled with at least the resident's name. II/III

(55) If the resident brings medications to the facility, they shall not be used unless the contents have been examined, identified and documented by a pharmacist or a physician. II/III

(56) Facilities shall store all external and internal medications at appropriate temperatures in a safe, clean place and in an orderly manner apart from foodstuffs and dangerous chemicals. A facility shall secure all medications, including those refrigerated, behind at least one (1) locked door or cabinet. Facilities shall store containers of discontinued medication separately from current medications. II/III

(57) Facilities shall store Schedule II medications, including those in the emergency drug supply, under double lock separately from noncontrolled medication. Schedule II medications may be stored and handled with other noncontrolled medication if the facility has a single unit dose drug distribution system in which the quantity stored is minimal and a missing dose can be readily detected. II

(58) Upon discharge or transfer, a resident may be given medications with a written order from the physician. Instructions for the use of those medications will be provided to the resident or the resident's designee. III

(59) All non-unit doses and all controlled substances which have been discontinued must be destroyed on the premises within thirty (30) days. Outdated, contaminated or deteriorated medications and non-unit dose medications of deceased residents shall be destroyed within thirty (30) days. Unit dose medications returnable to the pharmacy shall be returned within thirty (30) days. II/III

(60) Medications shall be destroyed in the facility by a pharmacist and a licensed nurse or by two (2) licensed nurses. III

(61) Facilities shall maintain records of medication destroyed in the facility. Records shall include: the resident's name; the date; the name, strength and quantity of the medication; the prescription number; and the signatures of the participating parties. III

(62) The facility shall maintain records of medication released to the family or resident upon discharge or to the pharmacy. Records shall include: the resident's name; the date; the name, strength and quantity of the medication; the prescription number; and the signature of the persons releasing and receiving the medication. III

(63) The facility must establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation. The system must enable the facility to determine that drug records are in order and that an account of all controlled drugs is maintained and reconciled. II/III

(64) Facilities shall make available to all nursing staff up-to-date reference material on all medications in use in the facility. III

(65) The facility shall develop policies to identify any emergency stock supply of prescription medications to be kept in the facility for resident use only. This emergency drug supply must be checked at least monthly by a pharmacist to ensure its safety for use and compliance with facility policy. A facility shall have the emergency drug supply readily available to medical personnel and use of medications in the emergency drug supply shall assure accountability. III

(66) Each resident shall receive twenty-four (24)-hour protective oversight and supervision. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II

(67) Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II

(68) Each resident shall be clean, dry and free of body and mouth odor that is offensive to others. I/II

(69) Taking into consideration the resident's preferences, residents shall be well-groomed and dressed appropriately for the time of day, the environment and any identified medical conditions. II/III

(70) Residents who are physically or mentally incapable, or both, of changing their own positions shall have their positions changed at least every two (2) hours and shall be provided supportive devices to maintain good body alignment. I/II

(71) The facility must provide each resident the opportunity to access sufficient fluids to maintain proper hydration in accordance with the resident's medical condition and goals of treatment as documented in the medical record. I/II

(72) All residents who require assistance at mealtimes, whether it be preparation of the food items or actual feeding, shall be provided the assistance upon delivery of the tray. Facilities shall provide dining room supervision during meals. II/III

(73) Facilities shall provide each resident, according to his/her needs, with restorative nursing to encourage independence, activity and self-help to maintain strength and mobility. Each resident shall be out of bed as desired unless medically contraindicated. II

(74) Each resident shall have skin care including the application of oil, lotion and cream as needed to prevent dryness and scaling of skin. II/III

(75) Facilities shall keep residents free from avoidable pressure sores, taking measures toward prevention. If sores exist, staff shall give adequate treatment. I/II

(76) Facility staff shall check residents requiring restraints every thirty (30) minutes and exercise the residents every two (2) hours. II/III

(77) Facilities shall not use locked restraints. I

(78) Residents shall be cared for by using acceptable infection control procedures to prevent the spread of infection. The facility shall make a report to the division within seven (7) days if a resident is diagnosed as having a communicable disease, as determined by the Missouri Department of Health and listed in the *Code of State Regulations* pertaining to communicable diseases, specifically 19 CSR 20-20.020, as amended. I/II

(79) In the event of accident, injury or significant change in the resident's condition, facility staff shall notify the resident's physician in accordance with the facility's emergency treatment policies which have been approved by the supervising physician. I/II

(80) In the event of accident, injury or significant change in the resident's conditions, facility staff shall immediately notify the person designated in the resident's record as the designee or responsible party. III

(81) Staff shall inform the administrator of accidents, injuries and unusual occurrences which adversely affect, or could adversely affect, the resident. The facility shall develop and implement responsive plans of action. III

(82) Facilities shall ensure that each resident is provided individual personal care items necessary for good grooming. Items shall be stored and maintained in a clean manner within the resident's room. III

(83) Facilities shall provide equipment and nursing supplies in sufficient number to meet the needs of the residents. II/III

(84) Facilities shall keep all utensils and equipment in good condition, effectively sanitized, sterilized, or both, and stored to prevent contamination. II/III

(85) Staff shall ensure that bedpans, commodes and urinals are covered after use, emptied promptly and thoroughly cleaned after use. II/III

(86) Facilities shall provide and use a sufficient supply of clean bed linen, including sheets, pillow cases, blankets and mattress pads to assure that resident beds are kept clean, neat, dry and odor free. II/III

(87) Staff shall use moisture proof covers as necessary to keep mattresses and pillows clean, dry and odor free. II/III

(88) Facilities shall provide each resident with fresh bath towels, hand towels and washcloths as needed for individual usage. II/III

(89) In addition to rehabilitative or restorative nursing, all facilities shall provide or make arrangements for providing rehabilitation services to all residents according to their needs. If a resident needs rehabilitation services, a qualified therapist shall perform an evaluation on written order of the resident's physician. II/III

(90) Facilities shall ensure that rehabilitation services are provided by or under the on-site supervision of a qualified therapist or a qualified therapy assistant who works under the general supervision of a qualified therapist. I/II

(91) Staff shall include the following in documentation of rehabilitation services: physician's written approval for proposed plan of care; progress notes at least every thirty (30) days by the therapist; daily record of the procedure(s) performed; summary of therapy when rehabilitation has been reached and, if applicable, recommendations for maintenance procedures by restorative nursing. III

(92) The facility shall designate a staff member to be responsible for the facility's social services program. The designated staff person shall be capable of identifying social and emotional needs, knowledgeable of methods or resources, or a combination of these, to use to meet them and services shall be provided to residents as needed. II/III

(93) The facility shall designate an employee to be responsible for the activity program. The designated person shall be capable of identifying activity needs of residents, designing and implementing programs to maintain or increase, or both, the resident's capability in activities of daily living. Facilities shall provide activity programs on a regular basis. Each resident shall have a planned activity program which includes individualized activities, group activities and activities outside the facility as appropriate to his/her needs and interests. II/III

(94) The facility shall provide and use adequate space and equipment within the facility for the identified activity needs of residents. II/III

(95) The facility shall establish and maintain a program for informing all residents in advance of available activities, activity location and time. III

(96) Facility staff shall include the following general information in admission records: resident's name; prior address; age (birth date); sex; marital status; Social Security number; Medicare and Medicaid numbers; date of admission; name, address and telephone number of responsible party; name, address and telephone number of attending physician; height and weight on admission; inventory of resident's personal possessions upon admission; and names of preferred dentist, pharmacist and funeral director. II/III

(97) Facility staff shall include physician entries in the medical record with the following information: admission diagnosis, admission physical and findings of subsequent examinations; progress notes; orders for all medications and treatment; orders for extent of activity; orders for restraints including type and reason for restraint; orders for diet; and discharge diagnosis or cause of death. II/III

(98) Residents admitted to a facility on referral by the Department of Mental Health shall have an individualized treatment plan or individualized habilitation plan on file which is updated annually. III

(99) Facilities shall ensure that the clinical record contains sufficient information to—

(A) Identify the resident;

(B) Reflect the initial and ongoing assessments and interventions by each discipline involved in the care and treatment of the resident; and

(C) Identify the discharge or transfer destination. II/III

(100) Facilities shall ensure that the resident's clinical record must contain progress notes that include, but are not limited to:

(A) Response to care and treatment;

(B) Change(s) in physical, mental and psychosocial condition;

(C) Reasons for changes in treatment; and

(D) Reasons for transfer or discharge. II/III

(101) The facility must safeguard clinical record information against loss, destruction or unauthorized use. III

(102) The facility must keep all information confidential that is contained in the resident's records regardless of the form or storage method of the records, including video-, audio- or computer-stored information. III

(103) The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices. These records shall be complete, accurately documented, readily accessible on each nursing unit and systematically organized. II/III

(104) Facilities must retain clinical records for the period of time required by state law or five (5) years from the date of discharge when there is no requirement in state law. III

(105) Facilities shall retain all financial records related to the facility operation for seven (7) years from the end of the facility's fiscal year. III

(106) In the event the resident is transferred from the facility, the resident shall be accompanied by a copy of the medical history, transfer forms which include the physical exam report, nursing summary and report of orders physicians prescribed. II/III

AUTHORITY: sections 198.006, RSMo Supp. 2003 and 198.079, RSMo 2000. This rule originally filed as 13 CSR 15-14.042. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Nov. 9, 1983, effective Nov. 19, 1983, expired March 18, 1984. Amended: Filed Nov. 9, 1983, effective Feb. 11, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Amended: Filed Jan. 3, 1992, effective Aug. 6, 1992. Amended: Feb. 13, 1998, effective Sept. 30, 1998. Amended Filed Feb. 15, 2000, effective Aug. 30, 2000. Moved to 19 CSR 30-85.042, effective Aug. 28, 2001. Emergency amendment filed Sept. 12, 2003, effective Sept. 22, 2003, expired March 19, 2004. Amended: Filed Sept. 12, 2003, effective Feb. 29, 2004.*

**Original authority: 198.006, RSMo 1979, amended 1984, 1987, 2003; 198.079, RSMo 1979.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Health Standards and Licensure

Chapter 85—Intermediate Care and Skilled Nursing Facility

19 CSR 30-85.052 Dietary Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

PURPOSE: This rule establishes dietary requirements for new and existing intermediate care and skilled nursing facilities.

Editor's Note: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.

(1) Each resident shall be served nutritious food, properly prepared and appropriately seasoned, taking into consideration resident food preferences, to provide an adequate diet in accordance with the physician's order and as recommended by the National Research Council. Nutritional needs of residents shall be met and shall be based on the individual's circumstances, medical condition and goals of treatment as determined and justified by the physician. A qualified professional, such as a dietitian or registered nurse, shall regularly assess these needs and shall keep the physician informed of the nutritional status of the resident. I/II

(2) At least three (3) substantial meals or other equivalent shall be served daily at regular hours with supplementary feedings as necessary. At least two (2) meals shall be hot.II/III

(3) Foods shall be prepared and served using methods that conserve nutritive value, flavor and appearance. II/III

(4) Special attention shall be given to the texture of food given to residents who have chewing difficulty. II/III

(5) Provision shall be made to assure that hot food is served hot and cold food is served cold. II

(6) If a resident refuses food served, appropriate substitutes of similar nutritive value shall be offered. II/III

(7) Bedtime snacks of nourishing quality shall be offered to all residents unless medically contraindicated. III

(8) Tray service and dining room service for residents shall be attractive and each resident shall receive appropriate table service. III

(9) Each resident who is served meals in bed or in a chair not within the dining area shall be provided with either a table, an overbed table or an overbed tray of sturdy construction which is positioned so that the resident can eat comfortably. III

(10) A time schedule for service of meals to residents shall be established. Meals shall be served approximately four to five (4–5) hours apart and not longer than fourteen (14) hours from a substantial evening meal to breakfast. II/III

(11) A minimum of thirty (30) minutes shall be given for eating meals. Residents who eat slowly or who need assistance shall be given as much time to eat as necessary. II/III

(12) An identification system shall be established to assure that each resident receives the diet as ordered. II/III

(13) If the residents have objectionable table manners, an alternate method of meal service shall be provided. III

(14) There shall be sufficient personnel properly trained in their duties to assure adequate preparation and serving of food. II

(15) All facilities shall employ a food service supervisor who shall have overall supervisory responsibility for dietary services. II

(16) Menus for special prescribed diets shall be reviewed and approved in writing by either a qualified dietitian, a registered nurse or a physician. II/III

(17) If food preparation, service, or both, within the facility is handled through a contractual arrangement, all regulations governing sanitation (13 CSR 15-17), dietary service and contractual personnel shall be met and maintained. II/III

(18) If it is determined by the Division of Aging that due to the complexity of prescribed diets or that the food service supervisor is unable to assure compliance with the dietary requirements, the facility shall be required to employ, for specified periods of time, a qualified dietitian to serve as a consultant and until the food service management improves to assure that the residents' needs are being met. II

(19) A current record of purchased food shall be kept to show the kind and amount of food purchased each month. III

(20) Supplies of staple food for a minimum of a one (1)-week period and of perishable foods for a minimum of a three (3)-day period shall be maintained on the premises. II

(21) Menus for all diets shall be planned at least two (2) weeks in advance. If cycle menus are used, the cycle must cover a minimum of three (3) weeks and must be different each day of the week. Menus showing the foods and amounts of food to be served each day during the current week shall be posted where seen readily as food is prepared and served. Each day's menu shall show the date it was actually used and shall be kept on file for thirty (30) days. A list of substitutions shall be kept for thirty (30) days. III

(22) A file of standardized recipes shall be used. III

(23) A diet manual approved by the Division of Aging shall be readily available to attending physicians, nursing and dietary personnel. III

AUTHORITY: section 198.009, RSMo 1986. This rule originally filed as 13 CSR 15-14.052. Original rule filed July 13, 1983, effective Oct. 13, 1983. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Amended: Filed Jan. 3, 1992, effective Aug. 6, 1992. Moved to 19 CSR 30-85.052, effective Aug. 28, 2001.*

**Original authority: 198.009, RSMo 1979.*

Rules of
Department of Health and Senior Services
Division 30-Division of Regulation and Licensure
Chapter 86-Residential Care Facilities and Assisted Living Facilities

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Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 86—Residential Care Facilities and Assisted Living Facilities

19 CSR 30-86.012 Construction Standards for Assisted Living Facilities and Residential Care Facilities

PURPOSE: This rule establishes construction standards for Residential Care Facilities and Assisted Living Facilities.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 2000.

(1) These standards apply to assisted living facilities and residential care facilities as indicated in the rule.

(2) A facility shall submit a copy of plans of proposed new construction, additions to or major remodeling of an existing facility to the Section for Long Term Care of the Department of Health and Senior Services (hereinafter—the department). If the facility is to be licensed for more than nine (9) residents, a registered architect or registered professional engineer shall prepare the plans and specifications for new construction or additions to an existing facility in conformance with Chapter 327, RSMo. III

(3) Construction of facilities shall begin only after the plans and specifications have received the written approval of the department. Facilities shall then be built in conformance with the approved plans and specifications. The facility shall notify the department when construction begins. If construction of the project is not started within one (1) year after the date of approval of the plans and specifications and completed within a period of three (3) years, the facility shall resubmit plans to the department for its approval and shall amend them, if necessary, to comply with the then current rules before construction work is started or continued. III

(4) If the facility employs more than fifteen (15) people, it shall conform with section 504 of the Rehabilitation Act of 1973. Any facility that houses handicapped residents shall have the first floor rooms and living areas designed to be accessible to these residents. III

(5) Facilities shall not house residents on a level where the outside grade line is more than three feet (3') above the floor level on the window side of the room. II

(6) Facilities whose plans were approved after December 31, 1987, shall provide a minimum of seventy (70) square feet per resident in private and multiple occupancy bedrooms. This square footage calculation shall include the floor space used for closets and built-in furniture and equipment if these are for resident use and the closet space does not exceed five (5) square feet per resident. Private bedrooms in existing facilities that are required to comply with the requirements of 19 CSR 30-86.043 or 19 CSR 30-86.047, and multiple occupancy bedrooms in facilities licensed between November 13, 1980 and December 31, 1987, shall have a minimum of sixty (60) square feet of floor space per resident. II

(7) Ceilings in bedrooms shall be a minimum of seven feet (7') in height or if a room with sloping ceiling is used, only the area where the ceiling height is at least seven feet (7') can be used to meet the required minimum square footage per resident. II

(8) Facilities shall provide bedrooms with at least one (1) functional outside window with screen. Window size shall be not less than one-twentieth (1/20) or five percent (5%) of the required floor area. II

(9) Facilities shall provide resident rooms with a full nonlouvered door that swings into the room. Facilities formerly licensed as residential care facilities II and existing prior to November 13, 1980, are exempt from this requirement. II

(10) Facilities shall permit no more than four (4) beds per bedroom, regardless of the room size. Facilities formerly licensed as residential care facilities II and existing prior to November 13, 1980, are exempt from this requirement. II

(11) One (1) tub or shower bath shall be provided for each twenty (20) residents or major fraction of twenty (20). Facilities exceeding twenty (20) residents shall have separate bathing facilities for each sex. II

(12) One (1) toilet and lavatory shall be provided for each six (6) residents or major fraction of six (6). Facilities formerly licensed as residential care facilities II and in operation or whose plans were approved prior to November 13, 1980 are required to provide one (1) toilet for each ten (10) beds or major fraction of ten (10) and one (1) lavatory for every fifteen (15) residents or major fraction of fifteen (15). II

(13) Separate toilet rooms shall be provided for each sex if common rooms with multi-stalls and stools are provided. II

(14) Bath and toilet facilities shall be conveniently located so that residents can reach them without passing through the kitchen, another bedroom, or auxiliary service areas.

Facilities formerly licensed as residential care facilities II and in operation or whose plans were approved prior to November 13, 1980 are exempt from this requirement. III

(15) Bath and toilet facilities shall be ventilated. III

(16) Facilities whose plans were approved or were initially licensed after December 31, 1987, shall have a community living and dining area separate from resident bedrooms with at least twenty-five (25) square feet per resident. The community living and dining area may be combined with footage required for another long-term care facility when the facility is on the same premises as another licensed facility. Facilities that are required to comply with the requirements of 19 CSR 30-86.043 licensed prior to November 13, 1980, must have a living room area but they are exempt from minimum size requirements. Facilities licensed between November 13, 1980 and December 31, 1987, shall have a community living area with twenty (20) square feet per resident for the first twenty (20) residents and an additional fifteen (15) square feet per resident over a census of twenty (20). II

(17) Facilities shall provide the following in the dietary area: a kitchen, dishwashing, refrigeration, and garbage disposal facilities. The facility shall arrange the kitchen and equipment to efficiently and sanitarily enable the storage, preparation, cooking and serving of food and drink to residents. II

(18) Residential care facilities and assisted living facilities shall provide a designated attendant's working area which includes: a storage space for records; locked storage space for medications; a handwashing sink with hot and cold running water, a soap dispenser and paper towels; and a telephone conveniently located to the area. Facilities licensed for twelve (12) or fewer residents are exempt from a separate working area. III

(19) Facilities shall have a laundry area in a separate room for storing, sorting, washing, drying and distributing linen and personal clothing. Laundry facilities of a licensed long-term care facility located on the same premises may be used. Facilities licensed for twelve (12) or fewer residents will be exempt from having a separate room for laundry but the laundry room shall be separate from the kitchen and shall not be located in a room used by residents. III

(20) All newly licensed facilities shall be of sturdy construction with permanent foundations. III

(21) In buildings built prior to September 28, 1979, corridors shall have a minimum width of thirty-six inches (36"). First-floor resident room doors shall be a minimum of thirty-two inches (32") wide. Resident room doors of these buildings on the second floor and above shall be a minimum of thirty inches (30") wide. II/III

(22) In newly licensed buildings constructed on or after September 28, 1979, all resident room doors shall be a minimum of thirty-two inches (32") wide on all floors. Corridors shall be a minimum of forty-eight inches (48") wide and interior stairs shall be at least thirty-six inches (36") wide. II/III

(23) Exit doors in newly licensed facilities shall be at least thirty-six inches (36") wide, at least seventy-two inches (72") high and shall swing outward. II/III

(24) Residential care facilities that accept deaf residents, shall have appropriate assistive devices to enable each deaf person to negotiate a path to safety, including, but not limited to, visual or tactile alarm systems. II/III

(25) Residential care facilities and facilities formerly licensed as residential care facilities II whose plans were initially approved between December 31, 1987 and December 31, 1998, shall have at least one (1) hydraulic or electric motor-driven elevator if there are more than twenty (20) residents with bedrooms above the first floor. The elevator installation(s) shall comply with all local and state codes, American Society for Mechanical Engineers (ASME) A17.1, *Safety Code for Elevators, Dumbwaiters, and Escalators*, and the National Fire Protection Association's applicable codes. All facilities with plans approved on or after January 1, 1999, shall comply with all local and state codes, ASME A17.1, 1993 *Safety Code for Elevators and Escalators*, and the 1996 *National Electrical Code.* These references are incorporated by reference in this rule and available at: American Society for Mechanical Engineers, Three Park Avenue, New York, NY 10016-5990; and The American National Standards Institute, 11 West 42nd Street, 13th Floor, New York, NY 10036. This rule does not incorporate any additional amendments or additions. II

(26) Facilities whose plans were approved or which were initially licensed after December 31, 1987, shall provide an air-conditioning system, or individual room air-conditioning units, capable of maintaining resident-use areas at eighty-five degrees Fahrenheit (85°F) (29.4°C) at the summer design temperature. II

(27) Home-Like Requirements with Respect to Construction Standards.

(A) Any assisted living facility formerly licensed as a residential care facility shall be more home-like than institutional with respect to construction and physical plant standards. II

(B) Any assisted living facility licensed as a residential care facility II prior to August 28, 2006, shall qualify as being more home-like than institutional with respect to construction and physical plant standards. II

(C) Any assisted living facility that is built or has plans approved on or after August 28, 2006, shall be more home-like than institutional with respect to construction and physical plant standards. II

AUTHORITY: sections 198.073 and 198.076, RSMo Supp. 2007. This rule originally filed as 13 CSR 15-15.012. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12,*

1984, effective Dec. 13, 1984. Amended: Filed May 13, 1987, effective Aug. 13, 1987. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Amended: Filed May 11, 1998, effective Dec. 30, 1998. Moved to 19 CSR 30-86.012, effective Aug. 28, 2001. Amended: Filed Nov. 15, 2004, effective May 30, 2005. Amended: Filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 13, 2008, effective Oct 30, 2008.

*Original authority: 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006, 2007, and 198.076, RSMo 1979, amended 1984, 2007.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 86—Residential Care Facilities and Assisted Living Facilities

19 CSR 30-86.022 Fire Safety and Emergency Preparedness Standards for Residential Care Facilities and Assisted Living Facilities

PURPOSE: This rule establishes fire safety and emergency preparedness standards for residential care facilities and assisted living facilities.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the Department of Health and Senior Services are followed by a Roman Numeral notation which refers to the class (either class I, II, or III) of standard as designated in section 198.085, RSMo 2000.

(1) Definitions. For the purpose of this rule, the following definitions shall apply:

(A) Accessible spaces—shall include all rooms, halls, storage areas, basements, attics, lofts, closets, elevator shafts, enclosed stairways, dumbwaiter shafts, and chutes;

(B) Area of refuge—a space located in or immediately adjacent to a path of travel leading to an exit that is protected from the effects of fire, either by means of separation from other spaces in the same building or its location, permitting a delay in evacuation. An area of refuge may be temporarily used as a staging area that provides some relative safety to its occupants while potential emergencies are assessed, decisions are made, and, if applicable, evacuation has begun;

(C) Major renovation—shall include the following:

1. Addition of any room(s), accessible by residents, that either exceeds fifty percent (50%) of the total square footage of the facility or exceeds four thousand five hundred (4,500) square feet;

2. Repairs, remodeling, or renovations that involve structural changes to more than fifty percent (50%) of the building;

3. Repairs, remodeling, or renovations that involve structural changes to more than four thousand five hundred (4,500) square feet of a smoke section; or

4. If the addition is separated by two- (2-) hour fire-resistant construction, only the addition portion shall meet the requirements for NFPA 13, 1999 edition, sprinkler system, unless the facility is otherwise required to meet NFPA 13, 1999 edition;

(D) Fire-resistant construction—type of construction in residential care and assisted living facilities in which bearing walls, columns, and floors are of noncombustible material in accordance with NFPA 101, 2000 edition. All load-bearing walls, floors, and roofs shall have a minimum of a one- (1-) hour fire-resistant rating; and

(E) Concealed spaces—shall include areas within the building that cannot be occupied or used for storage.

(2) General Requirements.

(A) All National Fire Protection Association (NFPA) codes and standards cited in this rule: NFPA 10, *Standard for Portable Fire Extinguishers*, 1998 edition; NFPA 13R, *Installation of Sprinkler Systems*, 1996 edition; NFPA 13, *Installation of Sprinkler Systems*, 1976 edition; NFPA 13 or NFPA 13R, *Standard for the Installation of Sprinkler Systems in Residential Occupancies Up to and Including Four Stories in Height*, 1999 edition; NFPA 13, *Standard for the Installation of Sprinkler Systems*, 1999 edition; NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*, 1998 edition; NFPA 101, *The Life Safety Code*, 2000 edition; NFPA 72, *National Fire Alarm Code*, 1999 edition; NFPA 72A, *Local Protective Signaling Systems*, 1975 edition; NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, 1998 edition; and NFPA 101A, *Guide to Alternative Approaches to Life Safety*, 2001 edition, with regard to the minimum fire safety standards for residential care facilities and assisted living facilities are incorporated by reference in this rule and available for purchase from the National Fire Protection Agency, 1 Batterymarch Park, Quincy, MA 02269-9101; www.nfpa.org; by telephone at (617) 770-3000 or 1-800-344-3555. This rule does not incorporate any subsequent amendments or additions to the materials listed above. This rule does not prohibit facilities from complying with the standards set forth in newer editions of the incorporated by reference material listed in this subsection of this rule, if approved by the department.

(B) Facilities that were complying prior to the effective date of this rule with prior editions of the NFPA provisions referenced in this rule shall be permitted to continue to comply with the earlier editions, as long as there is not an imminent danger to the health, safety, or welfare of any resident or a substantial probability that death or serious physical harm would result as determined by the department.

(C) All facilities shall notify the department immediately after the emergency is addressed if there is a fire in the facility or premises and shall submit a complete written fire report to the department within seven (7) days of the fire, regardless of the size of the fire or the loss involved. II/III

(D) The department shall have the right of inspection of any portion of a building in which a licensed facility is located unless the unlicensed portion is separated by two-(2-) hour fire-resistant construction. No section of the building shall present a fire hazard. I/II

(E) Following the discovery of any fire, the facility shall monitor the area and/or the source of the fire for a twenty-four- (24-) hour period. This monitoring shall include, at a minimum, hourly visual checks of the area. These hourly visual checks shall be documented. I/II

(F) The facility shall maintain the exterior premises in a manner as to provide for fire safety. II

(G) Residential care facilities that accept deaf residents shall have appropriate assistive devices to enable each deaf person to negotiate a path to safety, including, but not limited to, visual or tactile alarm systems. II/III

(H) Facilities shall not use space under stairways to store combustible materials. I/II

(3) Fire Extinguishers.

(A) Fire extinguishers shall be provided at a minimum of one (1) per floor, so that there is no more than seventy-five feet (75') travel distance from any point on that floor to an extinguisher. I/II

(B) All new or replacement portable fire extinguishers shall be ABC-rated extinguishers, in accordance with the provisions of NFPA 10, 1998 edition. A K-rated extinguisher or its equivalent shall be used in lieu of an ABC-rated extinguisher in the kitchen cooking areas. II

(C) Fire extinguishers shall have a rating of at least:

1. Ten pounds (10 lbs.), ABC-rated or the equivalent, in or within fifteen feet (15') of hazardous areas as defined in 19 CSR 30-83.010; and

2. Five pounds (5 lbs.), ABC-rated or the equivalent, in other areas. II

(D) All fire extinguishers shall bear the label of the Underwriters' Laboratories (UL) or the Factory Mutual (FM) Laboratories and shall be installed and maintained in accordance with NFPA 10, 1998 edition. This includes the documentation and dating of a monthly pressure check. II/III

(4) Range Hood Extinguishing Systems.

(A) In facilities licensed on or before July 11, 1980, or in any facility with fewer than twenty-one (21) beds, the kitchen shall provide either:

1. An approved automatic range hood extinguishing system properly installed and maintained in accordance with NFPA 96, 1998 edition; or

2. A portable fire extinguisher of at least ten pounds (10 lbs.) ABC-rated, or the equivalent, in the kitchen area in accordance with NFPA 10, 1998 edition. II/III

(B) In licensed facilities with a total of twenty-one (21) or more licensed beds and whose application was filed after July 11, 1980, and prior to October 1, 2000:

1. The kitchen shall be provided with a range hood and an approved automatic range hood extinguishing system unless the facility has an approved sprinkler system. Facilities with range hood systems shall continue to maintain and test these systems; and

2. The extinguishing system shall be installed, tested, and maintained in accordance with NFPA 96, 1998 edition. II/III

(C) The range hood and its extinguishing system shall be certified at least twice annually in accordance with NFPA 96, 1998 edition. II/III

(5) Fire Drills and Emergency Preparedness.

(A) All facilities shall have a written plan to meet potential emergencies or disasters and shall request consultation and assistance annually from a local fire unit for review of fire and evacuation plans. If the consultation cannot be obtained, the facility shall inform the state fire marshal in writing and request assistance in review of the plan. An up-to-date copy of the facility's entire plan shall be provided to the local jurisdiction's emergency management director. II/III

(B) The plan shall include, but is not limited to, the following:

1. A phased response ranging from relocation of residents to an immediate area within the facility; relocation to an area of refuge, if applicable; or to total building evacuation. This phased response part of the plan shall be consistent with the direction of the local fire unit or state fire marshal and appropriate for the fire or emergency;

2. Written instructions for evacuation of each floor including evacuation to areas of refuge, if applicable, and a floor plan showing the location of exits, fire alarm pull stations, fire extinguishers, and any areas of refuge;

3. Evacuating residents, if necessary, from an area of refuge to a point of safety outside the building;

4. The location of any additional water sources on the property such as cisterns, wells, lagoons, ponds, or creeks;

5. Procedures for the safety and comfort of residents evacuated;

6. Staffing assignments;

7. Instructions for staff to call the fire department or other outside emergency services;

8. Instructions for staff to call alternative resource(s) for housing residents, if necessary;

9. Administrative staff responsibilities; and

10. Designation of a staff member to be responsible for accounting for all residents' whereabouts. II/III

(C) The written plan shall be accessible at all times and an evacuation diagram shall be posted on each floor in a conspicuous place so that employees and residents can become familiar with the plan and routes to safety. II/III

(D) A minimum of twelve (12) fire drills shall be conducted annually with at least one (1) every three (3) months on each shift. At least four (4) of the required fire drills must be unannounced to residents and staff, excluding staff who are assigned to evaluate staff and resident response to the fire drill. The fire drills shall include a resident evacuation at least once a year. II/III

(E) The facility shall keep a record of all fire drills. The record shall include the time, date, personnel participating, length of time to complete the fire drill, and a narrative notation of any special problems. III

(F) The fire alarm shall be activated during all fire drills unless the drill is conducted between 9 p.m. and 6 a.m., when a facility-generated predetermined message is acceptable in lieu of the audible and visual components of the fire alarm. II/III

(6) Fire Safety Training Requirements.

(A) The facility shall ensure that fire safety training is provided to all employees:

1. During employee orientation;

2. At least every six (6) months; and

3. When training needs are identified as a result of fire drill evaluations. II/III

(B) The training shall include, but is not limited to, the following:

1. Prevention of fire ignition, detection of fire, and control of fire development;

2. Confinement of the effects of fire;

3. Procedures for moving residents to an area of refuge, if applicable;

4. Use of alarms;

5. Transmission of alarms to the fire department;

6. Response to alarms;

7. Isolation of fire;

8. Evacuation of immediate area and building;

9. Preparation of floors and facility for evacuation; and

10. Use of the evacuation plan as required by section (5) of this rule. II/III

(7) Exits, Stairways, and Fire Escapes.

(A) Each floor of a facility shall have at least two (2) unobstructed exits remote from each other. I/II

1. For a facility whose plans were approved on or before December 31, 1987, or a facility licensed for twenty (20) or fewer beds, one (1) of the required exits from a multi-story facility shall be an outside stairway or an enclosed stairway that is separated by one- (1-) hour rated construction from each floor with an exit leading directly to the outside at grade level. Existing plaster or gypsum board of at least one-half inch (1/2") thickness may be considered equivalent to one- (1-) hour rated construction. The other required exit may be an interior stairway leading through corridors or passageways to outside or to a two- (2-) hour rated horizontal exit as defined by paragraph 3.3.61 of the 2000 edition NFPA 101. Neither of the required exits shall lead through a furnace or boiler room. Neither of the required exits shall be through a resident's bedroom, unless the bedroom door cannot be locked. I/II

2. For a facility whose plans were approved after December 31, 1987, for more than twenty (20) beds, the required exits shall be doors leading directly outside, one- (1-) hour enclosed stairs or outside stairs or a two- (2-) hour rated horizontal exit as defined by paragraph 3.3.61 of 2000 edition NFPA 101. The one- (1-) hour enclosed stairs shall exit directly outside at grade. Access to these shall not be through a resident bedroom or a hazardous area. I/II

3. Only one (1) of the required exits may be a two- (2-) hour rated horizontal exit. I/II

(B) In facilities with plans approved after December 31, 1987, doors to resident use rooms shall not be more than one hundred feet (100') from an exit. In facilities equipped with a complete sprinkler system in accordance with NFPA 13 or NFPA 13R, 1999 edition, the exit distance may be increased to one hundred fifty feet (150'). Dead-end corridors shall not exceed thirty feet (30') in length. II

(C) In residential care facilities and facilities formerly licensed as residential care facilities II, floors housing residents who require the use of a walker, wheelchair, or other assistive devices or aids, or who are blind, must have two (2) accessible exits to grade or such residents must be housed near accessible exits as specified in 19 CSR 30-86.042(33) for residential care facilities and 19 CSR 30-86.043(31) for facilities formerly licensed as residential care facilities II unless otherwise prohibited by 19 CSR 30-86.045 or 19 CSR 30-86.047, facilities equipped with a complete sprinkler system, in accordance with NFPA 13 or NFPA 13R, 1999 edition, with sprinkler coverage in attics, and smoke partitions, as defined by subsection (10)(I) of this rule, may house such residents on floors that do not have accessible exits to grade if each required exit is equipped with an area of refuge as defined and described in subsections (1)(B) and (7)(D) of this rule. I/II

(D) An "area of refuge" shall have—

1. An area separated by one- (1-) hour rated smoke walls, from the remainder of the building. This area must have direct access to the exit stairway or access the stair through a section of the corridor that is separated by smoke walls from the remainder of the building. This area may include no more than two (2) resident rooms;

2. A two- (2-) way communication or intercom system with both visible and audible signals between the area of refuge and the bottom landing of the exit stairway, attendants' work area, or other primary location as designated in the written plan for fire drills and evacuation;

3. Instructions on the use of the area during emergency conditions that are located in the area of refuge and conspicuously posted adjoining the communication or intercom system;

4. A sign at the entrance to the room that states "AREA OF REFUGE IN CASE OF FIRE" and displays the international symbol of accessibility;

5. An entry or exit door that is at least a one and three-fourths inch (1 3/4") solid core wood door or has a fire protection rating of not less than twenty (20) minutes with smoke seals and positive latching hardware. These doors shall not be lockable;

6. A sign conspicuously posted at the bottom of the exit stairway with a diagram showing each location of the areas of refuge;

7. Emergency lighting for the area of refuge; and

8. The total area of the areas of refuge on a floor shall equal at least twenty (20) square feet for each resident who is blind or requires the use of a wheelchair or walker housed on the floor. II

(E) If it is necessary to lock exit doors, the locks shall not require the use of a key, tool, special knowledge, or effort to unlock the door from inside the building. Only one (1) lock shall be permitted on each door. Delayed egress locks complying with section 7.2.1.6.1 of the 2000 edition NFPA 101 shall be permitted, provided that not more than one (1) such device is located in any egress path. Self-locking exit doors shall be equipped with a hold-open device to permit staff to reenter the building during the evacuation. I/II

(F) If it is necessary to lock resident room doors, the locks shall not require the use of a key, tool, special knowledge, or effort to unlock the door from inside the room. Only one (1) lock shall be permitted on each door. Every resident room door shall be designed to allow the door to be opened from the outside during an emergency when locked. The facility shall ensure that facility staff have the means or mechanisms necessary to open resident room doors in case of an emergency. I/II

(G) All stairways and corridors shall be easily negotiable and shall be maintained free of obstructions. II

(H) Outside stairways shall be constructed to support residents during evacuation and shall be continuous to the ground level. Outside stairways shall not be equipped with a counter-balanced device. They shall be protected from or cleared of ice or snow. II/III

(I) Facilities with three (3) or more floors shall comply with the provisions of Chapter 320, RSMo which requires outside stairways to be constructed of iron or steel. II

(J) Fire escapes constructed on or after November 13, 1980, whether interior or exterior, shall be thirty-six inches (36") wide, shall have eight-inch (8") maximum risers, nine-inch (9") minimum tread, no winders, maximum height between landings of twelve feet (12'), minimum dimensions of landings of forty-four inches (44"), landings at each exit door, and handrails on both sides and be of sturdy construction, using at least two-inch (2") lumber. Exit doors to these fire escapes shall be at least thirty-six inches (36") wide and the door shall swing outward. II/III

(K) If a ramp is required to meet residents' needs under 19 CSR 30-86.042, the ramp shall have a maximum slope of one to twelve (1:12) leading to grade. II/III

(8) Exit Signs.

(A) Signs bearing the word EXIT in plain, legible letters shall be placed at each required exit, except at doors directly from rooms to exit passageways or corridors. Letters of all exit signs shall be at least six inches (6") high and principle strokes three-fourths of an inch (3/4") wide, except that letters of internally illuminated exit signs shall not be less than four inches (4") high. II

(B) Directional indicators showing the direction of travel shall be placed in corridors, passageways, or other locations where the direction of travel to reach the nearest exit is not apparent. II/III

(C) All required exit signs and directional indicators shall be positioned so that both normal and emergency lighting illuminates them. II/III

(9) Complete Fire Alarm Systems.

(A) All facilities shall have a complete fire alarm system installed in accordance with NFPA 101, Section 18.3.4, 2000 edition. The complete fire alarm shall automatically transmit to the fire department, dispatching agency, or central monitoring company. The complete fire alarm system shall include visual signals and audible alarms that can be heard throughout the building and a main panel that interconnects all alarm-activating devices and audible signals. Manual pull stations shall be installed at or near each required attendant's station and each required exit. I/II

1. For facilities with a sprinkler system in accordance with NFPA 13, 1999 edition, smoke detectors interconnected to the complete fire alarm system shall be installed in all corridors and spaces open to corridors. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. I/II

A. In facilities licensed prior to November 13, 1980, smoke detectors located every fifty feet (50') will be acceptable if the distance is within the manufacturer's specifications. I/II

2. For facilities with a sprinkler system in accordance with NFPA 13R, 1999 edition, smoke detectors interconnected to the complete fire alarm system shall be installed in all corridors, spaces open to corridors, and in accessible spaces not protected by the sprinkler system, as required by NFPA 72, 1999 edition. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. Smoke detectors shall not be installed in areas where environmental influences may cause nuisance alarms. Such areas include, but are not limited to, kitchens, laundries, bathrooms, mechanical air handling rooms, and attic spaces. In these areas, heat detectors interconnected to the complete fire alarm system shall be installed. Bathrooms not exceeding fifty-five (55) square feet and clothes closets, linen closets, and pantries not exceeding twenty-four (24) square feet are exempt from having any

detection device if the walls and ceilings are surfaced with limited-combustible or noncombustible material as defined in NFPA 101, 2000 edition. Concealed spaces of noncombustible or limited combustible construction are not required to have detection devices. These spaces may have limited access but cannot be occupied or used for storage. I/II

A. In facilities licensed prior to November 13, 1980, smoke detectors located every fifty feet (50') will be acceptable if the distance is within the manufacturer's specifications. I/II

3. For facilities that are not required to have a sprinkler system, smoke detectors interconnected to the complete fire alarm system shall be installed in all accessible spaces, as required by NFPA 72, 1999 edition, within the facility. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. Smoke detectors shall not be installed in areas where environmental influences may cause nuisance alarms. Such areas include, but are not limited to, kitchens, laundries, bathrooms, mechanical air handling rooms, and attic spaces. In these areas, heat detectors interconnected to the fire alarm system shall be installed. Bathrooms not exceeding fifty-five (55) square feet and clothes closets, linen closets, and pantries not exceeding twenty-four (24) square feet are exempt from having any detection device if the walls and ceilings are surfaced with limited-combustible or noncombustible material as defined in NFPA 101, 2000 edition. Concealed spaces of noncombustible or limited-combustible construction are not required to have detection devices. These spaces may have limited access but cannot be occupied or used for storage. I/II

A. In facilities licensed prior to November 13, 1980, smoke detectors located every fifty feet (50') will be acceptable if the distance is within the manufacturer's specifications. I/II

(B) Facilities that are required to install a sprinkler system in accordance with section (11) of this rule shall comply with the following requirements:

1. Until the required sprinkler system is installed, each resident room or any room designated for sleeping shall be equipped with at least one (1) battery-powered smoke alarm installed, tested, and maintained in accordance with manufacturer's specifications. In addition, the facility shall be equipped with interconnected heat detectors installed, tested, and maintained in accordance with NFPA 72, 1999 edition, with detectors in all areas subject to nuisance alarms, including, but not limited to, kitchens, laundries, bathrooms, mechanical air handling rooms, and attic spaces. I/II

A. The facility shall maintain a written record of the monthly testing and battery changes. The written records shall be retained for one (1) year. I/II

B. Upon discovery of a fault with any detector or alarm, the facility shall correct the fault. I/II

(C) All facilities shall test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition. I/II

(D) All facilities shall have inspections and written certifications of the complete fire alarm system completed by an approved qualified service representative in accordance with NFPA 72, 1999 edition, at least annually. I/II

(E) Facilities shall test by activating the complete fire alarm system at least once a month. I/II

(F) Facilities shall maintain a record of the complete fire alarm tests, inspections, and certifications required by subsections (9)(C) and (D) of this rule. III

(G) Upon discovery of a fault with the complete fire alarm system, the facility shall correct the fault. I/II

(H) When a complete fire alarm system is to be out-of-service for more than four (4) hours in a twenty-four- (24-) hour period, the facility shall immediately notify the department and the local fire authority and implement an approved fire watch in accordance with NFPA 101, 2000 edition, until the complete fire alarm system has returned to full service. I/II

(I) The complete fire alarm system shall be activated by all of the following: sprinkler system flow alarm, smoke detectors, heat detectors, manual pull stations, and activation of the rangehood extinguishment system. II/III

(10) Protection from Hazards.

(A) In assisted living facilities and residential care facilities licensed on or after November 13, 1980, for more than twelve (12) beds, hazardous areas shall be separated by construction of at least a one- (1-) hour fire-resistant rating. In facilities equipped with a complete fire alarm system, the one- (1-) hour fire separation is required only for furnace or boiler rooms. Hazardous areas equipped with a complete sprinkler system are not required to have this one- (1-) hour fire separation. Doors to hazardous areas shall be self-closing and shall be kept closed unless an electromagnetic hold-open device is used which is interconnected with the fire alarm system. When the sprinkler option is chosen, the areas shall be separated from other spaces by smoke-resistant partitions and doors. The doors shall be self-closing or automatic-closing. Facilities formerly licensed as residential care facility I or II, and existing prior to November 13, 1980, shall be exempt from this requirement. II

(B) The storage of unnecessary combustible materials in any part of a building in which a licensed facility is located is prohibited. I/II

(C) Electric or gas clothes dryers shall be vented to the outside. Lint traps shall be cleaned regularly to protect against fire hazard. II/III

(D) In facilities that are required to comply with the requirements of 19 CSR 30-86.043 and were formerly licensed as residential care facilities II on or after November 13, 1980, each floor shall be separated by construction of at least a one- (1-) hour fire-resistant rating. Buildings equipped with a complete sprinkler system may have a nonrated smoke separation barrier between floors. Doors between floors shall be a minimum of one and three-fourths inches (1 3/4") thick and be solid core wood doors or metal doors with an equivalent fire rating. II

(E) In facilities licensed prior to November 13, 1980, and multi-storied residential care facilities formerly licensed as residential care facilities I licensed on or after November 13, 1980, there shall be a smoke separation barrier between the floors of resident-use areas and any floor below the resident-use area. This shall consist of a solid core wood door or metal door with an equivalent fire rating at the top or the bottom of the stairs. There shall not be a transom above the door that would permit the passage of smoke. II

(F) Atriums open between floors will be permitted if resident room corridors are separated from the atrium by one- (1-) hour rated smoke walls. These corridors must have access to at least one (1) of the required exits without traversing any space opened to the atrium. II

(G) All doors providing separation between floors shall have a self-closing device attached. If the doors are to be held open, electromagnetic hold-open devices shall be used that are interconnected with either an individual smoke detector or a complete fire alarm system. II

(H) All facilities shall be divided into at least two (2) smoke sections with each section not exceeding one hundred fifty feet (150') in length or width. If the floor's dimensions do not exceed seventy-five feet (75') in length or width, a division of the floor into two (2) smoke sections will not be required. II

(I) In facilities whose plans were approved or which were initially licensed after December 31, 1987, for more than twenty (20) beds and all facilities licensed after August 28, 2007, each smoke section shall be separated by one- (1-) hour fire-rated smoke partitions. The smoke partitions shall be continuous from outside wall-to-outside wall and from floor-to-floor or floor-to-roof deck. All doors in this wall shall be at least twenty- (20-) minute fire-rated or its equivalent, self-closing, and may be held open only if the door closes automatically upon activation of the complete fire alarm system. II

(J) In all facilities that were initially licensed on or prior to December 31, 1987, and all facilities licensed for twenty (20) or fewer beds prior to August 28, 2007, each smoke section shall be separated by a one- (1-) hour fire-rated smoke partition that extends from the inside portion of an exterior wall to the inside portion of an exterior wall and from the floor to the underside of the floor or roof deck above, through any concealed spaces, such as those above suspended ceilings, and through interstitial structural and mechanical spaces. Smoke partitions shall be permitted to terminate at the underside of a monolithic or suspending ceiling system where the following conditions are met: The ceiling system forms a continuous membrane, a smoketight joint is provided between the top of the smoke partition and the bottom of the suspended ceiling and the space above the ceiling is not used as a plenum. Smoke partition doors shall be at least twenty- (20-) minute fire-rated or its equivalent, self-closing, and may be held open only if the door closes automatically upon activation of the complete fire alarm system. II

(K) Facilities whose plans were approved or which were initially licensed after December 31, 1987, for more than twenty (20) beds which do not have a sprinkler system, shall have one- (1-) hour rated corridor walls with one and three-quarters inch (1 3/4") solid core wood doors or metal doors with an equivalent fire rating. II

(L) If two (2) or more levels of long-term care or two (2) different businesses are located in the same building, the entire building shall meet either the most strict construction and fire safety standards for the combined facility or the facilities shall be separated from the other(s) by two- (2-) hour fire-resistant construction. In buildings equipped with a complete sprinkler system in accordance with NFPA 13 or NFPA 13R, 1999 edition, this separation may be rated at one (1) hour. II

(11) Sprinkler Systems.

(A) Facilities licensed on or after August 28, 2007, or any section of a facility in which a major renovation has been completed on or after August 28, 2007, shall install and maintain a complete sprinkler system in accordance with NFPA 13, 1999 edition. I/II

(B) Facilities that have a sprinkler system installed prior to August 28, 2007, shall inspect, maintain, and test these systems in accordance with the requirements that were in effect for such facilities on August 27, 2007. I/II

(C) All residential care facilities, and assisted living facilities that do not admit or retain a resident with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance, that were licensed prior to August 28, 2007, with more than twenty (20) residents, and do not have an approved sprinkler system in accordance with NFPA 13, 1999 edition, or NFPA 13R, 1999 edition, shall have until December 31, 2012, to install an approved sprinkler system in accordance with NFPA 13 or 13R, 1999 edition. I/II

1. The department shall grant exceptions to this requirement if the facility meets Chapter 33 of NFPA 101, 2000 edition, and the evacuation capability of the facility meets the standards required in NFPA 101A, Guide to Alternative Approaches to Life Safety, 2001 edition. I/II

(D) Single-story assisted living facilities that provide care to one (1) or more residents with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance shall install and maintain an approved sprinkler system in accordance with NFPA 13R, 1999 edition. I/II

(E) Multi-level assisted living facilities that provide care to one (1) or more residents with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance shall install and maintain an approved sprinkler system in accordance with NFPA 13, 1999 edition. I/II

(F) All facilities shall have inspections and written certifications of the approved sprinkler system completed by an approved qualified service representative in accordance with NFPA 25, 1998 edition. The inspections shall be in accordance with the provisions of NFPA 25, 1998 edition, with certification at least annually by a qualified service representative. I/II

(G) When a sprinkler system is to be out-of-service for more than four (4) hours in a twenty-four- (24-) hour period, the facility shall immediately notify the department and implement an approved fire watch in accordance with NFPA 101, 2000 edition, until the sprinkler system has been returned to full service. I/II

(12) Emergency Lighting.

(A) Emergency lighting of sufficient intensity shall be provided for exits, stairs, resident corridors, and required attendants' station. II

(B) The lighting shall be supplied by an emergency service, an automatic emergency generator, or battery-operated lighting system. This emergency lighting system shall be equipped with an automatic transfer switch. II

(C) If battery-powered lights are used, they shall be capable of operating the light for at least one and one-half (1 1/2) hours. II

(13) Interior Finish and Furnishings.

(A) In a facility licensed on or after November 13, 1980, for more than twelve (12) beds, wall and ceiling surfaces of all occupied rooms and all exitways shall be classified either Class A or B interior finish as defined in NFPA 101, 2000 edition. II

(B) In facilities licensed prior to November 13, 1980, all wall and ceiling surfaces shall be smooth and free of highly combustible materials. II

(C) In facilities licensed for more than twelve (12) beds, the new or replacement floor covering and carpeting in buildings that do not have a sprinkler system shall be Class I in accordance with NFPA 253, 2000 edition. II/III

(D) All curtains and drapes in a licensed facility shall be certified or treated to be flame-resistant as defined in NFPA 101, 2000 edition. II

(14) Smoking.

(A) Smoking shall be permitted in designated areas only. Areas where smoking is permitted shall be designated as such and shall be supervised either directly or by a resident informing an employee of the facility that the area is being used for smoking. II/III

(B) Ashtrays shall be made of noncombustible material and safe design and shall be provided in all areas where smoking is permitted. II/III

(C) The contents of ashtrays shall be disposed of properly in receptacles made of noncombustible material. II/III

(15) Trash and Rubbish Disposal.

(A) Only metal or UL- or FM-fire-resistant rated wastebaskets shall be used for trash. II

(B) Trash shall be removed from the premises as often as necessary to prevent fire hazards and public health nuisance. II

(C) No trash shall be burned within fifty feet (50') of any facility except in an approved incinerator. I/II

(D) Trash may be burned only in a masonry or metal container. II

(E) The container shall be equipped with a metal cover with openings no larger than one-half inch (1/2") in size. III

(16) Standards for Designated Separated Areas.

(A) When a resident resides among the entire general population of the facility, the facility shall take necessary measures to provide such residents with the opportunity to explore the facility and, if appropriate, its grounds. When a resident resides within a designated, separated area that is secured by limited access, the facility shall take necessary measures to provide such residents with the opportunity to explore the separated area and, if appropriate, its grounds. If enclosed or fenced courtyards are provided, residents shall have reasonable access to such courtyards. Enclosed or fenced courtyards that are accessible through a required exit door shall be large enough to provide an area of refuge for fire safety at least thirty feet (30') from the building. Enclosed or fenced courtyards that are accessible through a door other than a required exit shall have no size requirements. II

(B) The facility shall provide freedom of movement for the residents to common areas and to their personal spaces. The facility shall not lock residents out of or inside their rooms. I/II

(C) The facility may allow resident room doors to be locked providing the residents request to lock their doors. Any lock on a resident room door shall not require the use of a key, tool, special knowledge, or effort to lock or unlock the door from inside the resident's room. Only one (1) lock shall be permitted on each door. The facility shall ensure that facility staff has the means or mechanisms necessary to open resident room doors in case of an emergency. I/II

(D) The facility may provide a designated, separated area where residents, who are mentally incapable of negotiating a pathway to safety, reside and receive services and which is secured by limited access if the following conditions are met:

1. Dining rooms, living rooms, activity rooms, and other such common areas shall be provided within the designated, separated area. The total area for common areas within the designated, separated area shall be equal to at least forty (40) square feet per resident; II/III

2. Doors separating the designated, separated area from the remainder of the facility or building shall not be equipped with locks that require a key to open; I/II

3. If locking devices are used on exit doors egressing the facility or on doors accessing the designated, separated area, delayed egress magnetic locks shall be used. These delayed egress devices shall comply with the following:

A. The lock must unlock when the fire alarm is activated;

B. The lock must unlock when the power fails;

C. The lock must unlock within thirty (30) seconds after the release device has been pushed for at least three (3) seconds, and an alarm must sound adjacent to the door;

D. The lock must be manually reset and cannot automatically reset; and

E. A sign shall be posted on the door that reads: PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 30 SECONDS; and I/II

4. The delayed egress magnetic locks may also be released by a key pad located adjacent to the door for routine use by staff. I/II

(17) Oxygen storage shall be in accordance with NFPA 99, 1999 Edition. II/III

AUTHORITY: sections 198.073, 198.074, and 198.076, RSMo Supp. 2011. This rule originally filed as 13 CSR 15-15.022. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed May 13, 1987, effective Aug. 13, 1987. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Amended: Filed Feb. 28, 2000, effective Sept. 30, 2000. Moved to 19 CSR 30-86.022, effective Aug. 28, 2001. Amended: Filed Aug. 16, 2004, effective Feb. 28, 2005. Amended: Filed Aug. 1, 2005, effective Jan. 30, 2006. Amended: Filed Aug. 23, 2006, effective April 30, 2007. Emergency amendment filed Nov. 24, 2008, effective Dec. 4, 2008, expired June 1, 2009. Amended: Filed Nov. 24, 2008, effective May 30, 2009. Amended: Filed March 15, 2012, effective Oct. 30, 2012.*

**Original authority: 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006; 198.074, RSMo 2007; and 198.076, RSMo 1979, amended 1984, 2007.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 86—Residential Care Facilities and Assisted Living Facilities

19 CSR 30-86.032 Physical Plant Requirements for Residential Care Facilities and Assisted Living Facilities

PURPOSE: This rule establishes standards for the physical plant of new or existing residential care facilities I and II.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction.

This note applies only to the reference material. The entire text of the rule is printed here.

Editor's Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 2000.

(1) Definitions. For the purpose of this rule, the following definitions shall apply:

(A) Adult day health care program shall mean a program operated by a provider certified to provide Medicaid-reimbursed adult day health care services to Medicaid-eligible participants in accordance with 19 CSR 70-92.010;

(B) Associated adult day health care program shall mean an adult day health care program, which is connected physically with a licensed long-term care facility but has separate designated space for an adult day health care program which is above the licensed space requirement for the long-term care residents. An associated adult day health care program may share, in part, staff, equipment, utilities, dietary and security with the connected long-term care facility. Recipients of adult day health care program may participate with the residents of the long-term care facility for some activities and programs;

(C) Home-like—means a self-contained long-term care setting that integrates the psychosocial, organizational and environmental qualities that are associated with being at home. Home-like may include, but is not limited to the following:

1. A living room and common use areas for social interactions and activities;

2. Kitchen and family style eating area for use by the residents;

3. Laundry area for use by residents;

4. A toilet room that contains a toilet, lavatory and bathing unit in each resident's room;

5. Resident room preferences for residents who wish to share a room, and for residents who wish to have private bedrooms;

6. Outdoor area for outdoor activities and recreation; and

7. A place where residents can give and receive affection, explore their interests, exercise control over their environment, engage in interactions with others and have privacy, security, familiarity and a sense of belonging; and

(D) Non-licensed adult day care program shall mean a group program designated to provide care and supervision to meet the needs of four (4) or fewer impaired adults for periods of less than twenty-four (24) hours but more than two (2) hours per day in a long-term care facility.

(2) The building shall be substantially constructed and shall be maintained in good repair and in accordance with the construction and fire safety rules in effect at the time of initial licensing. II/III

(3) Only activities necessary to the administration of the facility shall be contained in any building used as a long-term care facility except as follows:

(A) Related activities may be conducted in buildings subject to prior written approval of these activities by the Department of Health and Senior Services (hereinafter—the department). Examples of these activities are Home Health Agencies, physician's office, pharmacy, ambulance service, child day care and food service for the elderly in the community;

(B) Adult day care may be provided for four (4) or fewer participants without prior written approval of the department if the long-term care facility meets the following stipulations:

1. The operation of the adult day care business shall not interfere with the care and delivery of services to the long-term care residents;

2. The facility shall only accept participants in the adult day care program appropriate to the level of care of the facility and whose needs can be met;

3. The facility shall not change the physical layout of the facility without prior written approval of the department;

4. The facility shall provide a private area for adult day care residents to nap or rest;

5. Adult day care participants shall not be included in the census, and the number of adult day care participants shall not be more than four (4) above the licensed capacity of the facility; and

6. The adult day care participants, while on-site, are to be included in the determination of staffing patterns for the long-term care facility;

(C) An associated adult day health care program may be operated without prior written approval if the provider of the adult day health care services is certified in accordance with 19 CSR 70-92.010. II/III

(4) All stairways shall be equipped with permanently secured handrails on at least one (1) side. III

(5) There shall be a telephone in the facility and additional telephones or extensions as necessary so that help may be summoned promptly in case of fire, accident, acute illness or other emergency. II/III

(6) Bath and toilet facilities shall be provided for the convenience, privacy, comfort and safety of residents. Fixed partitions or curtains shall be provided in toilet and bathrooms to assure privacy. II/III

(7) Newly licensed facilities shall have handrails and grab bars affixed in all toilet and bathing areas. Existing licensed facilities shall have handrails and grab bars available in at least one (1) bath and toilet area. The foregoing requirements are applicable to residential care facilities. All assisted living facilities shall have handrails and grab bars affixed in all toilet and bathing areas. II

(8) There shall be adequate storage areas for food, supplies, linen, equipment and resident's personal possessions. III

(9) Each room or ward in which residents are housed or to which residents have reasonable access shall be capable of being heated to not less than eighty degrees Fahrenheit (80°F) under all weather conditions. Temperature shall not be lower than sixty-eight degrees Fahrenheit (68°F) and the reasonable comfort needs of individual residents shall be met. I/II

(10) In newly licensed facilities or if a new heating system is installed in an existing licensed facility, the heating of the building shall be restricted to steam, hot water, permanently installed electric heating devices or a warm air system employing central heating plants with installation such as to safeguard the inherent fire hazard, or approved installation of outside wall heaters which bear the approved label of the American Gas Association or National Board of Fire Underwriters. The foregoing requirements are applicable to residential care facilities. In assisted living facilities, the heating of the building shall be restricted to steam, hot water, permanently installed electric heating devices or a warm air system employing central heating plants with installation such as to safeguard the inherent fire hazard, or approved installation of outside wall heaters which bear the approved label of the American Gas Association or National Board of Fire Underwriters. For all facilities, oil or gas heating appliances shall be properly vented to the outside and the use of portable heaters of any kind is prohibited. If approved wall heaters are used, adequate guards shall be provided to safeguard residents. I/II

(11) Wood-burning stoves shall not be installed in newly licensed facilities or in existing licensed facilities that did not previously have a wood-burning stove. If wood-burning stoves are used in an existing licensed facility, or wood-burning furnaces or fireplaces are used, flues or chimneys shall be maintained in good condition and kept free of accumulation of combustible materials. The foregoing requirements are applicable to residential care facilities. Wood-burning stoves shall not be installed in assisted living facilities. II

(12) Fireplaces may be used only if there is a protective screen in place; if there is direct staff supervision of residents while in use; and the fire shall not be left burning overnight. II

(13) In facilities that are constructed or have plans approved after July 1, 2005, electrical wiring shall be installed and maintained in accordance with the requirements of the *National Electrical Code*, 1999 edition, National Fire Protection Association, Inc., incorporated by reference, in this rule and available by mail at One Batterymarch Park, Quincy, MA 02269, and local codes. This rule does not incorporate any subsequent amendments or additions to the materials incorporated by reference. Facilities built between September 28, 1979 and July 1, 2005 shall be maintained in accordance with the requirements of the *National Electrical Code*, which was in effect at the time of the original plan approval and local codes. This rule does not incorporate any subsequent amendments or additions. In facilities built prior to September 28, 1979, electrical wiring shall be maintained in good repair and shall not present a safety hazard. All facilities shall have wiring inspected every two (2) years by a qualified electrician. II/III

(14) Lighting is restricted to electricity. II

(15) Lighting in hallways, bathrooms, recreational and dining areas and all resident-use areas shall be provided with a minimum intensity of ten (10) footcandles. All lights in resident-use areas shall be provided with a shade to prevent direct glare to the residents' eyes. II/III

(16) Night lights shall be provided for corridors, stairways and toilet areas. II

(17) A reading light shall be provided for each resident desiring to read. Additional lighting shall be provided to meet the individual needs of each resident. III

(18) If extension cords are used, they must be Underwriters' Laboratory (UL)-approved or shall comply with other recognized electrical appliance approval standards and sized to carry the current required for the appliance used. Only one (1) appliance shall be connected to one (1) extension cord and only two (2) appliances may be served by one (1) duplex receptacle. If extension cords are used, they shall not be placed under rugs, through doorways or located where they are subject to physical damage. II/III

(19) If elevators are used, installation and maintenance shall comply with local and state codes and the *National Electric Code*. II/III

(20) Air conditioning, fans or a ventilating system shall be available and used when the room temperature exceeds eighty-five degrees Fahrenheit (85°F) and the reasonable comfort needs of individual residents shall be met. I/II

(21) Gas-fired water heaters shall be properly installed and vented and all water heaters shall be equipped with a temperature and pressure relief valve. II

(22) Furniture and equipment shall be maintained in good condition and shall be replaced if broken, torn, heavily soiled or damaged. Rooms shall be so designed and

furnished that the comfort and safety of the residents are provided for at all times. II/III

(23) Rooms shall be neat, orderly and cleaned daily. II/III

(24) An individual bed, in good repair and of a rigid type, shall be provided to each resident. Beds shall be at least thirty-six inches (36") wide. Double beds of satisfactory construction may be provided for married couples. Rollaway, metal cots or folding beds shall not be used. II/III

(25) A minimum of three feet (3') shall be available between beds when parallel. III

(26) Mattresses shall be clean, in good repair and a minimum of four inches (4") in thickness to provide comfort. II/III

(27) Each bed shall be provided with at least one (1) clean, comfortable pillow. Extra pillows shall be available to meet the needs of the residents. III

(28) Screens or curtains, either portable or permanently affixed, shall be available and used in multi-resident bedrooms to provide privacy as needed or if requested. III

(29) Each resident shall be provided with an individual locker or other suitable space for storage of clothing and personal belongings. III

(30) Each resident shall be provided with an individual rack for a towel(s) and washcloth(s) unless provided with a clean washcloth(s) or towel(s) for use each time needed. III

(31) A comfortable chair shall be available for each resident's use. III

(32) Each window shall be provided with a shade, drape or curtain to restrict the amount of sunlight when necessary. III

(33) All assisted living facilities and all residential care facilities whose plans are approved or which are initially licensed for more than twelve (12) residents after December 31, 1987 shall be equipped with a call system consisting of an electrical intercommunication system, a wireless pager system, buzzer system or hand bells. An acceptable mechanism for calling attendants shall be located in each toilet room and resident bedroom. Call systems for facilities whose plans are approved or which are initially licensed after December 31, 1987 shall be audible in the attendant's work area. II/III

(34) Plumbing fixtures which are accessible to residents and which supply hot water shall be thermostatically controlled so that the water temperature at the fixture does not exceed one hundred twenty degrees Fahrenheit (120°F) (49°C) and the water shall be at a temperature range between one hundred five degrees Fahrenheit (105°F) (41°C) and one hundred twenty degrees Fahrenheit (120°F) (49°C). I/II

(35) Home-Like Requirements with Respect to Construction and Physical Plant Standards.

(A) Any assisted living facility formerly licensed as a residential care facility shall be more home-like than institutional with respect to construction and physical plant standards. II

(B) Any assisted living facility licensed as a residential care facility II prior to August 28, 2006, shall qualify as being more home-like than institutional with respect to construction and physical plant standards. II

(C) Any assisted living facility that is built or has plans approved on or after August 28, 2006, shall be more home-like than institutional with respect to construction and physical plant standards. II

*AUTHORITY: sections 198.076, RSMo 2000 and 198.005 and 198.073, RSMo Supp. 2006. * This rule originally filed as 13 CSR 15-15.032. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Nov. 9, 1983, effective Nov. 19, 1983, expired March 18, 1984. Amended: Filed Nov. 9, 1983, effective Feb. 11, 1984. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed May 13, 1987, effective Aug. 13, 1987. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Moved to 19 CSR 30-86.032, effective Aug. 28, 2001. Amended: Filed Nov. 15, 2004, effective May 30, 2005. Amended: Filed Aug. 23, 2006, effective April 30, 2007.*

*Original authority: 198.005, RSMo 2006; 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006; and 198.076, RSMo 1979, amended 1984.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 86—Residential Care Facilities and Assisted Living Facilities

19 CSR 30-86.042 Administrative, Personnel and Resident Care Requirements for New and Existing Residential Care Facilities

PURPOSE: This rule establishes standards for administration, personnel and resident care in residential care facilities I and II.

Editor's Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 1986.

(1) Definitions. For the purpose of this rule, the following definitions shall apply:

(A) Department—Department of Health and Senior Services;

(B) Outbreak—an occurrence in a community or region of an illness(es) similar in nature, clearly in excess of normal expectancy and derived from a common or a propagated source; and

(C) Evacuate the facility—moving to an area of refuge or from one (1) smoke section to another or exiting the facility.

(2) For a residential care facility, a person shall be designated as administrator/manager who is either currently licensed as a nursing home administrator or is at least twenty-one (21) years of age, has never been convicted of an offense involving the operation of a long-term care or similar facility and who attends at least one (1) continuing education workshop within each calendar year given by or approved by the department. When used in this chapter of rules, the term manager shall mean that person who is designated by the operator to be in general administrative charge of a residential care facility. It shall be considered synonymous to "administrator" as defined in section 198.006, RSMo and the terms administrator and manager may be used interchangeably. II/III

(3) The administrator/manager of a residential care facility shall have successfully completed the state approved Level I Medication Aide course unless he or she is a physician, pharmacist, licensed nurse or a certified medication technician, or if the facility is operating in conjunction with a skilled nursing facility or intermediate care facility on the same premises, or, for an assisted living facility, if the facility employs on a full-time basis, a licensed nurse who is available seven (7) days per week. II/III

(4) The operator shall be responsible to assure compliance with all applicable laws and regulations. The administrator/manager shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator/manager's responsibilities shall include oversight of residents to assure that they receive care appropriate to their needs. II/III

(5) The administrator/manager shall devote sufficient time and attention to the management of the facility as is necessary for the health, safety and welfare of the residents. II

(6) The administrator/manager shall designate, in writing, a staff member in charge in the administrator/manager's absence. II/III

(7) The facility shall not care for more residents than the number for which the facility is licensed. If the facility operates a non-licensed adult day care program within the licensed facility, the day care participants shall be counted in the staffing determination during the hours the day care participants are in the facility. II/III

(8) The facility's current license shall be posted in a conspicuous place and notices provided to the facility by the department granting exception(s) to regulatory requirements shall be posted alongside of the facility's license. III

(9) All personnel responsible for resident care shall have access to the legal name of each resident, name and telephone number of resident's physician, resident's designee or legally authorized representative in the event of emergency. II/III

(10) All persons who have any contact with the residents in the facility shall not knowingly act or omit any duty in a manner which would materially and adversely affect the health, safety, welfare or property of residents. No person who is listed on the Employee Disqualification List (EDL) maintained by the department as required by section 198.070, RSMo shall work or volunteer in the facility in any capacity whether or not employed by the operator. For the purpose of this rule, a volunteer is an unpaid individual formally recognized by the facility as providing a direct care service to residents. The facility is required to check the EDL for individuals who volunteer to perform a service for which the facility might otherwise have to hire an employee. The facility is not required to check the EDL for individuals or groups such as scout groups, bingo or sing-along leaders. The facility is not required to check the EDL for an individual such as a priest, minister or rabbi visiting a resident who is a member of the individual's congregation. However, if the minister, priest or rabbi serves as a volunteer facility chaplain, the facility is required to check the EDL since the individual would have potential contact with all residents. I/II

(11) Prior to allowing any person who has been hired in a full-time, part-time or temporary position to have contact with any residents the facility shall, or in the case of temporary employees hired through or contracted for an

employment agency, the employment agency shall prior to sending a temporary employee to a provider:

(A) Request a criminal background check for the person, as provided in section 43.540, RSMo. Each facility must maintain in its record documents verification that the background checks were requested and the nature of the response received for each such request. II

1. The facility must ensure that any applicant or person hired or retained who discloses prior to the receipt of the criminal background check that he or she has been convicted of, pled guilty or pled nolo contendere to in this state or any other state or has been found guilty of a crime, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo or any violation of subsection 198.070.3, RSMo or of section 568.020, RSMo, will not have contact with residents. I/II

2. Upon receipt of the criminal background check, the facility must ensure that if the criminal background check indicates that the person hired or retained by the facility has been convicted of, pled guilty or pled nolo contendere to in this state or any other state or has been found guilty of a crime, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo or any violation of subsection 198.070.3, RSMo or of section 568.020, RSMo, the person will not have contact with residents unless the facility obtains verification from the department that a good cause waiver has been granted and maintains a copy of the verification in the individual's personnel file; I/II

(B) Make an inquiry to the department, whether the person is listed on the employee disqualification list as provided in section 660.315, RSMo. The inquiry may be made via Internet at www.dhss.mo.gov/EDL/; II/III

(C) If the person has registered with the department's Family Care Safety Registry (FCSR), the facility may utilize the Registry in order to meet the requirements of subsections (1)(A) and (11)(B) of this rule. The FCSR is available via Internet at www.dhss.mo.gov/EDL/; and II/III

(D) For persons for whom the facility has contracted for professional services (e.g., plumbing or air conditioning repair) that will have contact with any resident, the facility must either require a criminal background check or ensure that the individual is sufficiently monitored by facility staff while in the facility to reasonably ensure the safety of all residents. I/II

(12) A facility shall not employ as an agent or employee who has access to controlled substances any person who has been found guilty or entered a plea of guilty or *nolo contendere* in a criminal prosecution under the laws of any state or of the United States for any offense related to controlled substances. II

(A) A facility may apply in writing to the department for a waiver of this section for a specific employee.

(B) The department may issue a written waiver to a facility upon determination that a waiver would be consistent with the public health and safety. In making this determination, the department shall consider the duties of the employee, the circumstances surrounding the conviction, the length of time since the conviction was entered, whether a waiver has been granted by the department's Bureau of Narcotics and Dangerous Drugs pursuant to 19 CSR 30-1.034 when the facility is registered with that agency, whether a waiver has been granted by the federal Drug Enforcement Administration (DEA) pursuant to 21 CFR 1301.76 when the facility is also registered with that agency, the security measures taken by the facility to prevent the theft and diversion of controlled substances, and any other factors consistent with public health and safety. II/III

(13) The facility must develop and implement written policies and procedures which require that persons hired for any position which is to have contact with any patient or resident have been informed of their responsibility to disclose their prior criminal history to the facility as required by section 660.317.5, RSMo. The facility must also develop and implement policies and procedures which ensure that the facility does not knowingly hire, after August 28, 1997, any person who has or may have contact with a patient or resident, who has been convicted of, plead guilty or *nolo contendere* to, in this state or any other state, or has been found guilty of any class A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo. II/III

(14) All persons who have or may have contact with residents shall at all time when on duty or delivering services wear an identification badge. The badge shall give their name, title and, if applicable, the status of their license or certification as any kind of health care professional. This rule shall apply to all personnel who provide services to any resident directly or indirectly. III

(15) All personnel shall be able physically and emotionally to work in a long-term care facility. I/II

(16) Personnel who have been diagnosed with a communicable disease may begin work or return to duty only with written approval by a physician or physician's designee which indicates any limitations. II

(17) The administrator/manager shall be responsible for preventing an employee known to be diagnosed with communicable disease from exposing residents to such disease. The facility's policies and procedures must comply with the department's regulations pertaining to communicable diseases, specifically 19 CSR 20-20.010 through 19 CSR 20-20.100. II/III

(18) The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100. II

(19) Prior to or on the first day that a new employee works in the facility he or she shall receive orientation of at least one (1) hour appropriate to his or her job function. This shall include at least the following:

(A) Job responsibilities;

(B) Emergency response procedures;

(C) Infection control and handwashing procedures and requirements;

(D) Confidentiality of resident information;

(E) Preservation of resident dignity;

(F) Information regarding what constitutes abuse/neglect and how to report abuse/neglect to the department (1-800-392-0210);

(G) Information regarding the Employee Disqualification List;

(H) Instruction regarding the rights of residents and protection of property; and

(I) Instruction regarding working with residents with mental illness. II/III

(20) In addition to the orientation training required in section (19) of this rule any facility that provides care to any resident having Alzheimer's disease or related dementia shall provide orientation training regarding mentally confused residents such as those with Alzheimer's disease and related dementias as follows:

(A) For employees providing direct care to such persons, the orientation training shall include at least three (3) hours of training including at a minimum an overview of mentally confused residents such as those having Alzheimer's disease and related dementias, communicating with persons with dementia, behavior management, promoting independence in activities of daily living, and understanding and dealing with family issues; II/III

(B) For other employees who do not provide direct care for, but may have daily contact with, such persons, the orientation training shall include at least one (1) hour of training including at a minimum an overview of mentally confused residents such as those having dementias as well as communicating with persons with dementia; and II/III

(C) For all employees involved in the care of persons with dementia, dementia-specific training shall be incorporated into ongoing in-service curricula. II/III

(21) The administrator/manager shall maintain on the premises an individual personnel record on each facility employee, which shall include the following:

(A) The employee's name and address;

(B) Social Security number;

(C) Date of birth;

(D) Date of employment;

(E) Documentation of experience and education including for positions requiring licensure or certification, documentation evidencing competency for the position held, which includes copies of current licenses, transcripts when applicable, or for those individuals requiring certification, such as level I medication aides (LIMA), certified nurse aides, certified medication technicians (CMT) and insulin administration aides; printing the Web Registry search results page available at www.dhss.mo.gov/cnaregistry shall meet the requirements of the employer's check regarding valid certification:

(F) References, if available;

(G) The results of background checks required by section 660.317, RSMo; and a copy of any good cause waiver granted by the department, if applicable;

(H) Position in the facility;

(I) Written statement signed by a licensed physician or physician's designee indicating the person can work in a long-term care facility and indicating any limitations;

(J) Documentation of the employee's tubercilin screening status;

(K) Documentation of what the employee was instructed on during orientation training; and

(L) Reason for termination if the employee was terminated due to abuse or neglect of a resident, residents' rights issues or resident injury. III

(22) Personnel records shall be maintained for at least two (2) years following termination of employment. III

(23) There shall be written documentation maintained in the facility showing actual hours worked by each employee. III

(24) No one individual shall be on duty with responsibility for oversight of residents longer than eighteen (18) hours per day except in a residential care facility licensed for twelve (12) or fewer residents. I/II

(25) Employees who are counted in meeting the minimum staffing ratio and employees who provide direct care to the residents shall be at least sixteen (16) years of age. III

(26) One (1) employee at least eighteen (18) years of age shall be on duty at all times. I/II

(27) Staffing for Residential Care Facility.

(A) The facility shall have an adequate number and type of personnel on duty at all times for the proper care of residents and upkeep of the facility. At a minimum, one (1) employee shall be on duty for every forty (40) residents to provide protective oversight to residents and for fire safety. I/II

Staff	Residents
1	1–40
2	41–80
3	81–120
4	121–160

(B) The required staff person shall be in the facility awake, dressed and prepared to assist residents in case of emergency, except that in a facility licensed for twelve (12) or fewer residents, this person may be asleep during the night hours. In a facility licensed for twenty (20) or fewer residents, the required staff person may be asleep if there is a sprinkler system or if there is a complete automatic fire detection system. I/II

(C) In a facility of more than one hundred (100) residents, the administrator/manager shall not be counted when determining the personnel required. II

(D) If the facility is opened in conjunction with and is immediately adjacent to and contiguous to another licensed long-term care facility and if—

1. The resident bedrooms of the residential care facility are on the same floor or on the ground floor immediately below that of the other licensed facility;

2. There is an approved call system in each resident's bedroom and bathroom or a patient-controlled system connected to a nursing station of the other licensed facility;

3. There is a complete fire alarm system in the residential care facility connected to the complete fire alarm system in the other licensed facility;

4. The staffing of the other licensed facility is greater than their minimum requirements; and

5. Periodic visits to the residential care facility are made by a staff person to determine the welfare of the resident in the residential care facility; then, for a facility serving twenty (20) or fewer residents, there need not be an attendant on duty during the day and evening shifts and the attendant may be asleep during the night shift; or if the facility is on the same floor as the other licensed facility, there need not be an attendant at night. If there are more than twenty (20) residents, there shall be at least one (1) staff person awake and dressed at all times for every forty (40) residents or fraction of forty (40). I/II

(E) Those facilities which have only an asleep attendant during the night-time period and those facilities which have only the minimum staff required by subsection (27)(D) during the night-time period shall not accept residents who are blind, use assistive devices, such as walkers or wheelchairs, or who need care greater than can be provided with the staffing pattern in those facilities. Those residents who were living in a residential care facility prior to July 11, 1980, may remain in that facility with an asleep attendant even though they may be blind, deaf or use assistive devices provided they can demonstrate the ability to reach safety unassisted or with assistive devices. II

(28) All residents shall be physically and mentally capable of negotiating a normal path to safety unassisted or with the use of assistive devices within five (5) minutes of being alerted of the need to evacuate the facility as defined in subsection (1)(C) of this rule. I/II

(29) Residents suffering from short periods of incapacity due to illness, injury or recuperation from surgery may be allowed to remain or be readmitted from a hospital if the period of incapacity does not exceed forty-five (45) days and written approval of a physician is obtained for the resident to remain in or be readmitted to the facility. II/III

(30) The facility shall not admit or continue to care for residents whose needs cannot be met. If necessary services cannot be obtained in or by the facility, the resident shall be promptly referred to appropriate outside resources or discharged from the facility. I/II

(31) In the event a resident is transferred from the facility, staff shall forward a report of the resident's current medical status, physician's orders/prescriptions, and if applicable, a copy of the resident's advanced directives/living will to the facility to which the resident is being transferred. If the resident is transferring to a private residence, facility staff shall provide the reports to the resident or his or her designee or legally authorized representative. II/III

(32) Residents admitted to a facility on referral by the Department of Mental Health shall have an individual treatment plan or individual habilitation plan on file prepared by the Department of Mental Health, updated annually. II

(33) Placement of residents in the building shall be determined by their abilities. Those residents who require the use of a walker or who are blind shall be housed on a floor which has direct exits at grade, a ramp or no more than two (2) steps to grade with a handrail unless an area of refuge as defined in 19 CSR 30-86.022 is provided. Those residents who use a wheelchair shall be able to demonstrate the ability to transfer to and from the wheelchair unassisted. They shall be housed near an exit and there shall be a direct exit at grade or a ramp or an area of refuge as defined in 19 CSR 30-86.022. II

(34) Requirements for facilities which admit or retain residents with mental illness or mental retardation diagnosis and residents with assaultive or disruptive behaviors:

(A) Each resident who exhibits mental and psychosocial adjustment difficulty(ies) shall receive treatment and services to address the resident's needs and behaviors as stated in the individual service plan; I/II

(B) If specialized rehabilitative services for mental illness or mental retardation are required to enable a resident to reach and to comply with the individualized service plan, the facility must ensure the required services are provided; and II

(C) The facility shall maintain in the resident's record the most recent progress notes and personal plan developed and provided by the Department of Mental Health or designated administrative agent for each resident whose care is funded by the Department of Mental Health or designated administrative agent. III

(35) The use of interventions to manage disruptive or assaultive resident behaviors shall be employed with sufficient safeguards to ensure the safety, welfare and rights of the resident and shall be in accordance with the therapeutic goals for the resident. I/II

(36) Residents under sixteen (16) years of age shall not be admitted. III

(37) Residents admitted or readmitted to the facility shall have an admission physical examination by a licensed physician. Documentation should be obtained prior to admission but shall be on file not later than ten (10) days after admission and shall contain information regarding the resident's current medical status and any special orders or procedures which should be followed. If the resident is admitted directly from a hospital or another long-term care facility and is accompanied on admission by a report which reflects his/her current medical status, an admission physical will not be required. II/III

(38) The facility shall follow appropriate infection control procedures. The administrator or his or her designee shall make a report to the local health authority or the

department of the presence or suspected presence of any diseases or findings listed in 19 CSR 20-20.020, sections (1)–(3) according to the specified time frames as follows:

(A) Category I diseases or findings shall be reported to the local health authority or to the department within twenty-four (24) hours of first knowledge or suspicion by telephone, facsimile, or other rapid communication; I/II

(B) Category II diseases or findings shall be reported to the local health authority or the department within three (3) days of first knowledge or suspicion; I/II

(C) Category III. The occurrence of an outbreak or epidemic of any illness, disease or condition which may be of public health concern, including any illness in a food handler that is potentially transmissible through food. This also includes public health threats such as clusters of unusual diseases or manifestations of illness and clusters of unexplained deaths. Such incidents shall be reported to the local authority or to the department by telephone, facsimile, or other rapid communication within twenty-four (24) hours of first knowledge or suspicion. I/II

(39) Protective oversight shall be provided twenty-four (24) hours a day. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II

(40) Residents shall receive proper care to meet their needs. Physician orders shall be followed. I/II

(41) In case of behaviors that present a reasonable likelihood of serious harm to himself or herself or others, serious illness, significant change in condition, injury or death, staff shall take appropriate action and shall promptly attempt to contact the individual listed in the resident's record as the legally authorized representative, designee or placement authority. The facility shall contact the attending physician or designee and notify the local coroner or medical examiner immediately upon the death of any resident of the facility prior to transferring the deceased resident to a funeral home. II/III

(42) The facility shall encourage and assist each resident based on his or her individual preferences and needs, to be clean and free of body and mouth odor. II

(43) Except in the case of emergency, the resident shall not be inhibited by chemical and/or physical restraints that would limit self-care or ability to negotiate a path to safety unassisted or with assistive devices. I/II

(44) If the resident brings unsealed medications to the facility, the medications shall not be used unless a pharmacist, physician or nurse examines, identifies and determines the contents to be suitable for use. The individual performing the identification shall document his or her review. II/III

(45) Self-control of prescription medication by a resident may be allowed only if approved in writing by the resident's physician and allowed by facility policy. A resident may be permitted to control the storage and use of nonprescription medication unless there is a physician's written order or facility policy to the contrary. Written approval for self-control of prescription medication shall be rewritten as needed but at least annually and after any period of hospitalization. II/III

(46) All medication shall be safely stored at proper temperature and shall be kept in a secured location behind at least one (1) locked door or cabinet. Medication shall be accessible only to persons authorized to administer medications. II/III

(A) If access is controlled by the resident, a secured location shall mean in a locked container, a locked drawer in a bedside table or dresser or in a resident's private room if locked in his or her absence, although this does not preclude access by a responsible employee of the facility. II/III

(B) Schedule II controlled substances shall be stored in locked compartments separate from non-controlled medications, except that single doses of Schedule II controlled substances may be controlled by a resident in compliance with the requirements for self-control of medication of this rule. II/III

(C) Medication that is not in current use and is not destroyed shall be stored separately from medication that is in current use. II/III

(47) All prescription medications shall be supplied as individual prescriptions except where an emergency medication supply is allowed. All medications, including over-the-counter medications shall be packaged and labeled in accordance with applicable professional pharmacy standards and state and federal drug laws. Labeling shall include accessory and cautionary instructions as well as the expiration date, when applicable, and the name of the medication as specified in the physician's order. Medication labels shall not be altered by facility staff and medications shall not be repackaged by facility staff except as allowed by section (48) of this rule. Over-the-counter medications for individual residents shall be labeled with at least the resident's name. II/III

(48) Controlled substances and other prescription and non-prescription medications for administration when a resident temporarily leaves a facility shall be provided as follows:

(A) Separate containers of medications for the leave period may be prepared by the pharmacy. The facility shall have a policy and procedure for families to provide adequate advance notice so that medications can be obtained from the pharmacy; II/III

(B) Prescription medication cards or other multiple-dose prescription containers currently in use in the facility may be provided by any authorized facility medication staff member if the containers are labeled by the pharmacy with complete pharmacy prescription labeling for use. Original manufacturer containers of non-prescription medications, along with instructions for administration, may be provided by any authorized facility medication staff member; II/III

(C) When medications are supplied by the pharmacy in customized patient medication packages that allow separation of individual dose containers, the required number of containers may be provided by any authorized facility medication staff member. The individual dose containers shall be placed in an outer container that is labeled with the name and address of the facility and the date; II/III

(D) When multiple doses of a medication are required and it is not reasonably possible to obtain prescription medication labeled by the pharmacy, and it is not appropriate to send a container of medication currently in use in the facility, up to a twenty-four (24)-hour supply of each prescription or non-prescription medication may be provided by a licensed nurse in United States Pharmacopeia (USP) approved containers labeled with the facility name and address, resident's name, medication name and strength, quantity, instructions for use, date, initials of individual providing, and other appropriate information; II/III

(E) When no more than a single dose of a medication is required, any authorized facility medication staff member may prepare the dose as for in-facility administration in a USP approved container labeled with the facility name and address, resident's name, medication name and strength, quantity, instructions for use, date, initials of person providing, and other appropriate information;

(F) The facility may have a policy that limits the quantity of medication sent with a resident without prior approval of the prescriber; II/III

(G) Returned containers shall be identified as having been sent with the resident, and shall not later be returned to the pharmacy for reuse; and II/III

(H) The facility shall maintain accurate records of medications provided to and returned by the resident. II/III

(49) Upon discharge or transfer of a resident, the facility shall release prescription medications, including controlled substances, held by the facility for the resident when the physician writes an order for each medication to be released. Medications shall be labeled by the pharmacy with current instructions for use. Prescription medication cards or other containers may be released if the containers are labeled by the pharmacy with complete pharmacy prescription labeling. II/III

(50) Injections shall be administered only by a physician or licensed nurse, except that insulin injections may be administered by a CMT or LIMA who has successfully completed the state-approved course for insulin administration, taught by a department-approved instructor. A resident who requires insulin, may administer his or her own insulin if approved in writing by the resident's physician and trained to do so by a licensed nurse or physician. The facility is responsible to monitor the resident's condition and continued ability for self-administration. I/II

(51) The administrator/manager shall develop and implement a safe and effective system of medication control and use, which assures that all residents' medications are administered by personnel at least eighteen (18) years of age, in accordance with physicians' instructions using acceptable nursing techniques. The facility shall employ a licensed nurse eight (8) hours per week for every thirty (30) residents to monitor each resident's condition and medication. Administration of medication shall mean delivering to a resident his or her prescription medication either in the original pharmacy container, or for internal medication, removing an individual dose from the pharmacy container and placing it in a small container or liquid medium for the resident to remove from the container and self-administer. External prescription medication may be applied by facility personnel if the resident is unable to do so and the resident's physician so authorizes. All individuals who administer medication shall be trained in medication administration and, if not a physician or a licensed nurse, shall be a certified medication technician or level I medication aide. I/II

(52) Medication Orders.

(A) Physician's instructions, as evidenced by the prescription label or by signed order of a physician, shall be accurately followed. If the physician changes the order which is designated on a prescription label, there shall be on file in the resident's record a signed physician's order to that effect with the amended instructions for use or until the prescription label is changed by the pharmacy to reflect the new order. II/III

(B) Physician's written and signed orders are not required, but if it is the facility's or physician's policy to use the orders, they shall include: name of the medication, dosage, frequency and route of administration and the orders shall be renewed at least every three (3) months. Computer generated signatures may be used if safeguards are in place to prevent their misuse. Computer identification codes shall be accessible to and used only by the individuals whose signatures they represent. Orders that include optional doses or include pro re nata (PRN) administration frequencies shall specify a maximum frequency and the reason for administration. II/III

(C) Telephone and other verbal orders shall be received only by a licensed nurse, medication technician, level I medication aide or pharmacist and shall be immediately reduced to writing and signed by that individual. If a telephone or other verbal order is given to a medication technician or level I medication aide, an initial dosage shall not be administered until the order has been reviewed by telephone, facsimile or in person by a licensed nurse or pharmacist. II

(D) The review shall be documented by the licensed nurse's or pharmacist's signature within seven (7) days. III

(E) The physician shall sign all telephone and other verbal orders within seven (7) days. III

(F) Medication staff shall record administration of medication on a medication sheet or directly in the resident's record. If administration of medication is recorded on a medication sheet, the medication sheet shall be made part of the resident's medical record. The same individual who prepares and administers the medication shall record the administration. II/III

(53) Influenza and pneumococcal polysaccharide immunizations may be administered per physician-approved facility policy after assessment for contraindications.

(A) The facility shall develop a policy that provides recommendations and assessment parameters for the administration of such immunizations. The policy shall be approved by the facility medical director for facilities having a medical director, or by each resident's attending physician for facilities that do not have a medical director, and shall include the requirements to:

1. Provide education regarding the potential benefits and side effects of the immunization to each resident or the resident's designee or legally authorized representative; II/III

2. Offer the immunization to the resident or obtain permission from the resident's designee or legally authorized representative when it is medically indicated, unless the resident has already been immunized as recommended by the policy; II/III

3. Provide the opportunity to refuse the immunization; and II/III

4. Perform an assessment for contraindications. II/III

(B) The assessment for contraindications and documentation of the education and opportunity to refuse the immunization shall be dated and signed by the nurse performing the assessment and placed in the medical record. II/III

(C) The facility shall with the approval of each resident's physician, access screening and immunization through outside sources, such as county or city health departments, and the facility shall document in the medical record that the requirements in subsection (53)(B) were performed by outside sources. II/III

(54) Stock supplies of nonprescription medication may be kept when specific medications are approved in writing by a consulting physician, a registered nurse or a pharmacist. No stock supply of prescription medication may be kept in the facility. II/III

(55) Records shall be maintained upon receipt and disposition of all controlled substances and shall be maintained separately from other records, for two (2) years.

(A) Inventories of controlled substances shall be reconciled as follows: II/III

1. Controlled Substance Schedule II medications shall be reconciled each shift; and II

2. Controlled Substance Schedule III–V medications shall be reconciled at least weekly and as needed to ensure accountability. II/III

(B) Inventories of controlled substances shall be reconciled by the following:

1. Two (2) medication personnel, one of whom is a licensed nurse; or

2. Two (2) medication personnel, one of whom is the administrator/manager when no nurse is available on staff; or

3. Two (2) medication personnel either medication technicians or level I medication aides when neither a licensed nurse nor the administrator/manager is available. II/III

(C) Receipt records shall include the date, source of supply, resident name and prescription number when applicable, medication name and strength, quantity and signature of the supplier and receiver. Administration records shall include the date, time, resident name, medication name, dose administered and the initials of the individual administering. The signature and initials of each medication staff documenting on the medication administration record must be signed in the signature area of the medication record. II/III

(D) When self-control of medication is approved a record shall be made of all controlled substances transferred to and administered from the resident's room. Inventory reconciliation shall include controlled substances transferred to the resident's room. I/II

(56) Documentation of the wasting of controlled substances at the time of administration shall include the reason for the waste and the signature of another medication staff member or the administrator who witnesses the waste. If no medication staff member or the administrator is available at the time of administration, the controlled substance shall be properly labeled, clearly identified as unusable, stored in a locked area, and destroyed as soon as a medication staff member or the administrator is available to witness the waste. When no medication staff member or the administrator is available and the controlled substance is contaminated by patient body fluids, the controlled substance shall be destroyed immediately and the circumstances documented. II/III

(57) At least every three (3) months in a residential care facility, a pharmacist or registered nurse shall review the controlled substance record keeping including reconciling the inventories of controlled substances. This shall be done at the time of the drug regimen review of each resident. All discrepancies in controlled substance records shall be reported to the administrator or manager for review and investigation. The theft or loss of controlled substances shall be reported as follows: II/III

(A) The facility shall notify the department's Section for Long Term Care (SLTC) and other appropriate authorities of any theft or significant loss of any controlled substance medication written as an individual prescription for a specific resident upon the discovery of the theft or loss. The facility shall consider at least the following factors in determining if a loss is significant:

1. The actual quantity lost in relation to the total quantity;

2. The specific controlled substance lost;

3. Whether the loss can be associated with access by specific individuals;

4. Whether there is a pattern of losses, and if the losses appear to be random or not;

5. Whether the controlled substance is a likely candidate for diversion; and

6. Local trends and other indicators of diversion potential; II/III

(B) If an insignificant amount of such controlled substance is lost during lawful activities, which includes but are not limited to receiving, record keeping, access auditing, administration, destruction and returning to the pharmacy, a description of the occurrence shall be documented in writing and maintained with the facility's controlled substance records. The documentation shall include the reason for determining that the loss was insignificant. II/III

(58) A pharmacist or registered nurse shall review the medication regimen of each resident. This shall be done at least every three (3) months in a residential care facility. The review shall be performed in the facility and shall include, but shall not be limited to, indication for use, dose, possible medication interactions and medication/food interactions, contraindications, adverse reactions and a review of the medication system utilized by the facility. Irregularities and concerns shall be reported in writing to the resident's physician and to the administrator/manager. If after thirty (30) days, there is no action taken by a resident's physician and significant concerns continue regarding a resident's or residents' medication order(s), the administrator/manager shall contact or recontact the physician to determine if he or she received the information and if there are any new instructions. II/III

(59) All medication errors and adverse reactions shall be promptly documented and reported to the administrator/manager and the resident's physician. If the pharmacy made a dispensing error, it shall also be reported to the issuing pharmacy. II/III

(60) Medications that are not in current use shall be disposed of as follows:

(A) Single doses of contaminated, refused, or otherwise unusable non-controlled substance medications may be destroyed by any authorized medication staff member at the time of administration. Single doses of unusable controlled substance medications shall be destroyed according to section (56) of this rule;

(B) Discontinued medications may be retained up to one hundred twenty (120) days prior to other disposition if there is reason to believe, based on clinical assessment of the resident, that the medication might be reordered;

(C) Medications may be released to the resident or family upon discharge according to section (49) of this rule;

(D) After a resident has expired, medications, except for controlled substances, may be released to the resident's legal representative upon written request of the legal representative that includes the name of the medication and the reason for the request;

(E) Medications may be returned to the pharmacy that dispensed the medications pursuant to 4 CSR 220-3.040 or returned pursuant to the Prescription Drug Repository Program, 19 CSR 20-50.020;

(F) All other medications, including all controlled substances and all expired or otherwise unusable medications, shall be destroyed within thirty (30) days as follows: II/III

1. Medications shall be destroyed within the facility by a pharmacist and a licensed nurse or by two (2) licensed nurses or when two (2) licensed nurses are not available on staff by two (2) individuals who have authority to administer medications, one (1) of whom shall be a licensed nurse or a pharmacist; and II/III

2. A record of medication destroyed shall be maintained and shall include the resident's name, date, medication name and strength, quantity, prescription number, and signatures of the individuals destroying the medications; and II/III

(G) A record of medication released or returned to the pharmacy shall be maintained and shall include the resident's name, date, medication name and strength, quantity, prescription number, and signatures of the individuals releasing and receiving the medications. III

(61) Residents shall be encouraged to be active and to participate in activities. In a residential care facility licensed for more than twelve (12) residents, a method for informing the residents in advance of what activities are available, where they will be held and at what times they will be held shall be developed, maintained and used. II/III

(62) The facility shall maintain a record in the facility for each resident which shall include the following:

(A) Admission information including the resident's name; admission date; confidentiality number; previous address; birth date; sex; marital status; Social Security number; Medicare and Medicaid numbers (if applicable); name, address and telephone number of the resident's physician and alternate; diagnosis; name, address and telephone number of the resident's legally authorized representative or designee to be notified in case of emergency; and preferred dentist, pharmacist and funeral director; III

(B) A review monthly or more frequently, if indicated, of the resident's general condition and needs; a monthly review of medication consumption of any resident controlling his or her own medication, noting if prescription medications are being used in appropriate quantities; a daily record of administration of medication; a logging of the medication regimen review process; a monthly weight; a record of each referral of a resident for services from an outside service; and a record of any resident incidents including behaviors that present a reasonable likelihood of serious harm to himself or herself or others and accidents that potentially could result in injury or did result in injuries involving the resident; and III

(C) Any Physician's Orders. Except as allowed by section (52) of this rule, the facility shall submit to the physician written versions of any oral or telephone orders within four (4) days of the giving of the oral or telephone order. III

(63) A record of the daily resident census shall be retained in the facility. III

(64) Resident records shall be maintained by the operator for at least five (5) years after a resident leaves the facility or after the resident reaches the age of twenty-one (21), whichever is longer and must include reason for discharge

or transfer from the facility and cause of death, if applicable. III

AUTHORITY: sections 198.005 and 198.006, RSMo Supp. 2006 and 198.076, RSMo 2000. This rule originally filed as 13 CSR 15-15.042. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed March 14, 1985, effective June 13, 1985. Amended: Filed May 13, 1987, effective Aug. 13, 1987. Amended: Filed April 17, 1990, effective June 30, 1990. Amended: Filed Feb. 13, 1998, effective Sept. 30, 1998. Moved to 19 CSR 30-86.042, effective Aug. 28, 2001. Emergency amendment filed Sept. 12, 2003, effective Sept. 22, 2003, expired March 19, 2004. Amended: Filed Sept. 12, 2003, effective Feb. 29, 2004. Amended: Filed Aug. 23, 2006, effective April 30, 2007.*

**Original authority: 198.005, RSMo 2006; 198.006, RSMo 1979, amended 1984, 1987, 2003, 2006; and 198.076, RSMo 1979, amended 1984.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 86—Residential Care Facilities and Assisted Living Facilities

19 CSR 30-86.043 Administrative, Personnel and Resident Care Requirements for Facilities Licensed as a Residential Care Facility II on August 27, 2006 that Will Comply with Residential Care Facility II Standards

PURPOSE: This rule establishes requirements for administration, personnel and resident care requirements for facilities licensed pursuant to section 198.005, RSMo that continue to comply with residential care facilities (RCF) II standards in effect on August 27, 2006.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either Class I, II, or III) of standard as designated in section 198.085.1., RSMo.

(1) This rule contains the administrative, personnel and resident care standards in effect on August 27, 2006 for residential care facility IIs (formerly published at 19 CSR 30-86.042 (effective 12/31/05)). These standards apply to facilities that were licensed as residential care facility IIs on August 27, 2006 and that choose to be inspected under these standards rather than the standards published at 19 CSR 30-86.047.

(2) A person shall be designated to be an administrator who is currently licensed as an administrator by the Missouri Board of Nursing Home Administrators, in accordance with Chapter 344, RSMo. II

(3) By January 1, 1991, the administrator of a facility shall have successfully completed the state approved Level I Medication Aide course unless s/he is a physician, pharmacist, licensed nurse or a certified medication technician, or if the facility is operating in conjunction with a skilled nursing facility or intermediate care facility on the same premises, or if the facility employs on a full-time basis, a licensed nurse who is available seven (7) days per week. II/III

(4) The operator shall be responsible to assure compliance with all applicable laws and regulations. The administrator shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator's responsibilities shall include oversight of residents to assure that they receive appropriate care. II/III

(5) The administrator shall devote sufficient time and attention to the management of the facility as is necessary for the health, safety and welfare of the residents. II

(6) The administrator cannot be listed or function in more than one (1) facility at the same time unless s/he serves no more than four (4) facilities which are within a thirty (30)-mile radius and licensed to serve in total no more than one hundred (100) residents. However, one (1) administrator may serve as the administrator of more than one (1) licensed facility if all facilities are on the same premises. II/III

(7) The administrator shall designate, in writing, a staff person in charge in his/her absence. If the administrator is absent for more than thirty (30) consecutive days, during which time s/he is not readily accessible for consultation by telephone with the person in charge or if the administrator is absent from the facility for more than sixty (60) working days during the course of a calendar year the person designated to be in charge shall be an administrator currently licensed by the Missouri Board of Nursing Home Administrators, in accordance with Chapter 344, RSMo. II/III

(8) The facility shall not care for more residents than the number for which the facility is licensed. II/III

(9) The facility's current license shall be posted in a conspicuous place and notices provided to the facility by the Department of Health and Senior Services (the department) granting exception(s) to regulatory requirements shall be posted alongside of the facility's license. III

(10) All personnel responsible for resident care shall have access to the legal name of each resident, name and telephone number of physician and next of kin or responsible party in the event of emergency. II/III

(11) All persons who have any contact with the residents in the facility shall not knowingly act or omit any duty in a manner which would materially and adversely affect the health, safety, welfare, or property of residents. No person who is listed on the Employee Disqualification List (EDL) maintained by the department as required by section 198.070, RSMo, shall work or volunteer in the facility in any capacity whether or not employed by the operator. For the purpose of this rule, a volunteer is an unpaid individual formally recognized by the facility as providing a direct care service to residents. The facility is required to check the EDL for individuals who volunteer to perform a service for which the facility might otherwise have to hire an employee. The facility is not required to check the EDL for individuals or groups such as scout groups, bingo leaders, or sing-along leaders. The facility is not required to check the EDL for an individual such as a priest, minister, or rabbi visiting a resident who is a member of the individual's congregation. However, if the minister, priest, or rabbi serves as a volunteer facility chaplain, the facility is required to check the EDL since the individual would have potential contact with all residents. I/II

(12) Prior to allowing any person who has been hired in a full-time, part-time, or temporary position to have contact with any resident, the facility shall, or in the case of temporary employees hired through or contracted for an employment agency, the employment agency shall, prior to sending a temporary employee to a facility:

(A) Request a criminal background check for the person, as provided in section 660.317, RSMo. Each facility shall maintain documents verifying that the background checks were requested, the date of each such request, and the nature of the response received for each such request. II

1. The facility shall ensure that any person hired or retained to have contact with any resident who discloses that he or she has been convicted of, found guilty of, pled guilty to, or pled *nolo contendere* to a crime, in this state or any other state, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo, or any violation of section 198.070.3., RSMo, or section 568.020, RSMo, shall not be retained in such a position. I/II

2. Upon receipt of the criminal background check, the facility shall ensure that if the criminal background check indicates that the person hired or retained by the facility has been convicted of, found guilty of, pled guilty to, or pled *nolo contendere* to a crime, in this state or any other state, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo, or any violation of section 198.070.3., RSMo, or section 568.020, RSMo, the person shall not have contact with any resident unless and until the facility obtains verification from the department that a good cause waiver has been granted for each qualifying offense and maintains a copy of the verification in the individual's personnel file; I/II

(B) Make an inquiry to the department, as provided in section 660.315, RSMo, as to whether the person is listed on the EDL. Each facility shall maintain documents verifying that the EDL checks were requested, the date of each such request, and the nature of the response received for each such request. The inquiry may be made through the department's website; II/III

(C) For persons for whom the facility has contracted for professional services (e.g., plumbing or air conditioning repair) that will have contact with any resident, the facility shall either require a criminal background check or ensure that the individual is sufficiently monitored by facility staff while in the facility to reasonably ensure the safety of all residents; and I/II

(D) If the person has registered with the department's Family Care Safety Registry (FCSR), the facility may utilize the FCSR in order to meet the requirements of subsections (12)(A) and (12)(B) of this rule. The FCSR is available through the department's website.

(13) The facility must develop and implement written policies and procedures which require that persons hired for any position which is to have contact with any patient or resident have been informed of their responsibility to disclose their prior criminal history to the facility as required by section 660.317.5, RSMo. The facility must also develop and implement policies and procedures which ensure that the facility does not knowingly hire, after August 28, 1997, any person who has or may have contact with a patient or resident, who has been convicted of, plead guilty or *nolo contendere* to, in this state or any other state, or has been found guilty of any Class A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo. II/III

(14) All persons who have or may have contact with residents shall at all times when on duty or delivering services wear an identification badge. The badge shall give their name, title and, if applicable, the status of their license or certification as any kind of health care professional. This rule shall apply to all personnel who provide services to any resident directly or indirectly. III

(15) All personnel shall be able physically and emotionally to work in a long-term care facility. I/II

(16) Personnel who have been diagnosed with a communicable disease may begin work or return to duty only with written approval by a physician or physician's designee which indicates any limitations. II

(17) The administrator shall be responsible for monitoring the health of the employees. II/III

(18) Prior to or on the first day that a new employee works in the facility s/he shall receive orientation of at least one (1) hour appropriate to his/her job function. This shall include, at a minimum, job responsibilities, how to handle emergency situations, the importance of infection control and handwashing, confidentiality of resident information, preservation of resident dignity, how to report abuse/neglect to the department (1-800-392-0210), information regarding the Employee Disqualification List and instruction regarding the rights of residents and protection of property. II/III

(19) The administrator shall maintain on the premises an individual personnel record on each employee of the facility which shall include: the employee's name and address; Social Security number; date of birth; date of employment; experience and education including documentation of specialized training on medication and/or insulin administration, or both; references, if available; the results of background checks required by section 660.317, RSMo; position in the facility; written statement signed by a licensed physician or physician's designee indicating the person can work in a long-term care facility and indicating any limitations; record that the employee was instructed on residents' rights, facility's policies, job duties and any other orientation and reason for termination. Personnel records shall be maintained for at least one (1) year following termination of employment. III

(20) There shall be written documentation maintained in the facility showing actual hours worked by each employee. III

(21) No one individual shall be on duty with responsibility for oversight of residents longer than eighteen (18) hours per day. I/II

(22) Employees who are counted in meeting the minimum staffing ratio and employees who provide direct care to the residents shall be at least sixteen (16) years of age. III

(23) One (1) employee at least eighteen (18) years of age shall be on duty at all times. I/II

(24) Staffing.

(A) The facility shall have an adequate number and type of personnel for the proper care of residents and upkeep of the facility. At a minimum, the staffing pattern for fire safety and care of residents shall be one (1) staff person for every fifteen (15) residents or major fraction of fifteen (15) during the day shift, one (1) person for every twenty (20) residents or major fraction of twenty (20) during the evening shift and one (1) person for every twenty-five (25) residents or major fraction of twenty-five (25) during the night shift. I/II

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)*	1	3–15
3 p.m. to 9 p.m. (Evening)*	1	3–20
9 p.m. to 7 a.m. (Night)*	1	3–25

*If the shift hours vary from those indicated, the hours of the shifts shall show on the work schedules of the facility and shall not be less than six (6) hours. III

(B) The required staff shall be in the facility awake, dressed and prepared to assist residents in case of emergency. I/II

(C) In a facility of more than one hundred (100) residents, the administrator shall not be counted when determining the personnel required. II

(D) If the facility is operated in conjunction with and is immediately adjacent to and contiguous to another licensed long-term care facility and if the resident bedrooms of the facility are on the same floor as at least a portion of a licensed intermediate care or skilled nursing facility; there is an approved call system in each resident's bedroom and bathroom or a patient-controlled call system; and there is a complete fire alarm system in the facility tied into the complete fire alarm system in the other licensed facility, then the following minimum staffing for oversight and care of residents, for upkeep of the facility and for fire safety shall be one (1) staff person for every eighteen (18) residents or major fraction of residents during the day shift, one (1) person for every twenty-five (25) residents or major fraction of residents during the evening shift and one (1) person for every thirty (30) residents or major fraction of residents during the night shift. I/II

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)*	1	3–18
3 p.m. to 9 p.m. (Evening)*	1	3–25
9 p.m. to 7 a.m. (Night)*	1	3–30

*If the shift hours vary from those indicated, the hours of the shifts shall show on the work schedules of the facility and shall not be less than six (6) hours. III

(E) There shall be a licensed nurse employed by the facility to work at least eight (8) hours per week at the facility for every thirty (30) residents or additional major fraction of thirty (30). The nurse's duties shall include, but shall not be limited to, review of residents' charts, medications and special diets or other orders, review of each resident's adjustment to the facility and observation of each individual resident's general physical and mental condition. The nurse shall inform the administrator of any problems noted and these shall be brought to the attention of the resident's physician. II/III

(25) All residents shall be physically and mentally capable of negotiating a normal path to safety unassisted or with the use of assistive devices. I/II

(26) Residents suffering from short periods of incapacity due to illness, injury or recuperation from surgery may be allowed to remain or be readmitted from a hospital if the period of incapacity does not exceed forty-five (45) days and written approval of a physician is obtained for the resident to remain in or be readmitted to the facility. II/III

(27) The facility shall not admit or continue to care for residents whose needs cannot be met. If necessary services cannot be obtained in or by the facility, the resident shall be promptly referred to appropriate outside resources or transferred to a facility providing the appropriate level of care. I/II

(28) In the event a resident is transferred from the facility, a report of the resident's current medical status shall accompany him/her. III

(29) Residents admitted to a facility on referral by the Department of Mental Health shall have an individual treatment plan or individual habilitation plan on file prepared by the Department of Mental Health, updated annually. III

(30) Residents under sixteen (16) years of age shall not be admitted. III

(31) Placement of residents in the building shall be determined by their abilities. Those residents who require the use of a walker or who are blind shall be housed on a floor which has direct exits at grade, a ramp or no more than two (2) steps to grade with a handrail. Those residents who use a wheelchair shall be able to demonstrate the ability to transfer to and from the wheelchair unassisted. They shall be housed near an exit and there shall be a direct exit at grade or a ramp. II

(32) Residents admitted or readmitted to the facility shall have an admission physical examination by a licensed physician. Documentation should be obtained prior to admission but shall be on file not later than ten (10) days after admission and shall contain information regarding the resident's current medical status and any special orders or procedures which should be followed. If the resident is admitted directly from a hospital or another long-term care facility and is accompanied on admission by a report which reflects his/her current medical status, an admission physical will not be required. II/III

(33) If at any time a resident or prospective resident is diagnosed with a communicable disease, the department shall be notified within seven (7) days and if the facility can meet the resident's needs, the resident may be admitted or does not need to be transferred. Appropriate infection control procedures shall be followed if the resident remains in or is accepted by the facility . I/II

(34) Protective oversight shall be provided twenty-four (24) hours a day. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II

(35) Residents shall receive proper care to meet their needs. Physician orders shall be followed. I/II

(36) In case of serious illness, accident or death, appropriate action shall be taken and the person designated in the resident's record as the responsible party and, if applicable, the guardian shall be immediately notified. II/III

(37) Every resident shall be clean, dry and free of offensive body and mouth odor. I/II

(38) Except in the case of emergency, the resident shall not be inhibited by chemical and/or physical restraints that would limit self-care or ability to negotiate a path to safety unassisted or with assistive devices. I/II

(39) A supply of clean linen shall be available in the facility and provided to residents to meet their daily needs. II/III

(40) Beds shall be made daily and linen changed at least weekly or more often if needed to maintain a clean, dry bed. II/III

(41) The resident's unit shall be thoroughly cleaned and disinfected following a resident's death, discharge or transfer. II/III

(42) Commodes and urinals, if used, shall be kept at the bedside of the residents. They shall not be left open and the container shall be emptied promptly and thoroughly cleaned after each use. III

(43) Cuspidors shall be emptied and cleaned daily or disposable cartons shall be provided daily. III

(44) Self-control of prescription medication by a resident may be allowed only if approved in writing by the resident's physician and allowed by facility policy. If a resident is not taking any prescription medication, the resident may be permitted to control the storage and use of nonprescription medication unless there is a physician's written order or facility policy to the contrary. If not permitted, all medications for that resident, including over-the-counter medications, shall be controlled by the administrator unless the physician specifies otherwise. II/III

(45) Written approval for self-control of prescription medication shall be rewritten as needed but at least annually and after any period of hospitalization. III

(46) All medication shall be safely stored at proper temperature and shall be kept in a secured location behind at least one (1) locked door or cabinet. If access is controlled by the resident, a secured location shall mean in a locked container, a locked drawer in a bedside table or dresser or in a resident's private room if locked in his/her absence, although this does not preclude access by a responsible employee of the facility. II/III

(47) All prescription medications shall be supplied as individual prescriptions. All medications, including over-the-counter medications shall be packaged and labeled in accordance with applicable professional pharmacy standards, state and federal drug laws and regulations and the *United States Pharmacopeia (USP)*. Labeling shall include accessory and cautionary instructions as well as the expiration date, when applicable, and the name of the medication as specified in the physician's order. Over-the-counter medications for individual residents shall be labeled with at least the resident's name. II/III

(48) Injections shall be administered only by a physician or licensed nurse, except that residents who require insulin, upon written order of their physician, may administer their own insulin or the insulin may be administered by a person trained to do so by a licensed nurse or physician and the resident's condition shall be monitored by his/her physician. After December 31, 1990, unless insulin is self-administered or it is administered only by a physician or licensed nurse, it shall be administered by a certified medication technician or a level I medication aide who has successfully completed the state-approved course for insulin administration, taught by an approved instructor and who was recommended for training by an administrator or nurse with whom he or she works. Anyone trained prior to December 31, 1990, who completed the state-approved insulin administration course taught by an approved instructor shall be considered qualified to administer insulin in a facility. Anyone trained prior to December 31, 1990, to administer insulin by a licensed nurse or physician not using the state-approved course may qualify by challenging the final examination of the insulin administration course. I/II

(49) The administrator shall develop and implement a safe and effective system of medication control and use which assures that all residents' medications are administered or distributed by personnel at least eighteen (18) years of age, in accordance with physicians' instructions using acceptable nursing techniques. Until January 1, 1991, those facilities administering medications shall utilize personnel trained in medication administration (a licensed nurse, certified medication technician or level I medication aide) and shall employ a licensed nurse eight (8) hours per week for every thirty (30) residents to monitor each resident's condition. Distribution shall mean delivering to a resident his/her prescription medication either in the original pharmacy container, or for internal medication, removing an individual dose from the pharmacy container and placing it in a small container or liquid medium for the resident to remove from the container and self-administer. External prescription medication may be applied by facility personnel if the resident is unable to do so and the resident's physician so authorizes. After December 31, 1990, all persons who administer or distribute medication shall be trained in medication administration and, if not a physician or a licensed nurse, shall be a certified medication technician or level I medication aide. I/II

(50) Medication Orders.

(A) Physician's instructions, as evidenced by the prescription label or by signed order of a physician, shall be accurately followed. If the physician changes the order which is designated on a prescription label, there shall be on file in the resident's record a signed physician's order to that effect with the amended instructions for use or until the prescription label is changed by the pharmacy to reflect the new order. II/III

(B) Physician's written and signed orders are not required, but if it is the facility's or physician's policy to use the orders, they shall include: name of medication, dosage and frequency of administration and the orders shall be renewed at least every three (3) months. II/III

(C) Verbal and telephone orders shall be taken only by a licensed nurse, medication technician, level I medication aide or pharmacist and shall be immediately reduced to writing and signed by that individual. If a telephone order is given to a medication technician or level I medication aide, an initial dosage of a new prescription shall not be initiated until the order has been reviewed by telephone or in person by a licensed nurse or pharmacist. II

(D) The review shall be documented by the nurse's or pharmacist's signature within seven (7) days. III

(E) The physician shall sign all verbal and telephone orders within seven (7) days. III

(F) The administration or distribution of medication shall be recorded on a medication sheet or directly in the resident's record and, if recorded on a medication sheet, shall be made part of the resident's record. The administration or distribution shall be recorded by the same person who prepares the medication and who distributes or administers it. II/III

(51) A stock supply of prescription medication may be kept in the facility. An emergency drug supply as recommended by a pharmacist or physician may be kept if approved by the department. Storage and use of medications in the emergency drug supply shall assure accountability. II/III

(52) Stock supplies of nonprescription medication may be kept for *pro re nata* (PRN) use in facilities as long as the particular medications are approved in writing by a consulting physician, a registered nurse or a pharmacist. II/III

(53) All controlled substances shall be handled according to state laws and regulations as given in and required by 19 CSR 30-1 and Chapter 195, RSMo. II/III

(54) A pharmacist or registered nurse shall review the drug regimen of each resident. This shall be done at least every other month in a facility. The review shall be performed in the facility and shall include, but shall not be limited to, possible drug and food interactions, contraindications, adverse reactions and a review of the medication system utilized by the facility. Irregularities and concerns shall be reported in writing to the resident's physician and to the administrator. If after thirty (30) days, there is no action taken by a resident's physician and significant concerns continue regarding a resident's or residents' medication order(s), the administrator shall contact or recontact the physician to determine if he or she received the information and if there are any new instructions. II/III

(55) Medications controlled by the facility shall be disposed of either by destroying, returning to the pharmacy or sending with residents on discharge. The following shall be destroyed within the facility within ninety (90) days: discontinued medication not returnable to the pharmacy, all discontinued controlled substances, outdated or deteriorated medication, medication of expired residents not returnable to the pharmacy and medications not sent with the resident on discharge. II/III

(56) Disposition of medication controlled by the facility shall be recorded listing the resident's name, the date and the name, strength and quantity of the drug and the signature(s) of the person(s) involved. Medication destruction shall involve two (2) persons, one (1) of whom shall be a pharmacist, a nurse or a state inspector. III

(57) Residents shall be encouraged to be active and to participate in activities. In a facility licensed for more than twelve (12) residents, a method for informing the residents in advance of what activities are available, where they will be held and at what times they will be held shall be developed, maintained and used. II/III

(58) A record shall be maintained in the facility for each resident which shall include:

(A) Admission information including the resident's name; admission date; confidentiality number; previous address; birth date; sex; marital status; Social Security number; Medicare and Medicaid number; name, address and telephone number of physician and alternate; name, address and telephone number of resident's next of kin, legal guardian, designee or person to be notified in case of emergency; and preferred dentist, pharmacist and funeral director; and III

(B) A resident's record, including a review monthly or more frequently, if indicated, of the resident's general condition and needs; a monthly review of medication consumption of any resident controlling his/her own medication, noting if prescription medications are being used in appropriate quantities; a daily record of distribution or administration of medication; any physician's orders; a logging of the drug regimen review process; a monthly weight; a record of each referral of a resident for services from an outside service; and a record of any patient incidents and accidents involving the resident. III

(59) A record of the resident census as well as records regarding discharge, transfer or death of residents shall be kept in the facility. III

(60) Resident records shall be maintained by the operator for at least five (5) years after the resident leaves the facility or after the resident reaches the age of twenty-one (21), whichever is longer. III

*AUTHORITY: sections 198.073 and 198.076, RSMo Supp. 2011. *Original rule filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 1, 2012.*

**Original authority: 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006, 2007 and RSMo 1979, amended 1984, 2007.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 86—Residential Care Facilities and Assisted Living Facilities

19 CSR 30-86.052 Dietary Requirements for Residential Care Facilities and Assisted Living Facilities

PURPOSE: This rule establishes standards for meeting dietary needs of residents in residential care facilities I and II.

Editor's Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 1986.

(1) Each resident shall be served food prepared and served under safe, sanitary conditions that is prepared consistent with the preferences of the resident and in accordance with attending physician's orders. The nutritional needs of the residents shall be met. Balanced nutritious meals using a variety of foods shall be served. Consideration shall be given to the food habits, preferences, medical needs and physical abilities of the residents. II/III

(2) Each resident shall receive and the facility shall provide at least three (3) meals daily, at regular times comparable to normal mealtimes in the community. At least two (2) meals daily shall be hot. II/III

(3) There shall be no more than fourteen (14) hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is provided at bedtime. Up to sixteen (16) hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served. III

(4) Fresh water shall be available to the resident at all times. II/III

(5) Dining room service for residents shall be attractive and each resident shall receive appropriate table service. III

(6) Menus shall be planned in advance and shall be readily available for personnel involved in food purchase and preparation. Food shall be served as planned although substitutes of equal nutritional value and complementary to the remainder of the meal can be made if recorded. III

(7) A three (3)-day supply of food shall be maintained in the facility. III

(8) If a physician prescribes in writing a modified diet for a resident, the resident may be accepted or remain in the facility if—

(A) The physician monitors the resident's condition on a regular periodic basis and at least quarterly; II

(B) The diet, food preparation and serving is reviewed at least quarterly by a consulting nutritionist, dietitian, registered nurse or physician and there is written documentation of the review; II/III

(C) The modified diet menu is posted in the kitchen and includes portions to be served; III and

(D) The facility has entered into a written agreement for dietary consultation with a nutritionist, dietitian registered nurse or physician. III

(9) Nothing in this rule shall be construed as taking precedence over the resident's right to make decisions regarding his or her eating and dining preferences.

(A) In assisted living facilities, information about the resident's eating and dining preferences shall be incorporated in his or her individualized service plan based on an assessment that includes the resident's culture, life-long routines, habits, patterns and preferences. III

(B) In assisted living facilities, if the resident's eating and dining preferences have a potential health risk, staff shall inform the resident or his or her legally authorized representative of the potential health risks and document this in his or her individualized service plan. III

AUTHORITY: sections 198.076, RSMo 2000 and 198.005 and 198.073, RSMo Supp. 2006. This rule originally filed as 13 CSR 15-15.052. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Moved to 19 CSR 30-86.052, effective Aug. 28, 2001. Amended: Aug. 23, 2006, effective April 30, 2007.*

**Original authority: 198.005, RSMo 2006; 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006; and 198.076, RSMo 1979, amended 1984.*

Rules of
Department of Health and Senior Services
Division 30-Division of Regulation and Licensure
Chapter 86-Residential Care Facilities and Assisted Living Facilities

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Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 86—Residential Care Facilities and Assisted Living Facilities

19 CSR 30-86.012 Construction Standards for Assisted Living Facilities and Residential Care Facilities

PURPOSE: This rule establishes construction standards for Residential Care Facilities and Assisted Living Facilities.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 2000.

(1) These standards apply to assisted living facilities and residential care facilities as indicated in the rule.

(2) A facility shall submit a copy of plans of proposed new construction, additions to or major remodeling of an existing facility to the Section for Long Term Care of the Department of Health and Senior Services (hereinafter—the department). If the facility is to be licensed for more than nine (9) residents, a registered architect or registered professional engineer shall prepare the plans and specifications for new construction or additions to an existing facility in conformance with Chapter 327, RSMo. III

(3) Construction of facilities shall begin only after the plans and specifications have received the written approval of the department. Facilities shall then be built in conformance with the approved plans and specifications. The facility shall notify the department when construction begins. If construction of the project is not started within one (1) year after the date of approval of the plans and specifications and completed within a period of three (3) years, the facility shall resubmit plans to the department for its approval and shall amend them, if necessary, to comply with the then current rules before construction work is started or continued. III

(4) If the facility employs more than fifteen (15) people, it shall conform with section 504 of the Rehabilitation Act of 1973. Any facility that houses handicapped residents shall have the first floor rooms and living areas designed to be accessible to these residents. III

(5) Facilities shall not house residents on a level where the outside grade line is more than three feet (3') above the floor level on the window side of the room. II

(6) Facilities whose plans were approved after December 31, 1987, shall provide a minimum of seventy (70) square feet per resident in private and multiple occupancy bedrooms. This square footage calculation shall include the floor space used for closets and built-in furniture and equipment if these are for resident use and the closet space does not exceed five (5) square feet per resident. Private bedrooms in existing facilities that are required to comply with the requirements of 19 CSR 30-86.043 or 19 CSR 30-86.047, and multiple occupancy bedrooms in facilities licensed between November 13, 1980 and December 31, 1987, shall have a minimum of sixty (60) square feet of floor space per resident. II

(7) Ceilings in bedrooms shall be a minimum of seven feet (7') in height or if a room with sloping ceiling is used, only the area where the ceiling height is at least seven feet (7') can be used to meet the required minimum square footage per resident. II

(8) Facilities shall provide bedrooms with at least one (1) functional outside window with screen. Window size shall be not less than one-twentieth (1/20) or five percent (5%) of the required floor area. II

(9) Facilities shall provide resident rooms with a full nonlouvered door that swings into the room. Facilities formerly licensed as residential care facilities II and existing prior to November 13, 1980, are exempt from this requirement. II

(10) Facilities shall permit no more than four (4) beds per bedroom, regardless of the room size. Facilities formerly licensed as residential care facilities II and existing prior to November 13, 1980, are exempt from this requirement. II

(11) One (1) tub or shower bath shall be provided for each twenty (20) residents or major fraction of twenty (20). Facilities exceeding twenty (20) residents shall have separate bathing facilities for each sex. II

(12) One (1) toilet and lavatory shall be provided for each six (6) residents or major fraction of six (6). Facilities formerly licensed as residential care facilities II and in operation or whose plans were approved prior to November 13, 1980 are required to provide one (1) toilet for each ten (10) beds or major fraction of ten (10) and one (1) lavatory for every fifteen (15) residents or major fraction of fifteen (15). II

(13) Separate toilet rooms shall be provided for each sex if common rooms with multi-stalls and stools are provided. II

(14) Bath and toilet facilities shall be conveniently located so that residents can reach them without passing through the kitchen, another bedroom, or auxiliary service areas.

Facilities formerly licensed as residential care facilities II and in operation or whose plans were approved prior to November 13, 1980 are exempt from this requirement. III

(15) Bath and toilet facilities shall be ventilated. III

(16) Facilities whose plans were approved or were initially licensed after December 31, 1987, shall have a community living and dining area separate from resident bedrooms with at least twenty-five (25) square feet per resident. The community living and dining area may be combined with footage required for another long-term care facility when the facility is on the same premises as another licensed facility. Facilities that are required to comply with the requirements of 19 CSR 30-86.043 licensed prior to November 13, 1980, must have a living room area but they are exempt from minimum size requirements. Facilities licensed between November 13, 1980 and December 31, 1987, shall have a community living area with twenty (20) square feet per resident for the first twenty (20) residents and an additional fifteen (15) square feet per resident over a census of twenty (20). II

(17) Facilities shall provide the following in the dietary area: a kitchen, dishwashing, refrigeration, and garbage disposal facilities. The facility shall arrange the kitchen and equipment to efficiently and sanitarily enable the storage, preparation, cooking and serving of food and drink to residents. II

(18) Residential care facilities and assisted living facilities shall provide a designated attendant's working area which includes: a storage space for records; locked storage space for medications; a handwashing sink with hot and cold running water, a soap dispenser and paper towels; and a telephone conveniently located to the area. Facilities licensed for twelve (12) or fewer residents are exempt from a separate working area. III

(19) Facilities shall have a laundry area in a separate room for storing, sorting, washing, drying and distributing linen and personal clothing. Laundry facilities of a licensed long-term care facility located on the same premises may be used. Facilities licensed for twelve (12) or fewer residents will be exempt from having a separate room for laundry but the laundry room shall be separate from the kitchen and shall not be located in a room used by residents. III

(20) All newly licensed facilities shall be of sturdy construction with permanent foundations. III

(21) In buildings built prior to September 28, 1979, corridors shall have a minimum width of thirty-six inches (36"). First-floor resident room doors shall be a minimum of thirty-two inches (32") wide. Resident room doors of these buildings on the second floor and above shall be a minimum of thirty inches (30") wide. II/III

(22) In newly licensed buildings constructed on or after September 28, 1979, all resident room doors shall be a minimum of thirty-two inches (32") wide on all floors. Corridors shall be a minimum of forty-eight inches (48") wide and interior stairs shall be at least thirty-six inches (36") wide. II/III

(23) Exit doors in newly licensed facilities shall be at least thirty-six inches (36") wide, at least seventy-two inches (72") high and shall swing outward. II/III

(24) Residential care facilities that accept deaf residents, shall have appropriate assistive devices to enable each deaf person to negotiate a path to safety, including, but not limited to, visual or tactile alarm systems. II/III

(25) Residential care facilities and facilities formerly licensed as residential care facilities II whose plans were initially approved between December 31, 1987 and December 31, 1998, shall have at least one (1) hydraulic or electric motor-driven elevator if there are more than twenty (20) residents with bedrooms above the first floor. The elevator installation(s) shall comply with all local and state codes, American Society for Mechanical Engineers (ASME) A17.1, *Safety Code for Elevators, Dumbwaiters, and Escalators*, and the National Fire Protection Association's applicable codes. All facilities with plans approved on or after January 1, 1999, shall comply with all local and state codes, ASME A17.1, 1993 *Safety Code for Elevators and Escalators*, and the 1996 *National Electrical Code.* These references are incorporated by reference in this rule and available at: American Society for Mechanical Engineers, Three Park Avenue, New York, NY 10016-5990; and The American National Standards Institute, 11 West 42nd Street, 13th Floor, New York, NY 10036. This rule does not incorporate any additional amendments or additions. II

(26) Facilities whose plans were approved or which were initially licensed after December 31, 1987, shall provide an air-conditioning system, or individual room air-conditioning units, capable of maintaining resident-use areas at eighty-five degrees Fahrenheit (85°F) (29.4°C) at the summer design temperature. II

(27) Home-Like Requirements with Respect to Construction Standards.

(A) Any assisted living facility formerly licensed as a residential care facility shall be more home-like than institutional with respect to construction and physical plant standards. II

(B) Any assisted living facility licensed as a residential care facility II prior to August 28, 2006, shall qualify as being more home-like than institutional with respect to construction and physical plant standards. II

(C) Any assisted living facility that is built or has plans approved on or after August 28, 2006, shall be more home-like than institutional with respect to construction and physical plant standards. II

AUTHORITY: sections 198.073 and 198.076, RSMo Supp. 2007. This rule originally filed as 13 CSR 15-15.012. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12,*

1984, effective Dec. 13, 1984. Amended: Filed May 13, 1987, effective Aug. 13, 1987. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Amended: Filed May 11, 1998, effective Dec. 30, 1998. Moved to 19 CSR 30-86.012, effective Aug. 28, 2001. Amended: Filed Nov. 15, 2004, effective May 30, 2005. Amended: Filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 13, 2008, effective Oct 30, 2008.

*Original authority: 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006, 2007, and 198.076, RSMo 1979, amended 1984, 2007.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 86—Residential Care Facilities and Assisted Living Facilities

19 CSR 30-86.022 Fire Safety and Emergency Preparedness Standards for Residential Care Facilities and Assisted Living Facilities

PURPOSE: This rule establishes fire safety and emergency preparedness standards for residential care facilities and assisted living facilities.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the Department of Health and Senior Services are followed by a Roman Numeral notation which refers to the class (either class I, II, or III) of standard as designated in section 198.085, RSMo 2000.

(1) Definitions. For the purpose of this rule, the following definitions shall apply:

(A) Accessible spaces—shall include all rooms, halls, storage areas, basements, attics, lofts, closets, elevator shafts, enclosed stairways, dumbwaiter shafts, and chutes;

(B) Area of refuge—a space located in or immediately adjacent to a path of travel leading to an exit that is protected from the effects of fire, either by means of separation from other spaces in the same building or its location, permitting a delay in evacuation. An area of refuge may be temporarily used as a staging area that provides some relative safety to its occupants while potential emergencies are assessed, decisions are made, and, if applicable, evacuation has begun;

(C) Major renovation—shall include the following:

1. Addition of any room(s), accessible by residents, that either exceeds fifty percent (50%) of the total square footage of the facility or exceeds four thousand five hundred (4,500) square feet;

2. Repairs, remodeling, or renovations that involve structural changes to more than fifty percent (50%) of the building;

3. Repairs, remodeling, or renovations that involve structural changes to more than four thousand five hundred (4,500) square feet of a smoke section; or

4. If the addition is separated by two- (2-) hour fire-resistant construction, only the addition portion shall meet the requirements for NFPA 13, 1999 edition, sprinkler system, unless the facility is otherwise required to meet NFPA 13, 1999 edition;

(D) Fire-resistant construction—type of construction in residential care and assisted living facilities in which bearing walls, columns, and floors are of noncombustible material in accordance with NFPA 101, 2000 edition. All load-bearing walls, floors, and roofs shall have a minimum of a one- (1-) hour fire-resistant rating; and

(E) Concealed spaces—shall include areas within the building that cannot be occupied or used for storage.

(2) General Requirements.

(A) All National Fire Protection Association (NFPA) codes and standards cited in this rule: NFPA 10, *Standard for Portable Fire Extinguishers*, 1998 edition; NFPA 13R, *Installation of Sprinkler Systems*, 1996 edition; NFPA 13, *Installation of Sprinkler Systems*, 1976 edition; NFPA 13 or NFPA 13R, *Standard for the Installation of Sprinkler Systems in Residential Occupancies Up to and Including Four Stories in Height*, 1999 edition; NFPA 13, *Standard for the Installation of Sprinkler Systems*, 1999 edition; NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*, 1998 edition; NFPA 101, *The Life Safety Code*, 2000 edition; NFPA 72, *National Fire Alarm Code*, 1999 edition; NFPA 72A, *Local Protective Signaling Systems*, 1975 edition; NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, 1998 edition; and NFPA 101A, *Guide to Alternative Approaches to Life Safety*, 2001 edition, with regard to the minimum fire safety standards for residential care facilities and assisted living facilities are incorporated by reference in this rule and available for purchase from the National Fire Protection Agency, 1 Batterymarch Park, Quincy, MA 02269-9101; www.nfpa.org; by telephone at (617) 770-3000 or 1-800-344-3555. This rule does not incorporate any subsequent amendments or additions to the materials listed above. This rule does not prohibit facilities from complying with the standards set forth in newer editions of the incorporated by reference material listed in this subsection of this rule, if approved by the department.

(B) Facilities that were complying prior to the effective date of this rule with prior editions of the NFPA provisions referenced in this rule shall be permitted to continue to comply with the earlier editions, as long as there is not an imminent danger to the health, safety, or welfare of any resident or a substantial probability that death or serious physical harm would result as determined by the department.

(C) All facilities shall notify the department immediately after the emergency is addressed if there is a fire in the facility or premises and shall submit a complete written fire report to the department within seven (7) days of the fire, regardless of the size of the fire or the loss involved. II/III

(D) The department shall have the right of inspection of any portion of a building in which a licensed facility is located unless the unlicensed portion is separated by two-(2-) hour fire-resistant construction. No section of the building shall present a fire hazard. I/II

(E) Following the discovery of any fire, the facility shall monitor the area and/or the source of the fire for a twenty-four- (24-) hour period. This monitoring shall include, at a minimum, hourly visual checks of the area. These hourly visual checks shall be documented. I/II

(F) The facility shall maintain the exterior premises in a manner as to provide for fire safety. II

(G) Residential care facilities that accept deaf residents shall have appropriate assistive devices to enable each deaf person to negotiate a path to safety, including, but not limited to, visual or tactile alarm systems. II/III

(H) Facilities shall not use space under stairways to store combustible materials. I/II

(3) Fire Extinguishers.

(A) Fire extinguishers shall be provided at a minimum of one (1) per floor, so that there is no more than seventy-five feet (75') travel distance from any point on that floor to an extinguisher. I/II

(B) All new or replacement portable fire extinguishers shall be ABC-rated extinguishers, in accordance with the provisions of NFPA 10, 1998 edition. A K-rated extinguisher or its equivalent shall be used in lieu of an ABC-rated extinguisher in the kitchen cooking areas. II

(C) Fire extinguishers shall have a rating of at least:

1. Ten pounds (10 lbs.), ABC-rated or the equivalent, in or within fifteen feet (15') of hazardous areas as defined in 19 CSR 30-83.010; and

2. Five pounds (5 lbs.), ABC-rated or the equivalent, in other areas. II

(D) All fire extinguishers shall bear the label of the Underwriters' Laboratories (UL) or the Factory Mutual (FM) Laboratories and shall be installed and maintained in accordance with NFPA 10, 1998 edition. This includes the documentation and dating of a monthly pressure check. II/III

(4) Range Hood Extinguishing Systems.

(A) In facilities licensed on or before July 11, 1980, or in any facility with fewer than twenty-one (21) beds, the kitchen shall provide either:

1. An approved automatic range hood extinguishing system properly installed and maintained in accordance with NFPA 96, 1998 edition; or

2. A portable fire extinguisher of at least ten pounds (10 lbs.) ABC-rated, or the equivalent, in the kitchen area in accordance with NFPA 10, 1998 edition. II/III

(B) In licensed facilities with a total of twenty-one (21) or more licensed beds and whose application was filed after July 11, 1980, and prior to October 1, 2000:

1. The kitchen shall be provided with a range hood and an approved automatic range hood extinguishing system unless the facility has an approved sprinkler system. Facilities with range hood systems shall continue to maintain and test these systems; and

2. The extinguishing system shall be installed, tested, and maintained in accordance with NFPA 96, 1998 edition. II/III

(C) The range hood and its extinguishing system shall be certified at least twice annually in accordance with NFPA 96, 1998 edition. II/III

(5) Fire Drills and Emergency Preparedness.

(A) All facilities shall have a written plan to meet potential emergencies or disasters and shall request consultation and assistance annually from a local fire unit for review of fire and evacuation plans. If the consultation cannot be obtained, the facility shall inform the state fire marshal in writing and request assistance in review of the plan. An up-to-date copy of the facility's entire plan shall be provided to the local jurisdiction's emergency management director. II/III

(B) The plan shall include, but is not limited to, the following:

1. A phased response ranging from relocation of residents to an immediate area within the facility; relocation to an area of refuge, if applicable; or to total building evacuation. This phased response part of the plan shall be consistent with the direction of the local fire unit or state fire marshal and appropriate for the fire or emergency;

2. Written instructions for evacuation of each floor including evacuation to areas of refuge, if applicable, and a floor plan showing the location of exits, fire alarm pull stations, fire extinguishers, and any areas of refuge;

3. Evacuating residents, if necessary, from an area of refuge to a point of safety outside the building;

4. The location of any additional water sources on the property such as cisterns, wells, lagoons, ponds, or creeks;

5. Procedures for the safety and comfort of residents evacuated;

6. Staffing assignments;

7. Instructions for staff to call the fire department or other outside emergency services;

8. Instructions for staff to call alternative resource(s) for housing residents, if necessary;

9. Administrative staff responsibilities; and

10. Designation of a staff member to be responsible for accounting for all residents' whereabouts. II/III

(C) The written plan shall be accessible at all times and an evacuation diagram shall be posted on each floor in a conspicuous place so that employees and residents can become familiar with the plan and routes to safety. II/III

(D) A minimum of twelve (12) fire drills shall be conducted annually with at least one (1) every three (3) months on each shift. At least four (4) of the required fire drills must be unannounced to residents and staff, excluding staff who are assigned to evaluate staff and resident response to the fire drill. The fire drills shall include a resident evacuation at least once a year. II/III

(E) The facility shall keep a record of all fire drills. The record shall include the time, date, personnel participating, length of time to complete the fire drill, and a narrative notation of any special problems. III

(F) The fire alarm shall be activated during all fire drills unless the drill is conducted between 9 p.m. and 6 a.m., when a facility-generated predetermined message is acceptable in lieu of the audible and visual components of the fire alarm. II/III

(6) Fire Safety Training Requirements.

(A) The facility shall ensure that fire safety training is provided to all employees:

1. During employee orientation;

2. At least every six (6) months; and

3. When training needs are identified as a result of fire drill evaluations. II/III

(B) The training shall include, but is not limited to, the following:

1. Prevention of fire ignition, detection of fire, and control of fire development;

2. Confinement of the effects of fire;

3. Procedures for moving residents to an area of refuge, if applicable;

4. Use of alarms;

5. Transmission of alarms to the fire department;

6. Response to alarms;

7. Isolation of fire;

8. Evacuation of immediate area and building;

9. Preparation of floors and facility for evacuation; and

10. Use of the evacuation plan as required by section (5) of this rule. II/III

(7) Exits, Stairways, and Fire Escapes.

(A) Each floor of a facility shall have at least two (2) unobstructed exits remote from each other. I/II

1. For a facility whose plans were approved on or before December 31, 1987, or a facility licensed for twenty (20) or fewer beds, one (1) of the required exits from a multi-story facility shall be an outside stairway or an enclosed stairway that is separated by one- (1-) hour rated construction from each floor with an exit leading directly to the outside at grade level. Existing plaster or gypsum board of at least one-half inch (1/2") thickness may be considered equivalent to one- (1-) hour rated construction. The other required exit may be an interior stairway leading through corridors or passageways to outside or to a two- (2-) hour rated horizontal exit as defined by paragraph 3.3.61 of the 2000 edition NFPA 101. Neither of the required exits shall lead through a furnace or boiler room. Neither of the required exits shall be through a resident's bedroom, unless the bedroom door cannot be locked. I/II

2. For a facility whose plans were approved after December 31, 1987, for more than twenty (20) beds, the required exits shall be doors leading directly outside, one- (1-) hour enclosed stairs or outside stairs or a two- (2-) hour rated horizontal exit as defined by paragraph 3.3.61 of 2000 edition NFPA 101. The one- (1-) hour enclosed stairs shall exit directly outside at grade. Access to these shall not be through a resident bedroom or a hazardous area. I/II

3. Only one (1) of the required exits may be a two- (2-) hour rated horizontal exit. I/II

(B) In facilities with plans approved after December 31, 1987, doors to resident use rooms shall not be more than one hundred feet (100') from an exit. In facilities equipped with a complete sprinkler system in accordance with NFPA 13 or NFPA 13R, 1999 edition, the exit distance may be increased to one hundred fifty feet (150'). Dead-end corridors shall not exceed thirty feet (30') in length. II

(C) In residential care facilities and facilities formerly licensed as residential care facilities II, floors housing residents who require the use of a walker, wheelchair, or other assistive devices or aids, or who are blind, must have two (2) accessible exits to grade or such residents must be housed near accessible exits as specified in 19 CSR 30-86.042(33) for residential care facilities and 19 CSR 30-86.043(31) for facilities formerly licensed as residential care facilities II unless otherwise prohibited by 19 CSR 30-86.045 or 19 CSR 30-86.047, facilities equipped with a complete sprinkler system, in accordance with NFPA 13 or NFPA 13R, 1999 edition, with sprinkler coverage in attics, and smoke partitions, as defined by subsection (10)(I) of this rule, may house such residents on floors that do not have accessible exits to grade if each required exit is equipped with an area of refuge as defined and described in subsections (1)(B) and (7)(D) of this rule. I/II

(D) An "area of refuge" shall have—

1. An area separated by one- (1-) hour rated smoke walls, from the remainder of the building. This area must have direct access to the exit stairway or access the stair through a section of the corridor that is separated by smoke walls from the remainder of the building. This area may include no more than two (2) resident rooms;

2. A two- (2-) way communication or intercom system with both visible and audible signals between the area of refuge and the bottom landing of the exit stairway, attendants' work area, or other primary location as designated in the written plan for fire drills and evacuation;

3. Instructions on the use of the area during emergency conditions that are located in the area of refuge and conspicuously posted adjoining the communication or intercom system;

4. A sign at the entrance to the room that states "AREA OF REFUGE IN CASE OF FIRE" and displays the international symbol of accessibility;

5. An entry or exit door that is at least a one and three-fourths inch (1 3/4") solid core wood door or has a fire protection rating of not less than twenty (20) minutes with smoke seals and positive latching hardware. These doors shall not be lockable;

6. A sign conspicuously posted at the bottom of the exit stairway with a diagram showing each location of the areas of refuge;

7. Emergency lighting for the area of refuge; and

8. The total area of the areas of refuge on a floor shall equal at least twenty (20) square feet for each resident who is blind or requires the use of a wheelchair or walker housed on the floor. II

(E) If it is necessary to lock exit doors, the locks shall not require the use of a key, tool, special knowledge, or effort to unlock the door from inside the building. Only one (1) lock shall be permitted on each door. Delayed egress locks complying with section 7.2.1.6.1 of the 2000 edition NFPA 101 shall be permitted, provided that not more than one (1) such device is located in any egress path. Self-locking exit doors shall be equipped with a hold-open device to permit staff to reenter the building during the evacuation. I/II

(F) If it is necessary to lock resident room doors, the locks shall not require the use of a key, tool, special knowledge, or effort to unlock the door from inside the room. Only one (1) lock shall be permitted on each door. Every resident room door shall be designed to allow the door to be opened from the outside during an emergency when locked. The facility shall ensure that facility staff have the means or mechanisms necessary to open resident room doors in case of an emergency. I/II

(G) All stairways and corridors shall be easily negotiable and shall be maintained free of obstructions. II

(H) Outside stairways shall be constructed to support residents during evacuation and shall be continuous to the ground level. Outside stairways shall not be equipped with a counter-balanced device. They shall be protected from or cleared of ice or snow. II/III

(I) Facilities with three (3) or more floors shall comply with the provisions of Chapter 320, RSMo which requires outside stairways to be constructed of iron or steel. II

(J) Fire escapes constructed on or after November 13, 1980, whether interior or exterior, shall be thirty-six inches (36") wide, shall have eight-inch (8") maximum risers, nine-inch (9") minimum tread, no winders, maximum height between landings of twelve feet (12'), minimum dimensions of landings of forty-four inches (44"), landings at each exit door, and handrails on both sides and be of sturdy construction, using at least two-inch (2") lumber. Exit doors to these fire escapes shall be at least thirty-six inches (36") wide and the door shall swing outward. II/III

(K) If a ramp is required to meet residents' needs under 19 CSR 30-86.042, the ramp shall have a maximum slope of one to twelve (1:12) leading to grade. II/III

(8) Exit Signs.

(A) Signs bearing the word EXIT in plain, legible letters shall be placed at each required exit, except at doors directly from rooms to exit passageways or corridors. Letters of all exit signs shall be at least six inches (6") high and principle strokes three-fourths of an inch (3/4") wide, except that letters of internally illuminated exit signs shall not be less than four inches (4") high. II

(B) Directional indicators showing the direction of travel shall be placed in corridors, passageways, or other locations where the direction of travel to reach the nearest exit is not apparent. II/III

(C) All required exit signs and directional indicators shall be positioned so that both normal and emergency lighting illuminates them. II/III

(9) Complete Fire Alarm Systems.

(A) All facilities shall have a complete fire alarm system installed in accordance with NFPA 101, Section 18.3.4, 2000 edition. The complete fire alarm shall automatically transmit to the fire department, dispatching agency, or central monitoring company. The complete fire alarm system shall include visual signals and audible alarms that can be heard throughout the building and a main panel that interconnects all alarm-activating devices and audible signals. Manual pull stations shall be installed at or near each required attendant's station and each required exit. I/II

1. For facilities with a sprinkler system in accordance with NFPA 13, 1999 edition, smoke detectors interconnected to the complete fire alarm system shall be installed in all corridors and spaces open to corridors. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. I/II

A. In facilities licensed prior to November 13, 1980, smoke detectors located every fifty feet (50') will be acceptable if the distance is within the manufacturer's specifications. I/II

2. For facilities with a sprinkler system in accordance with NFPA 13R, 1999 edition, smoke detectors interconnected to the complete fire alarm system shall be installed in all corridors, spaces open to corridors, and in accessible spaces not protected by the sprinkler system, as required by NFPA 72, 1999 edition. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. Smoke detectors shall not be installed in areas where environmental influences may cause nuisance alarms. Such areas include, but are not limited to, kitchens, laundries, bathrooms, mechanical air handling rooms, and attic spaces. In these areas, heat detectors interconnected to the complete fire alarm system shall be installed. Bathrooms not exceeding fifty-five (55) square feet and clothes closets, linen closets, and pantries not exceeding twenty-four (24) square feet are exempt from having any

detection device if the walls and ceilings are surfaced with limited-combustible or noncombustible material as defined in NFPA 101, 2000 edition. Concealed spaces of noncombustible or limited combustible construction are not required to have detection devices. These spaces may have limited access but cannot be occupied or used for storage. I/II

A. In facilities licensed prior to November 13, 1980, smoke detectors located every fifty feet (50') will be acceptable if the distance is within the manufacturer's specifications. I/II

3. For facilities that are not required to have a sprinkler system, smoke detectors interconnected to the complete fire alarm system shall be installed in all accessible spaces, as required by NFPA 72, 1999 edition, within the facility. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. Smoke detectors shall not be installed in areas where environmental influences may cause nuisance alarms. Such areas include, but are not limited to, kitchens, laundries, bathrooms, mechanical air handling rooms, and attic spaces. In these areas, heat detectors interconnected to the fire alarm system shall be installed. Bathrooms not exceeding fifty-five (55) square feet and clothes closets, linen closets, and pantries not exceeding twenty-four (24) square feet are exempt from having any detection device if the walls and ceilings are surfaced with limited-combustible or noncombustible material as defined in NFPA 101, 2000 edition. Concealed spaces of noncombustible or limited-combustible construction are not required to have detection devices. These spaces may have limited access but cannot be occupied or used for storage. I/II

A. In facilities licensed prior to November 13, 1980, smoke detectors located every fifty feet (50') will be acceptable if the distance is within the manufacturer's specifications. I/II

(B) Facilities that are required to install a sprinkler system in accordance with section (11) of this rule shall comply with the following requirements:

1. Until the required sprinkler system is installed, each resident room or any room designated for sleeping shall be equipped with at least one (1) battery-powered smoke alarm installed, tested, and maintained in accordance with manufacturer's specifications. In addition, the facility shall be equipped with interconnected heat detectors installed, tested, and maintained in accordance with NFPA 72, 1999 edition, with detectors in all areas subject to nuisance alarms, including, but not limited to, kitchens, laundries, bathrooms, mechanical air handling rooms, and attic spaces. I/II

A. The facility shall maintain a written record of the monthly testing and battery changes. The written records shall be retained for one (1) year. I/II

B. Upon discovery of a fault with any detector or alarm, the facility shall correct the fault. I/II

(C) All facilities shall test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition. I/II

(D) All facilities shall have inspections and written certifications of the complete fire alarm system completed by an approved qualified service representative in accordance with NFPA 72, 1999 edition, at least annually. I/II

(E) Facilities shall test by activating the complete fire alarm system at least once a month. I/II

(F) Facilities shall maintain a record of the complete fire alarm tests, inspections, and certifications required by subsections (9)(C) and (D) of this rule. III

(G) Upon discovery of a fault with the complete fire alarm system, the facility shall correct the fault. I/II

(H) When a complete fire alarm system is to be out-of-service for more than four (4) hours in a twenty-four- (24-) hour period, the facility shall immediately notify the department and the local fire authority and implement an approved fire watch in accordance with NFPA 101, 2000 edition, until the complete fire alarm system has returned to full service. I/II

(I) The complete fire alarm system shall be activated by all of the following: sprinkler system flow alarm, smoke detectors, heat detectors, manual pull stations, and activation of the rangehood extinguishment system. II/III

(10) Protection from Hazards.

(A) In assisted living facilities and residential care facilities licensed on or after November 13, 1980, for more than twelve (12) beds, hazardous areas shall be separated by construction of at least a one- (1-) hour fire-resistant rating. In facilities equipped with a complete fire alarm system, the one- (1-) hour fire separation is required only for furnace or boiler rooms. Hazardous areas equipped with a complete sprinkler system are not required to have this one- (1-) hour fire separation. Doors to hazardous areas shall be self-closing and shall be kept closed unless an electromagnetic hold-open device is used which is interconnected with the fire alarm system. When the sprinkler option is chosen, the areas shall be separated from other spaces by smoke-resistant partitions and doors. The doors shall be self-closing or automatic-closing. Facilities formerly licensed as residential care facility I or II, and existing prior to November 13, 1980, shall be exempt from this requirement. II

(B) The storage of unnecessary combustible materials in any part of a building in which a licensed facility is located is prohibited. I/II

(C) Electric or gas clothes dryers shall be vented to the outside. Lint traps shall be cleaned regularly to protect against fire hazard. II/III

(D) In facilities that are required to comply with the requirements of 19 CSR 30-86.043 and were formerly licensed as residential care facilities II on or after November 13, 1980, each floor shall be separated by construction of at least a one- (1-) hour fire-resistant rating. Buildings equipped with a complete sprinkler system may have a nonrated smoke separation barrier between floors. Doors between floors shall be a minimum of one and three-fourths inches (1 3/4") thick and be solid core wood doors or metal doors with an equivalent fire rating. II

(E) In facilities licensed prior to November 13, 1980, and multi-storied residential care facilities formerly licensed as residential care facilities I licensed on or after November 13, 1980, there shall be a smoke separation barrier between the floors of resident-use areas and any floor below the resident-use area. This shall consist of a solid core wood door or metal door with an equivalent fire rating at the top or the bottom of the stairs. There shall not be a transom above the door that would permit the passage of smoke. II

(F) Atriums open between floors will be permitted if resident room corridors are separated from the atrium by one- (1-) hour rated smoke walls. These corridors must have access to at least one (1) of the required exits without traversing any space opened to the atrium. II

(G) All doors providing separation between floors shall have a self-closing device attached. If the doors are to be held open, electromagnetic hold-open devices shall be used that are interconnected with either an individual smoke detector or a complete fire alarm system. II

(H) All facilities shall be divided into at least two (2) smoke sections with each section not exceeding one hundred fifty feet (150') in length or width. If the floor's dimensions do not exceed seventy-five feet (75') in length or width, a division of the floor into two (2) smoke sections will not be required. II

(I) In facilities whose plans were approved or which were initially licensed after December 31, 1987, for more than twenty (20) beds and all facilities licensed after August 28, 2007, each smoke section shall be separated by one- (1-) hour fire-rated smoke partitions. The smoke partitions shall be continuous from outside wall-to-outside wall and from floor-to-floor or floor-to-roof deck. All doors in this wall shall be at least twenty- (20-) minute fire-rated or its equivalent, self-closing, and may be held open only if the door closes automatically upon activation of the complete fire alarm system. II

(J) In all facilities that were initially licensed on or prior to December 31, 1987, and all facilities licensed for twenty (20) or fewer beds prior to August 28, 2007, each smoke section shall be separated by a one- (1-) hour fire-rated smoke partition that extends from the inside portion of an exterior wall to the inside portion of an exterior wall and from the floor to the underside of the floor or roof deck above, through any concealed spaces, such as those above suspended ceilings, and through interstitial structural and mechanical spaces. Smoke partitions shall be permitted to terminate at the underside of a monolithic or suspending ceiling system where the following conditions are met: The ceiling system forms a continuous membrane, a smoketight joint is provided between the top of the smoke partition and the bottom of the suspended ceiling and the space above the ceiling is not used as a plenum. Smoke partition doors shall be at least twenty- (20-) minute fire-rated or its equivalent, self-closing, and may be held open only if the door closes automatically upon activation of the complete fire alarm system. II

(K) Facilities whose plans were approved or which were initially licensed after December 31, 1987, for more than twenty (20) beds which do not have a sprinkler system, shall have one- (1-) hour rated corridor walls with one and three-quarters inch (1 3/4") solid core wood doors or metal doors with an equivalent fire rating. II

(L) If two (2) or more levels of long-term care or two (2) different businesses are located in the same building, the entire building shall meet either the most strict construction and fire safety standards for the combined facility or the facilities shall be separated from the other(s) by two- (2-) hour fire-resistant construction. In buildings equipped with a complete sprinkler system in accordance with NFPA 13 or NFPA 13R, 1999 edition, this separation may be rated at one (1) hour. II

(11) Sprinkler Systems.

(A) Facilities licensed on or after August 28, 2007, or any section of a facility in which a major renovation has been completed on or after August 28, 2007, shall install and maintain a complete sprinkler system in accordance with NFPA 13, 1999 edition. I/II

(B) Facilities that have a sprinkler system installed prior to August 28, 2007, shall inspect, maintain, and test these systems in accordance with the requirements that were in effect for such facilities on August 27, 2007. I/II

(C) All residential care facilities, and assisted living facilities that do not admit or retain a resident with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance, that were licensed prior to August 28, 2007, with more than twenty (20) residents, and do not have an approved sprinkler system in accordance with NFPA 13, 1999 edition, or NFPA 13R, 1999 edition, shall have until December 31, 2012, to install an approved sprinkler system in accordance with NFPA 13 or 13R, 1999 edition. I/II

1. The department shall grant exceptions to this requirement if the facility meets Chapter 33 of NFPA 101, 2000 edition, and the evacuation capability of the facility meets the standards required in NFPA 101A, Guide to Alternative Approaches to Life Safety, 2001 edition. I/II

(D) Single-story assisted living facilities that provide care to one (1) or more residents with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance shall install and maintain an approved sprinkler system in accordance with NFPA 13R, 1999 edition. I/II

(E) Multi-level assisted living facilities that provide care to one (1) or more residents with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance shall install and maintain an approved sprinkler system in accordance with NFPA 13, 1999 edition. I/II

(F) All facilities shall have inspections and written certifications of the approved sprinkler system completed by an approved qualified service representative in accordance with NFPA 25, 1998 edition. The inspections shall be in accordance with the provisions of NFPA 25, 1998 edition, with certification at least annually by a qualified service representative. I/II

(G) When a sprinkler system is to be out-of-service for more than four (4) hours in a twenty-four- (24-) hour period, the facility shall immediately notify the department and implement an approved fire watch in accordance with NFPA 101, 2000 edition, until the sprinkler system has been returned to full service. I/II

(12) Emergency Lighting.

(A) Emergency lighting of sufficient intensity shall be provided for exits, stairs, resident corridors, and required attendants' station. II

(B) The lighting shall be supplied by an emergency service, an automatic emergency generator, or battery-operated lighting system. This emergency lighting system shall be equipped with an automatic transfer switch. II

(C) If battery-powered lights are used, they shall be capable of operating the light for at least one and one-half (1 1/2) hours. II

(13) Interior Finish and Furnishings.

(A) In a facility licensed on or after November 13, 1980, for more than twelve (12) beds, wall and ceiling surfaces of all occupied rooms and all exitways shall be classified either Class A or B interior finish as defined in NFPA 101, 2000 edition. II

(B) In facilities licensed prior to November 13, 1980, all wall and ceiling surfaces shall be smooth and free of highly combustible materials. II

(C) In facilities licensed for more than twelve (12) beds, the new or replacement floor covering and carpeting in buildings that do not have a sprinkler system shall be Class I in accordance with NFPA 253, 2000 edition. II/III

(D) All curtains and drapes in a licensed facility shall be certified or treated to be flame-resistant as defined in NFPA 101, 2000 edition. II

(14) Smoking.

(A) Smoking shall be permitted in designated areas only. Areas where smoking is permitted shall be designated as such and shall be supervised either directly or by a resident informing an employee of the facility that the area is being used for smoking. II/III

(B) Ashtrays shall be made of noncombustible material and safe design and shall be provided in all areas where smoking is permitted. II/III

(C) The contents of ashtrays shall be disposed of properly in receptacles made of noncombustible material. II/III

(15) Trash and Rubbish Disposal.

(A) Only metal or UL- or FM-fire-resistant rated wastebaskets shall be used for trash. II

(B) Trash shall be removed from the premises as often as necessary to prevent fire hazards and public health nuisance. II

(C) No trash shall be burned within fifty feet (50') of any facility except in an approved incinerator. I/II

(D) Trash may be burned only in a masonry or metal container. II

(E) The container shall be equipped with a metal cover with openings no larger than one-half inch (1/2") in size. III

(16) Standards for Designated Separated Areas.

(A) When a resident resides among the entire general population of the facility, the facility shall take necessary measures to provide such residents with the opportunity to explore the facility and, if appropriate, its grounds. When a resident resides within a designated, separated area that is secured by limited access, the facility shall take necessary measures to provide such residents with the opportunity to explore the separated area and, if appropriate, its grounds. If enclosed or fenced courtyards are provided, residents shall have reasonable access to such courtyards. Enclosed or fenced courtyards that are accessible through a required exit door shall be large enough to provide an area of refuge for fire safety at least thirty feet (30') from the building. Enclosed or fenced courtyards that are accessible through a door other than a required exit shall have no size requirements. II

(B) The facility shall provide freedom of movement for the residents to common areas and to their personal spaces. The facility shall not lock residents out of or inside their rooms. I/II

(C) The facility may allow resident room doors to be locked providing the residents request to lock their doors. Any lock on a resident room door shall not require the use of a key, tool, special knowledge, or effort to lock or unlock the door from inside the resident's room. Only one (1) lock shall be permitted on each door. The facility shall ensure that facility staff has the means or mechanisms necessary to open resident room doors in case of an emergency. I/II

(D) The facility may provide a designated, separated area where residents, who are mentally incapable of negotiating a pathway to safety, reside and receive services and which is secured by limited access if the following conditions are met:

1. Dining rooms, living rooms, activity rooms, and other such common areas shall be provided within the designated, separated area. The total area for common areas within the designated, separated area shall be equal to at least forty (40) square feet per resident; II/III

2. Doors separating the designated, separated area from the remainder of the facility or building shall not be equipped with locks that require a key to open; I/II

3. If locking devices are used on exit doors egressing the facility or on doors accessing the designated, separated area, delayed egress magnetic locks shall be used. These delayed egress devices shall comply with the following:

A. The lock must unlock when the fire alarm is activated;

B. The lock must unlock when the power fails;

C. The lock must unlock within thirty (30) seconds after the release device has been pushed for at least three (3) seconds, and an alarm must sound adjacent to the door;

D. The lock must be manually reset and cannot automatically reset; and

E. A sign shall be posted on the door that reads: PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 30 SECONDS; and I/II

4. The delayed egress magnetic locks may also be released by a key pad located adjacent to the door for routine use by staff. I/II

(17) Oxygen storage shall be in accordance with NFPA 99, 1999 Edition. II/III

AUTHORITY: sections 198.073, 198.074, and 198.076, RSMo Supp. 2011. This rule originally filed as 13 CSR 15-15.022. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed May 13, 1987, effective Aug. 13, 1987. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Amended: Filed Feb. 28, 2000, effective Sept. 30, 2000. Moved to 19 CSR 30-86.022, effective Aug. 28, 2001. Amended: Filed Aug. 16, 2004, effective Feb. 28, 2005. Amended: Filed Aug. 1, 2005, effective Jan. 30, 2006. Amended: Filed Aug. 23, 2006, effective April 30, 2007. Emergency amendment filed Nov. 24, 2008, effective Dec. 4, 2008, expired June 1, 2009. Amended: Filed Nov. 24, 2008, effective May 30, 2009. Amended: Filed March 15, 2012, effective Oct. 30, 2012.*

**Original authority: 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006; 198.074, RSMo 2007; and 198.076, RSMo 1979, amended 1984, 2007.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 86—Residential Care Facilities and Assisted Living Facilities

19 CSR 30-86.032 Physical Plant Requirements for Residential Care Facilities and Assisted Living Facilities

PURPOSE: This rule establishes standards for the physical plant of new or existing residential care facilities I and II.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction.

This note applies only to the reference material. The entire text of the rule is printed here.

Editor's Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 2000.

(1) Definitions. For the purpose of this rule, the following definitions shall apply:

(A) Adult day health care program shall mean a program operated by a provider certified to provide Medicaid-reimbursed adult day health care services to Medicaid-eligible participants in accordance with 19 CSR 70-92.010;

(B) Associated adult day health care program shall mean an adult day health care program, which is connected physically with a licensed long-term care facility but has separate designated space for an adult day health care program which is above the licensed space requirement for the long-term care residents. An associated adult day health care program may share, in part, staff, equipment, utilities, dietary and security with the connected long-term care facility. Recipients of adult day health care program may participate with the residents of the long-term care facility for some activities and programs;

(C) Home-like—means a self-contained long-term care setting that integrates the psychosocial, organizational and environmental qualities that are associated with being at home. Home-like may include, but is not limited to the following:

1. A living room and common use areas for social interactions and activities;

2. Kitchen and family style eating area for use by the residents;

3. Laundry area for use by residents;

4. A toilet room that contains a toilet, lavatory and bathing unit in each resident's room;

5. Resident room preferences for residents who wish to share a room, and for residents who wish to have private bedrooms;

6. Outdoor area for outdoor activities and recreation; and

7. A place where residents can give and receive affection, explore their interests, exercise control over their environment, engage in interactions with others and have privacy, security, familiarity and a sense of belonging; and

(D) Non-licensed adult day care program shall mean a group program designated to provide care and supervision to meet the needs of four (4) or fewer impaired adults for periods of less than twenty-four (24) hours but more than two (2) hours per day in a long-term care facility.

(2) The building shall be substantially constructed and shall be maintained in good repair and in accordance with the construction and fire safety rules in effect at the time of initial licensing. II/III

(3) Only activities necessary to the administration of the facility shall be contained in any building used as a long-term care facility except as follows:

(A) Related activities may be conducted in buildings subject to prior written approval of these activities by the Department of Health and Senior Services (hereinafter—the department). Examples of these activities are Home Health Agencies, physician's office, pharmacy, ambulance service, child day care and food service for the elderly in the community;

(B) Adult day care may be provided for four (4) or fewer participants without prior written approval of the department if the long-term care facility meets the following stipulations:

1. The operation of the adult day care business shall not interfere with the care and delivery of services to the long-term care residents;

2. The facility shall only accept participants in the adult day care program appropriate to the level of care of the facility and whose needs can be met;

3. The facility shall not change the physical layout of the facility without prior written approval of the department;

4. The facility shall provide a private area for adult day care residents to nap or rest;

5. Adult day care participants shall not be included in the census, and the number of adult day care participants shall not be more than four (4) above the licensed capacity of the facility; and

6. The adult day care participants, while on-site, are to be included in the determination of staffing patterns for the long-term care facility;

(C) An associated adult day health care program may be operated without prior written approval if the provider of the adult day health care services is certified in accordance with 19 CSR 70-92.010. II/III

(4) All stairways shall be equipped with permanently secured handrails on at least one (1) side. III

(5) There shall be a telephone in the facility and additional telephones or extensions as necessary so that help may be summoned promptly in case of fire, accident, acute illness or other emergency. II/III

(6) Bath and toilet facilities shall be provided for the convenience, privacy, comfort and safety of residents. Fixed partitions or curtains shall be provided in toilet and bathrooms to assure privacy. II/III

(7) Newly licensed facilities shall have handrails and grab bars affixed in all toilet and bathing areas. Existing licensed facilities shall have handrails and grab bars available in at least one (1) bath and toilet area. The foregoing requirements are applicable to residential care facilities. All assisted living facilities shall have handrails and grab bars affixed in all toilet and bathing areas. II

(8) There shall be adequate storage areas for food, supplies, linen, equipment and resident's personal possessions. III

(9) Each room or ward in which residents are housed or to which residents have reasonable access shall be capable of being heated to not less than eighty degrees Fahrenheit (80°F) under all weather conditions. Temperature shall not be lower than sixty-eight degrees Fahrenheit (68°F) and the reasonable comfort needs of individual residents shall be met. I/II

(10) In newly licensed facilities or if a new heating system is installed in an existing licensed facility, the heating of the building shall be restricted to steam, hot water, permanently installed electric heating devices or a warm air system employing central heating plants with installation such as to safeguard the inherent fire hazard, or approved installation of outside wall heaters which bear the approved label of the American Gas Association or National Board of Fire Underwriters. The foregoing requirements are applicable to residential care facilities. In assisted living facilities, the heating of the building shall be restricted to steam, hot water, permanently installed electric heating devices or a warm air system employing central heating plants with installation such as to safeguard the inherent fire hazard, or approved installation of outside wall heaters which bear the approved label of the American Gas Association or National Board of Fire Underwriters. For all facilities, oil or gas heating appliances shall be properly vented to the outside and the use of portable heaters of any kind is prohibited. If approved wall heaters are used, adequate guards shall be provided to safeguard residents. I/II

(11) Wood-burning stoves shall not be installed in newly licensed facilities or in existing licensed facilities that did not previously have a wood-burning stove. If wood-burning stoves are used in an existing licensed facility, or wood-burning furnaces or fireplaces are used, flues or chimneys shall be maintained in good condition and kept free of accumulation of combustible materials. The foregoing requirements are applicable to residential care facilities. Wood-burning stoves shall not be installed in assisted living facilities. II

(12) Fireplaces may be used only if there is a protective screen in place; if there is direct staff supervision of residents while in use; and the fire shall not be left burning overnight. II

(13) In facilities that are constructed or have plans approved after July 1, 2005, electrical wiring shall be installed and maintained in accordance with the requirements of the *National Electrical Code*, 1999 edition, National Fire Protection Association, Inc., incorporated by reference, in this rule and available by mail at One Batterymarch Park, Quincy, MA 02269, and local codes. This rule does not incorporate any subsequent amendments or additions to the materials incorporated by reference. Facilities built between September 28, 1979 and July 1, 2005 shall be maintained in accordance with the requirements of the *National Electrical Code*, which was in effect at the time of the original plan approval and local codes. This rule does not incorporate any subsequent amendments or additions. In facilities built prior to September 28, 1979, electrical wiring shall be maintained in good repair and shall not present a safety hazard. All facilities shall have wiring inspected every two (2) years by a qualified electrician. II/III

(14) Lighting is restricted to electricity. II

(15) Lighting in hallways, bathrooms, recreational and dining areas and all resident-use areas shall be provided with a minimum intensity of ten (10) footcandles. All lights in resident-use areas shall be provided with a shade to prevent direct glare to the residents' eyes. II/III

(16) Night lights shall be provided for corridors, stairways and toilet areas. II

(17) A reading light shall be provided for each resident desiring to read. Additional lighting shall be provided to meet the individual needs of each resident. III

(18) If extension cords are used, they must be Underwriters' Laboratory (UL)-approved or shall comply with other recognized electrical appliance approval standards and sized to carry the current required for the appliance used. Only one (1) appliance shall be connected to one (1) extension cord and only two (2) appliances may be served by one (1) duplex receptacle. If extension cords are used, they shall not be placed under rugs, through doorways or located where they are subject to physical damage. II/III

(19) If elevators are used, installation and maintenance shall comply with local and state codes and the *National Electric Code*. II/III

(20) Air conditioning, fans or a ventilating system shall be available and used when the room temperature exceeds eighty-five degrees Fahrenheit (85°F) and the reasonable comfort needs of individual residents shall be met. I/II

(21) Gas-fired water heaters shall be properly installed and vented and all water heaters shall be equipped with a temperature and pressure relief valve. II

(22) Furniture and equipment shall be maintained in good condition and shall be replaced if broken, torn, heavily soiled or damaged. Rooms shall be so designed and

furnished that the comfort and safety of the residents are provided for at all times. II/III

(23) Rooms shall be neat, orderly and cleaned daily. II/III

(24) An individual bed, in good repair and of a rigid type, shall be provided to each resident. Beds shall be at least thirty-six inches (36") wide. Double beds of satisfactory construction may be provided for married couples. Rollaway, metal cots or folding beds shall not be used. II/III

(25) A minimum of three feet (3') shall be available between beds when parallel. III

(26) Mattresses shall be clean, in good repair and a minimum of four inches (4") in thickness to provide comfort. II/III

(27) Each bed shall be provided with at least one (1) clean, comfortable pillow. Extra pillows shall be available to meet the needs of the residents. III

(28) Screens or curtains, either portable or permanently affixed, shall be available and used in multi-resident bedrooms to provide privacy as needed or if requested. III

(29) Each resident shall be provided with an individual locker or other suitable space for storage of clothing and personal belongings. III

(30) Each resident shall be provided with an individual rack for a towel(s) and washcloth(s) unless provided with a clean washcloth(s) or towel(s) for use each time needed. III

(31) A comfortable chair shall be available for each resident's use. III

(32) Each window shall be provided with a shade, drape or curtain to restrict the amount of sunlight when necessary. III

(33) All assisted living facilities and all residential care facilities whose plans are approved or which are initially licensed for more than twelve (12) residents after December 31, 1987 shall be equipped with a call system consisting of an electrical intercommunication system, a wireless pager system, buzzer system or hand bells. An acceptable mechanism for calling attendants shall be located in each toilet room and resident bedroom. Call systems for facilities whose plans are approved or which are initially licensed after December 31, 1987 shall be audible in the attendant's work area. II/III

(34) Plumbing fixtures which are accessible to residents and which supply hot water shall be thermostatically controlled so that the water temperature at the fixture does not exceed one hundred twenty degrees Fahrenheit (120°F) (49°C) and the water shall be at a temperature range between one hundred five degrees Fahrenheit (105°F) (41°C) and one hundred twenty degrees Fahrenheit (120°F) (49°C). I/II

(35) Home-Like Requirements with Respect to Construction and Physical Plant Standards.

(A) Any assisted living facility formerly licensed as a residential care facility shall be more home-like than institutional with respect to construction and physical plant standards. II

(B) Any assisted living facility licensed as a residential care facility II prior to August 28, 2006, shall qualify as being more home-like than institutional with respect to construction and physical plant standards. II

(C) Any assisted living facility that is built or has plans approved on or after August 28, 2006, shall be more home-like than institutional with respect to construction and physical plant standards. II

*AUTHORITY: sections 198.076, RSMo 2000 and 198.005 and 198.073, RSMo Supp. 2006. * This rule originally filed as 13 CSR 15-15.032. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Nov. 9, 1983, effective Nov. 19, 1983, expired March 18, 1984. Amended: Filed Nov. 9, 1983, effective Feb. 11, 1984. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed May 13, 1987, effective Aug. 13, 1987. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Moved to 19 CSR 30-86.032, effective Aug. 28, 2001. Amended: Filed Nov. 15, 2004, effective May 30, 2005. Amended: Filed Aug. 23, 2006, effective April 30, 2007.*

*Original authority: 198.005, RSMo 2006; 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006; and 198.076, RSMo 1979, amended 1984.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 86—Residential Care Facilities and Assisted Living Facilities

19 CSR 30-86.045 Standards and Requirements for Assisted Living Facilities Which Provide Services to Residents with a Physical, Cognitive, or Other Impairment that Prevents the Individual from Safely Evacuating the Facility with Minimal Assistance

PURPOSE: This rule establishes the additional standards for those assisted living facilities which provide services to residents with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.

(1) This rule contains the additional standards for those assisted living facilities licensed pursuant to sections 198.005 and 198.073, RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and complying with sections 198.073.4 and 198.073.6, RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and 19 CSR 30-86.047 that choose to admit or continue to care for any individual having a physical, cognitive or other impairment that prevents the individual from safely evacuating the facility with minimal assistance.

(2) Definitions. For the purposes of this rule, the following definitions shall apply:

(A) Area of refuge—A space located in or immediately adjacent to a path of travel leading to an exit that is protected from the effects of fire, either by means of separation from other spaces in the same building or its location, permitting a delay in evacuation. An area of refuge may be temporarily used as a staging area that provides some relative safety to its occupants while potential emergencies are assessed, decisions are made, and evacuation has begun;

(B) Evacuating the facility—The act of the resident going from one (1) smoke section to another within the facility, going to an area of refuge within the facility, or going out of the facility;

(C) Individualized evacuation plan—A plan to remove the resident from the facility, to an area of refuge within the facility or from one (1) smoke section to another within the facility. The plan is specific to the resident's needs and abilities based on the current community based assessment;

(D) Minimal assistance—

1. Is the criterion which determines whether or not staff must develop and include an individualized evacuation plan as part of the resident's service plan;

2. Minimal assistance may be the verbal intervention that staff must provide for a resident to initiate evacuating the facility;

3. Minimal assistance may be the physical intervention that staff must provide, such as turning a resident in the correct direction, for a resident to initiate evacuating the facility;

4. A resident needing minimal assistance is one who is able to prepare to leave and then evacuate the facility within five (5) minutes of being alerted of the need to evacuate and requires no more than one (1) physical intervention and no more than three (3) verbal interventions of staff to complete evacuation from the facility;

5. The following actions required of staff are considered to be more than minimal assistance:

A. Assistance to traverse down stairways;

B. Assistance to open a door; and

C. Assistance to propel a wheelchair;

(E) Resident, only for the purpose of this rule, means any individual having a physical, cognitive or other impairment that prevents the individual from safely evacuating the facility with minimal assistance who is admitted to or continues to be cared for in the facility under the provisions of this rule; and

(F) Smoke section—A fire-rated separation of one (1) section of the building from the rest of the building.

(3) General Requirements. I/II

(A) If the facility admits or retains any individual needing more than minimal assistance due to having a physical, cognitive or other impairment that prevents the individual from safely evacuating the facility, the facility shall:

1. Meet the fire safety requirements of 19 CSR 30-86.022(16); I/II

2. Take necessary measures to provide residents with the opportunity to explore the facility and, if appropriate, its grounds; II

3. Use a personal electronic monitoring device for any resident whose physician recommends the use of such device; II

4. Have sufficient staff present and awake twenty-four (24) hours a day to assist in the evacuation of all residents; I/II

5. Include an individualized evacuation plan in the resident's individual service plan; II

6. At a minimum the evacuation plan shall include the following components:

A. The responsibilities of specific staff positions in an emergency specific to the individual; II

B. The fire protection interventions needed to ensure the safety of the resident; and II

C. The plan shall evaluate the resident for his or her location within the facility and the proximity to exits and areas of refuge. The plan shall evaluate the resident, as applicable, for his or her risk of resistance, mobility, the need for additional staff support, consciousness, response to instructions, response to alarms, and fire drills; II

7. The resident's evacuation plan shall be amended or revised based on the ongoing assessment of the needs of the resident; II

8. Those employees with specific responsibilities shall be instructed and informed regarding their duties and responsibilities under the resident's evacuation plan at least every six (6) months and upon any significant change in the plan; II

9. A copy of the resident's evacuation plan shall be readily available to all staff; and II

10. Comply with all requirements of this rule. I/II

(4) Staffing Requirements.

(A) The facility shall have an adequate number and type of personnel for the proper care of residents and upkeep of the facility. At a minimum, the staffing pattern for fire safety and care of residents shall be one (1) staff person for every fifteen (15) residents or major fraction of fifteen (15) during the day shift, one (1) person for every fifteen (15) residents or major fraction of fifteen (15) during the evening shift, and one (1) person for every twenty (20) residents or major fraction of twenty (20) during the night shift. I/II

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)*	1	3–15
3 p.m. to 9 p.m. (Evening)*	1	3–15
9 p.m. to 7 a.m. (Night)*	1	3–20

*If the shift hours vary from those indicated, the hours of the shifts shall show on the work schedules of the facility and shall not be less than six (6) hours. III

(B) The required staff shall be in the facility awake, dressed, and prepared to assist residents in case of emergency. I/II

(C) The administrator shall count toward staffing when physically present at the facility. II

(D) These staffing requirements are applicable only when the facility actually has in residence one (1) or more residents who require more than minimal assistance in evacuating the facility. II

(E) At a minimum there shall be a licensed nurse employed by the facility to work at least the following hours per week:

3–30 Residents—8 hours
31–60 Residents—16 hours
61–90 Residents—24 hours
91 or more Residents—40 hours. II

(F) The licensed nurse shall be available to assess residents for pain and significant and acute changes in condition. The nurse's duties shall include, but shall not be limited to, review of residents' records, medications, and special diets or other orders, review of each resident's adjustment to the facility, and observation of each individual resident's general physical, psychosocial, and mental status. The nurse shall inform the administrator of any problems noted and these shall be brought to the attention of the resident's physician and legally authorized representative or designee. II/III

AUTHORITY: sections 198.073 and 198.076, RSMo Supp. 2007. This rule originally filed as 13 CSR 15-15.045. Emergency rule filed Dec. 14, 2000, effective Jan. 2, 2001, expired June 30, 2001. Original rule filed Dec. 14, 2000, effective June 30, 2001. Moved to 19 CSR 30-86.045, effective Aug. 28, 2001. Amended: Filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 13, 2008, effective Oct. 30, 2008.*

**Original authority: 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006, 2007 and 198.076, RSMo 1979, amended 1984, 2007.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 86—Residential Care Facilities and Assisted Living Facilities

19 CSR 30-86.047 Administrative, Personnel and Resident Care Requirements for Assisted Living Facilities

PURPOSE: This rule establishes standards for all assisted living facilities licensed pursuant to sections 198.005 and 198.073, RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and required to meet assisted living facility standards pursuant to section 198.073.3, RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and section 198.076, RSMo 2000.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either Class I, II, or III) of standard as designated in section 198.085.1., RSMo.

(1) Facilities licensed as assisted living facilities shall be inspected pursuant to the standards outlined herein beginning April 1, 2007. An assisted living facility may request, in writing to the department, to comply with these standards prior to April 1, 2007. Upon receipt of the request, the department shall conduct an inspection to determine compliance with the standards outlined herein prior to issuing a license indicating such compliance.

(2) Consumer Education Requirements. The facility shall disclose to a prospective resident, or legal representative of the resident, information regarding the services the facility is able to provide or coordinate, the cost of such services to the resident, and the grounds for discharge or transfer as permitted or required by the Omnibus Nursing Home Act, Chapter 198, RSMo and the department's regulations, including the provisions set forth in section (29) of this rule. II

(3) Nothing in this rule shall be construed to allow any facility that has not met the requirements of 198.073(4) and (6), RSMo, (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and 19 CSR 30-86.045 to care for any individual with a physical, cognitive or other impairment that prevents the individual from safely evacuating the facility with minimal assistance. I/II

(4) Definitions. For the purpose of this rule, the following definitions shall apply:

(A) Appropriately trained and qualified individual means an individual who is licensed or registered with the state of Missouri in a health care related field or an individual with a degree in a health care related field or an individual with a degree in a health care, social services, or human services field or an individual licensed under Chapter 344, RSMo, and who has received facility orientation training under 19 CSR 30-86.042(18), and dementia training under section 660.050, RSMo, and twenty-four (24) hours of additional training, approved by the department, consisting of definition and assessment of activities of daily living, assessment of cognitive ability, service planning, and interview skills;

(B) Area of refuge—A space located in or immediately adjacent to a path of travel leading to an exit that is protected from the effects of fire, either by means of separation from other spaces in the same building or its location, permitting a delay in evacuation. An area of refuge may be temporarily used as a staging area that provides relative safety to its occupants while potential emergencies are assessed, decisions are made, and evacuation is begun;

(C) Assisted living facility (ALF)—Is as defined in 19 CSR 30-83.010;

(D) Chemical restraint—Is as defined in 19 CSR 30-83.010;

(E) Community based assessment—Documented basic information and analysis provided by appropriately trained and qualified individuals describing an individual's abilities and needs in activities of daily living, instrumental activities of daily living, vision/hearing, nutrition, social participation and support, and cognitive functioning using an assessment tool approved by the department, that is designed for community based services and that is not the nursing home minimum data set. The assessment tool may be one developed by the department or one used by a facility which has been approved by the department;

(F) Evacuating the facility—For the purpose of this rule, evacuating the facility shall mean moving to an area of refuge or from one smoke section to another or exiting the facility;

(G) Home-like—Means a self-contained long-term care setting that integrates the psychosocial, organizational and environmental qualities that are associated with being at home. Home-like may include, but is not limited to the following:

1. A living room and common use areas for social interactions and activities;
2. Kitchen and family style eating area for use by the residents;
3. Laundry area for use by residents;
4. A toilet room that contains a toilet, lavatory and bathing unit in each resident's room;
5. Resident room preferences for residents who wish to share a room, and for residents who wish to have private bedrooms;

6. Outdoor area for outdoor activities and recreation; and

7. A place where residents can give and receive affection, explore their interests, exercise control over their environment, engage in interactions with others and have privacy, security, familiarity and a sense of belonging;

(H) Individualized service plan (ISP)—Shall mean the planning document prepared by an assisted living facility, which outlines a resident's needs and preferences, services to be provided, and the goals expected by the resident or the resident's legal representative in partnership with the facility;

(I) Keeping residents in place—Means maintaining residents in place during a fire in lieu of evacuation where a building's occupants are not capable of evacuation, where evacuation has a low likelihood of success, or where it is recommended in writing by local fire officials as having a better likelihood of success and/or a lower risk of injury;

(J) Minimal assistance—

1. Is the criterion which determines whether or not staff must develop and include an individualized evacuation plan as part of the resident's service plan;

2. Minimal assistance may be the verbal intervention that staff must provide for a resident to initiate evacuating the facility;

3. Minimal assistance may be the physical intervention that staff must provide, such as turning a resident in the correct direction, for a resident to initiate evacuating the facility;

4. A resident needing minimal assistance is one who is able to prepare to leave and then evacuate the facility within five (5) minutes of being alerted of the need to evacuate and requires no more than one (1) physical intervention and no more than three (3) verbal interventions of staff to complete evacuation from the facility;

5. The following actions required of staff are considered to be more than minimal assistance:

A. Assistance to traverse down stairways;

B. Assistance to open a door; and

C. Assistance to propel a wheelchair;

(K) Physical restraint—Any manual method or physical or mechanical device, material, or equipment attached to or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Physical restraints include, but are not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions, and lap trays the resident cannot remove easily. Physical restraints also include facility practices that meet the definition of a restraint, such as the following:

1. Using side rails that keep a resident from voluntarily getting out of bed;

2. Tucking in or using Velcro to hold a sheet, fabric, or clothing tightly so that a resident's movement is restricted;

3. Using devices in conjunction with a chair, such as trays, tables, bars, or belts, that the resident cannot remove easily, that prevent the resident from rising;

4. Placing the resident in a chair that prevents a resident from rising; and

5. Placing a chair or bed so close to a wall that the wall prevents the resident from rising out of the chair or voluntarily getting out of bed;

(L) Significant change—means any change in the resident's physical, emotional or psychosocial condition or behavior that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one (1) area of the resident's health status, and requires interdisciplinary review or revision of the individualized service plan, or both;

(M) Skilled nursing facility—Means any premises, other than a residential care facility, assisted living facility or an intermediate care facility, which is utilized by its owner, operator or manager to provide for twenty-four (24) hour accommodation, board and skilled nursing care and treatment services to at least three (3) residents who are not related within the fourth degree of consanguinity or affinity to the owner, operator or manager of the facility. Skilled nursing care and treatment services are those services commonly performed by or under the supervision of a registered professional nurse for individuals requiring twenty-four (24)-hours-a-day care by licensed nursing personnel including acts of observation, care and counsel of the aged, ill, injured or infirm, the administration of medications and treatments as prescribed by a licensed physician or dentist, and other nursing functions requiring substantial specialized judgment and skill;

(N) Skilled nursing placement—Means placement in a skilled nursing facility as defined in subsection (4)(M) of this rule; and

(O) Social model of care—Means long-term care services based on the abilities, desires, and functional needs of the individual delivered in a setting that is more home-like than institutional, that promote the dignity, individuality, privacy, independence and autonomy of the individual, that respects residents' differences and promotes residents' choices.

(5) The operator shall designate an individual for administrator who is currently licensed as an administrator by the Missouri Board of Nursing Home Administrators, in accordance with Chapter 344, RSMo. II

(6) The operator shall be responsible to assure compliance with all applicable laws and regulations. The administrator shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator's responsibilities shall include oversight of residents to assure that they receive care as defined in the individualized service plan. II/III

(7) The administrator cannot be listed or function in more than one (1) licensed facility at the same time unless he or she serves no more than five (5) facilities within a thirty (30)-mile radius and licensed to serve in total no more than one hundred (100) residents, and the administrator has an individual designated as the daily manager of each facility. However, the administrator may serve as the administrator of more than one (1) licensed facility if all facilities are on the same premises. II

(8) The administrator shall designate, in writing, a staff member in charge in the administrator's absence. If the administrator is absent for more than thirty (30) consecutive days, during which time he or she is not readily accessible for consultation by telephone with the delegated individual, the individual designated to be in charge shall be an administrator currently licensed by the Missouri Board of Nursing Home Administrators, in accordance with Chapter 344, RSMo. Such thirty- (30-) consecutive day absences may only occur once within any consecutive twelve- (12-) month period. II/III

(9) The facility shall not care for more residents than the number for which the facility is licensed. However, if the facility operates a non-licensed adult day care program for four (4) or fewer participants within the licensed facility, the day care participants shall not be included in the total facility census. Adult day care participants shall be counted in staffing determination during the hours the day care participants are in the facility. II/III

(10) The facility shall not admit or continue to care for residents whose needs cannot be met. If necessary services cannot be obtained in or by the facility, the resident shall be promptly referred to appropriate outside resources or discharged from the facility. I/II

(11) All personnel responsible for resident care shall have access to the legal name of each resident, name and telephone number of resident's physician, resident's designee or legally authorized representative in the event of emergency. II/III

(12) All persons who have any contact with the residents in the facility shall not knowingly act or omit any duty in a manner that would materially and adversely affect the health, safety, welfare, or property of residents. No person who is listed on the Employee Disqualification List (EDL) maintained by the department as required by section 198.070, RSMo, shall work or volunteer in the facility in any capacity whether or not employed by the operator. For the purpose of this rule, a volunteer is an unpaid individual formally recognized by the facility as providing a direct care service to residents. The facility is required to check the EDL for individuals who volunteer to perform a service for which the facility might otherwise have to hire an employee. The facility is not required to check the EDL for individuals or groups such as scout groups, bingo leaders, or sing-along leaders. The facility is not required to check the EDL for an individual such as a priest, minister, or rabbi visiting a resident who is a member of the individual's congregation. However, if a minister, priest, or rabbi serves as a volunteer facility chaplain, the facility is required to check the EDL since the individual would have potential contact with all residents. I/II

(13) Prior to allowing any person who has been hired in a full-time, part-time, or temporary position to have contact with any resident, the facility shall, or in the case of temporary employees hired through or contracted from an employment agency, the employment agency shall, prior to sending a temporary employee to a facility:

(A) Request a criminal background check for the person, as provided in section 660.317, RSMo. Each facility shall maintain documents verifying that the background checks were requested, the date of each such request, and the nature of the response received for each such request. II

1. The facility shall ensure that any person hired or retained to have contact with any resident who discloses that he or she has been convicted of, found guilty of, pled guilty to, or pled *nolo contendere* to a crime, in this state or any other state, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo, or any violation of section 198.070.3., RSMo, or section 568.020, RSMo, shall not be retained in such a position. I/II

2. Upon receipt of the criminal background check, the facility shall ensure that if the criminal background check indicates that the person hired or retained by the facility has been convicted of, found guilty of, pled guilty to, or pled *nolo contendere* to a crime, in this state or any other state, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo, or any violation of section 198.070.3., RSMo, or section 568.020, RSMo, the person shall not have contact with any resident unless and until the facility obtains verification from the department that a good cause waiver has been granted for each qualifying offense and maintains a copy of the verification in the individual's personnel file; I/II

(B) Make an inquiry to the department, as provided in section 660.315, RSMo, as to whether the person is listed on the EDL. Each facility shall maintain documents verifying that the EDL checks were requested, the date of each such request, and the nature of the response received for each such request. The inquiry may be made through the department's website; II/III

(C) If the person has registered with the department's Family Care Safety Registry (FCSR), the facility may utilize the FCSR in order to meet the requirements of subsections (13)(A) and (13)(B) of this rule. The FCSR is available through the department's website; and

(D) For persons for whom the facility has contracted for professional services (e.g., plumbing or air conditioning repair) that will have contact with any resident, the facility shall either require a criminal background check or ensure that the individual is sufficiently monitored by facility staff while in the facility to reasonably ensure the safety of all residents. I/II

(14) A facility shall not employ, as an agent or employee who has access to controlled substances, any person who has been found guilty or entered a plea of guilty or *nolo contendere* in a criminal prosecution under the laws of any state or of the United States for any offense related to controlled substances. II

(A) A facility may apply in writing to the department for a waiver of this section of this rule for a specific employee.

(B) The department may issue a written waiver to a facility upon determination that a waiver would be consistent with the public health and safety. In making this determination, the department shall consider the duties of the employee, the circumstances surrounding the conviction, the length of time since the conviction was entered, whether a waiver has been granted by the department's Bureau of Narcotics and Dangerous Drugs pursuant to 19 CSR 30-1.034 when the facility is registered with that agency, whether a waiver has been granted by the federal Drug Enforcement Administration (DEA) pursuant to 21 CFR 1301.76 when the facility is also registered with that agency, the security measures taken by the facility to prevent the theft and diversion of controlled substances, and any other factors consistent with public health and safety. II

(15) The facility must develop and implement written policies and procedures which require that persons hired for any position which is to have contact with any patient or resident have been informed of their responsibility to disclose their prior criminal history to the facility as required by section 660.317.5, RSMo. The facility must also develop and implement policies and procedures which ensure that the facility does not knowingly hire, after August 28, 1997, any person who has or may have contact with a patient or resident, who has been convicted of, plead guilty or *nolo contendere* to, in this state or any other state, or has been found guilty of any Class A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo. II/III

(16) All persons who have or may have contact with residents shall at all times when on duty or delivering services wear an identification badge. The badge shall give their name, title and, if applicable, the status of their license or certification as any kind of health care professional. This rule shall apply to all personnel who provide services to any resident directly or indirectly. III

(17) Personnel who have been diagnosed with a communicable disease may begin work or return to duty only with written approval by a physician or physician's designee, which indicates any limitations. II

(18) The administrator shall be responsible to prevent an employee known to be diagnosed with communicable disease from exposing residents to such disease. The facility's policies and procedures must comply with the department's regulations pertaining to communicable diseases, specifically 19 CSR 20-20.010 through 19 CSR 20-20.100. II/III

(19) The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100. II

(20) The administrator shall maintain on the premises an individual personnel record on each facility employee, which shall include the following:

(A) The employee's name and address;

(B) Social Security number;

(C) Date of birth;

(D) Date of employment;

(E) Documentation of experience and education including for positions requiring licensure or certification, documentation evidencing competency for the position held, which includes copies of current licenses, transcripts when applicable, or for those individuals requiring certification, such as certified medication technicians, level I medication aides and insulin administration aides; printing the Web Registry search results page available at www.dhss.mo.gov/cnaregistry shall meet the requirements of the employer's check regarding valid certification;

(F) References, if available;

(G) The results of background checks required by section 660.317, RSMo; and a copy of any good cause waiver granted by the department, if applicable;

(H) Position in the facility;

(I) Written statement signed by a licensed physician or physician's designee indicating the person can work in a long-term care facility and indicating any limitations;

(J) Documentation of the employee's tuberculin screening status;

(K) Documentation of what the employee was instructed on during orientation training; and

(L) Reason for termination if the employee was terminated due to abuse or neglect of a resident, residents' rights issues or resident injury. III

(21) Personnel records shall be maintained for at least two (2) years following termination of employment. III

(22) There shall be written documentation maintained in the facility showing actual hours worked by each employee. III

(23) No one individual shall be on duty with responsibility for oversight of residents longer than eighteen (18) hours per day. I/II

(24) Employees who are counted in meeting the minimum staffing ratio and employees who provide direct care to the residents shall be at least sixteen (16) years of age. One employee at least eighteen (18) years of age shall be on duty at all times. II

(25) Each facility resident shall be under the medical supervision of a physician licensed to practice in Missouri who has been informed of the facility's emergency medical procedures and is kept informed of treatments or medications prescribed by any other professional lawfully authorized to prescribe medications. III

(26) The facility shall ensure that each resident being admitted or readmitted to the facility receives an admission physical examination by a licensed physician. The facility shall request documentation of the physical examination prior to admission but must have documentation of the physical examination on file no later than ten (10) days after admission. The physical examination shall contain documentation regarding the individual's current medical status and any special orders or procedures to be followed.

If the resident is admitted directly from an acute care or another long-term care facility and is accompanied on admission by a report that reflects his or her current medical status, an admission physical shall not be required. III

(27) Residents under sixteen (16) years of age shall not be admitted. III

(28) The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement as defined in this rule, and only if the facility:

(A) Provides for or coordinates oversight and services to meet the needs, the social and recreational preferences in accordance with the individualized service plan of the resident as documented in a written contract signed by the resident, or legal representative of the resident; II

(B) Has twenty-four (24) hour staff appropriate in numbers and with appropriate skills to provide such services; II

(C) Has a written plan for the protection of all residents in the event of a disaster such as tornado, fire, bomb threat or severe weather, including:

1. Keeping residents in place;

2. Evacuating residents to areas of refuge;

3. Evacuating residents from the building if necessary; or

4. Other methods of protection based on the disaster and the individual building design; I/II

(D) Completes a premove-in screening conducted as required by section 198.073.4 (4), RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)). II

(E) The premove-in screening shall be completed prior to admission with the participation of the prospective resident and be designed to determine if the individual is eligible for admission to the assisted living facility and shall be based on the admission restrictions listed at section (29) of this rule; II

(F) Completes a community based assessment conducted by an appropriately trained and qualified individual as defined in section (4) of this rule:

1. Time frame requirements for assessment shall be:

A. Within five (5) calendar days of admission; II

B. At least semiannually; and II

C. Whenever a significant change has occurred in the resident's condition, which may require a change in services. II

2. The facility shall use form MO 580-2835, Assessment for Admission To Assisted Living Facilities, (9-06), incorporated by reference, provided by the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 and which is available to long-term care facilities at www.dhss.mo.gov or by telephone at (573) 526-8548. This rule does not incorporate any subsequent amendments or additions; or II

3. The facility may use another assessment form if approved in advance by the department; II

(G) Develops an individualized service plan (ISP), which means the planning document prepared by an assisted living facility which outlines a resident's needs and preferences, services to be provided, and goals expected by the resident or the resident's legal representative in partnership with the facility; II

(H) Reviews the ISP with the resident, or legal representative of the resident, at least annually or when there is a significant change in the resident's condition which may require a change in services; II

(I) Includes the signatures of an authorized representative of the facility and the resident or the resident's legal representative in the individualized service plan to acknowledge that the service plan has been reviewed and understood by the resident or legal representative; II

(J) Develops and implements a plan to protect the rights, privacy, and safety of all residents and to protect against the financial exploitation of all residents; and II

(K) Complies with the dementia specific training requirements of subsection 8 of section 660.050, RSMo. II

(29) The facility shall not admit or continue to care for a resident who:

(A) Has exhibited behaviors that present a reasonable likelihood of serious harm to himself or herself or others; I/II

(B) Requires physical restraint as defined in this rule; II

(C) Requires chemical restraint as defined in this rule; II

(D) Requires skilled nursing services as defined in section 198.073.4, RSMo for which the facility is not licensed or able to provide; II

(E) Requires more than one (1) person to simultaneously physically assist the resident with any activity of daily living, with the exception of bathing and transferring; or II/III

(F) Is bed-bound or similarly immobilized due to a debilitating or chronic condition. II

(30) The requirements of subsections (29)(D), (E) and (F) shall not apply to a resident receiving hospice care, provided the resident, his or her legally authorized representative or designee, or both, and the facility, physician and licensed hospice provider all agree that such program of care is appropriate for the resident. II

(31) Programs and Services Requirements for Residents.

(A) The facility shall designate a staff member to be responsible for leisure activity coordination and for promoting the social model, multiple staff role directing all staff to provide routine care in a manner that emphasizes the opportunity for the resident and the staff member to enjoy a visit rather than simply perform a procedure. II/III

(B) The facility shall make available and implement self-care, productive and leisure activity programs which maximize and encourage the resident's optimal functional ability for residents. The facility shall provide person-centered activities appropriate to the resident's individual needs, preferences, background and culture. Individual or group activity programs may consist of the following:

1. Gross motor activities, such as exercise, dancing, gardening, cooking and other routine tasks;

2. Self-care activities, such as dressing, grooming and personal hygiene;

3. Social and leisure activities, such as games, music and reminiscing;

4. Sensory enhancement activities, such as auditory, olfactory, visual and tactile stimulation;

5. Outdoor activities, such as walking and field trips;

6. Creative arts; or

7. Other social, leisure or therapeutic activities that encourage mental and physical stimulation or enhance the resident's well-being. II/III

(C) Staff shall inform residents in advance of any organized group activity including the time and place of the activity. II/III

(32) Requirements for Facilities Providing Care to Residents Having Mental Illness or Mental Retardation Diagnosis.

(A) Each resident who exhibits mental and psychosocial adjustment difficulty(ies) shall receive treatment and services to address the resident's needs and behaviors as stated in the individualized service plan. I/II

(B) If specialized rehabilitative services for mental illness or mental retardation are required to enable a resident to reach and to comply with the individualized service plan, the facility shall ensure the required services are provided. II

(C) The facility shall maintain in the resident's record the most recent progress notes and personal plan developed and provided by the Department of Mental Health or designated administrative agent for each resident whose care is funded by the Department of Mental Health or designated administrative agent. III

(33) No facility shall accept any individual with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance unless the facility meets all requirements of section 198.073, RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and those standards set forth in 19 CSR 30-86.045. I/II

(34) The facility shall follow appropriate infection control procedures. The administrator or his or her designee shall make a report to the local health authority or the department of the presence or suspected presence of any diseases or findings listed in 19 CSR 20-20.020, sections (1)–(3) according to the specified time frames as follows:

(A) Category I diseases or findings shall be reported to the local health authority or to the department within twenty-four (24) hours of first knowledge or suspicion by telephone, facsimile, or other rapid communication;

(B) Category II diseases or findings shall be reported to the local health authority or the department within three (3) days of first knowledge or suspicion;

(C) Category III—The occurrence of an outbreak or epidemic of any illness, disease or condition which may be of public health concern, including any illness in a food handler that is potentially transmissible through food. This also includes public health threats such as clusters of unusual diseases or manifestations of illness and clusters of unexplained deaths. Such incidents shall be reported to the local authority or to the department by telephone, facsimile, or other rapid communication within twenty-four (24) hours of first knowledge or suspicion. I/II

(35) Protective oversight shall be provided twenty-four (24) hours a day. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II

(36) Residents shall receive proper care as defined in the individualized service plan. I/II

(37) In case of behaviors that present a reasonable likelihood of serious harm to himself or herself or others, serious illness, significant change in condition, injury or death, staff shall take appropriate action and shall promptly attempt to contact the person listed in the resident's record as the legally authorized representative, designee or placement authority. The facility shall contact the attending physician or designee and notify the local coroner or medical examiner immediately upon the death of any resident of the facility prior to transferring the deceased resident to a funeral home. I/II

(38) The facility shall encourage and assist each resident based on his or her individual preferences and needs to be clean and free of body and mouth odor. II

(39) If the resident brings unsealed medications to the facility, the medications shall not be used unless a pharmacist, physician or nurse examines, identifies and determines the contents to be suitable for use. The person performing the identification shall document his or her review. II/III

(40) Self-control of prescription medication by a resident may be allowed only if approved in writing by the resident's physician and included in the resident's individualized service plan. A resident may be permitted to control the storage and use of nonprescription medication unless there is a physician's written order or facility policy to the contrary. Written approval for self-control of prescription medication shall be rewritten as needed but at least annually and after any period of hospitalization. II/III

(41) All medication shall be safely stored at proper temperature and shall be kept in a secured location behind at least one (1) locked door or cabinet. Medication shall be accessible only to persons authorized to administer medications. II/III

(A) If access is controlled by the resident, a secured location shall mean in a locked container, a locked drawer in a bedside table or dresser or in a resident's private room if locked in his or her absence, although this does not preclude access by a responsible employee of the facility.

(B) Schedule II controlled substances shall be stored in locked compartments separate from non-controlled medications, except that single doses of Schedule II controlled substances may be controlled by a resident in compliance with the requirements for self-control of medication of this rule.

(C) Medication that is not in current use and is not destroyed shall be stored separately from medication that is in current use. II/III

(42) All prescription medications shall be supplied as individual prescriptions except where an emergency medication supply is allowed. All medications, including over-the-counter medications, shall be packaged and labeled in accordance with applicable professional pharmacy standards, and state and federal drug laws. Labeling shall include accessory and cautionary instructions as well as the expiration date, when applicable, and the name of the medication as specified in the physician's order. Medication labels shall not be altered by facility staff and medications shall not be repackaged by facility staff except as allowed by section (43) of this rule. Over-the-counter medications for individual residents shall be labeled with at least the resident's name. II/III

(43) Controlled substances and other prescription and non-prescription medications for administration when a resident temporarily leaves a facility shall be provided as follows:

(A) Separate containers of medications for the leave period may be prepared by the pharmacy. The facility shall have a policy and procedure for families to provide adequate advance notice so that medications can be obtained from the pharmacy.

(B) Prescription medication cards or other multiple-dose prescription containers currently in use in the facility may be provided by any authorized facility medication staff member if the containers are labeled by the pharmacy with complete pharmacy prescription labeling for use. Original manufacturer containers of non-prescription medications, along with instructions for administration, may be provided by any authorized facility medication staff member.

(C) When medications are supplied by the pharmacy in customized patient medication packages that allow separation of individual dose containers, the required number of containers may be provided by any authorized facility medication staff member. The individual dose containers shall be placed in an outer container that is labeled with the name and address of the facility and the date.

(D) When multiple doses of a medication are required and it is not reasonably possible to obtain prescription medication labeled by the pharmacy, and it is not appropriate to send a container of medication currently in use in the facility, up to a twenty-four (24)-hour supply of each prescription or non-prescription medication may be provided by a licensed nurse in United States Pharmacopeia (USP) approved containers labeled with the facility name and address, resident's name, medication name and strength, quantity, instructions for use, date, initials of individual providing, and other appropriate information.

(E) When no more than a single dose of a medication is required, any authorized facility medication staff member may prepare the dose as for in-facility administration in a USP approved container labeled with the facility name and address, resident's name, medication name and strength, quantity, instructions for use, date, initials of person providing, and other appropriate information.

(F) The facility may have a policy that limits the quantity of medication sent with a resident without prior approval of the prescriber.

(G) Returned containers shall be identified as having been sent with the resident, and shall not later be returned to the pharmacy for reuse.

(H) The facility shall maintain accurate records of medications provided to and returned by the resident. II/III

(44) Upon discharge or transfer of a resident, the facility shall release prescription medications, including controlled substances, held by the facility for the resident when the physician writes an order for each medication to be released. Medications shall be labeled by the pharmacy with current instructions for use. Prescription medication cards or other containers may be released if the containers are labeled by the pharmacy with complete pharmacy prescription labeling. II/III

(45) Injections shall be administered only by a physician or licensed nurse, except that insulin injections may also be administered by a certified medication technician or level I medication aide who has successfully completed the state-approved course for insulin administration, taught by a department-approved instructor. Anyone trained prior to December 31, 1990, who completed the state-approved insulin administration course taught by an approved instructor shall be considered qualified to administer insulin in an assisted living facility. A resident who requires insulin, may administer his or her own insulin if approved in writing by the resident's physician and trained to do so by a licensed nurse or physician. The facility shall monitor the resident's condition and ability to continue self-administration. I/II

(46) The administrator shall develop and implement a safe and effective system of medication control and use, which assures that all residents' medications are administered by personnel at least eighteen (18) years of age, in accordance with physicians' instructions using acceptable nursing techniques. The facility shall employ a licensed nurse eight (8) hours per week for every thirty (30) residents to monitor each resident's condition and medication. Administration of medication shall mean delivering to a resident his or her

prescription medication either in the original pharmacy container, or for internal medication, removing an individual dose from the pharmacy container and placing it in a small cup container or liquid medium for the resident to remove from the container and self-administer. External prescription medication may be applied by facility personnel if the resident is unable to do so and the resident's physician so authorizes. All individuals who administer medication shall be trained in medication administration and, if not a physician or a licensed nurse, shall be a certified medication technician or level I medication aide. I/II

(47) Medication Orders.

(A) No medication, treatment or diet shall be administered without an order from an individual lawfully authorized to prescribe such and the order shall be followed. II/III

(B) Physician's written and signed orders shall include: name of medication, dosage, frequency and route of administration and the orders shall be renewed at least every three (3) months. Computer generated signatures may be used if safeguards are in place to prevent their misuse. Computer identification codes shall be accessible to and used by only the individuals whose signatures they represent. Orders that include optional doses or include *pro re nata* (PRN) administration frequencies shall specify a maximum frequency and the reason for administration. II/III

(C) Telephone and other verbal orders shall be received only by a licensed nurse, certified medication technician, level I medication aide or pharmacist, and shall be immediately reduced to writing and signed by that individual. A certified medication technician or level I medication aide may receive a telephone or other verbal order only for a medication or treatment that the technician or level I medication aide is authorized to administer. If a telephone or other verbal order is given to a medication technician or level I medication aide, an initial dosage shall not be administered until the order has been reviewed by telephone, facsimile or in person by a licensed nurse or pharmacist. The review shall be documented by the reviewer co-signing the telephone or other verbal order. II

(D) The review shall be documented by the licensed nurse's or pharmacist's signature within seven (7) days. III

(E) The facility shall submit to the physician written versions of any oral or telephone orders within four (4) days of the giving of the oral or telephone order. III

(F) Influenza and pneumococcal polysaccharide immunizations may be administered per physician-approved facility policy after assessment for contraindications—

1. The facility shall develop a policy that provides recommendations and assessment parameters for the administration of such immunizations. The policy shall be approved by the facility medical director for facilities having a medical director, or by each resident's attending physician for facilities that do not have a medical director, and shall include the requirements to:

A. Provide education to each resident or the resident's designee or legally authorized representative regarding the potential benefits and side effects of the immunization; II/III

B. Offer the immunization to the resident or obtain permission from the resident's designee or legally authorized representative when the immunization is medically indicated unless the resident has already been immunized as recommended by the policy; II/III

C. Provide the opportunity to refuse the immunization; and II/III

D. Perform an assessment for contraindications; II/III

2. The assessment for contraindications and documentation of the education and opportunity to refuse the immunization shall be dated and signed by the nurse performing the assessment and placed in the medical record; or

3. The facility shall with the approval of each resident's physician, access screening and immunization through outside sources such as county or city health departments. II/III

(G) The administration of medication shall be recorded on a medication sheet or directly in the resident's record and, if recorded on a medication sheet, shall be made part of the resident's record. The administration shall be recorded by the same individual who prepares the medication and administers it. II/III

(48) The facility may keep an emergency medication supply if approved by a pharmacist or physician. Storage and use of medications in the emergency medication supply shall assure accountability. When the emergency medication supply contains controlled substances, the facility shall be registered with the Bureau of Narcotics and Dangerous Drugs (BNDD) and shall be in compliance with 19 CSR 30-1.052 and other applicable state and federal controlled substance laws and regulations. II/III

(49) Automated dispensing systems may be controlled by the facility or may be controlled on-site or remotely by a pharmacy.

(A) Automated dispensing systems may be used for an emergency medication supply.

(B) Automated dispensing systems that are controlled by a pharmacy may be used for continuing doses of controlled substance and non-controlled substance medications. When continuing doses are administered from an automated dispensing system that is controlled by a pharmacy, a pharmacist shall review and approve each new medication order prior to releasing the medication from the system. The pharmacy and the facility may have a policy and procedure to allow the release of initial doses of approved medications when a pharmacist is not available in lieu of a separate emergency medication supply. When initial doses are used when a pharmacist is not available, a pharmacist shall review and approve the order within twenty-four (24) hours of administration of the first dose.

(C) Automated dispensing systems shall be used in compliance with state and federal laws and regulations. When an automated dispensing system controlled by the facility contains controlled substances for an emergency medication supply, the facility shall be registered with the BNDD. When an automated dispensing system is controlled by a pharmacy, the facility shall use it in compliance with 20 CSR 2220-2.900. II/III

(50) Stock supplies of nonprescription medication may be kept when specific medications are approved in writing by a consulting physician, a registered nurse or a pharmacist. II/III

(51) Records shall be maintained upon receipt and disposition of all controlled substances and shall be maintained separately from other records, for two (2) years.

(A) Inventories of controlled substances shall be reconciled as follows:

1. Controlled Substance Schedule II medications shall be reconciled each shift; and II

2. Controlled Substance Schedule III–V medications shall be reconciled at least weekly and as needed to ensure accountability. II

(B) Inventories of controlled substances shall be reconciled by the following:

1. Two (2) medication personnel, one of whom is a licensed nurse; or

2. Two (2) medication personnel, who are certified medication technicians or level I medication aides, when a licensed nurse is not available. II

(C) Receipt records shall include the date, source of supply, resident name and prescription number when applicable, medication name and strength, quantity and signature of the supplier and receiver. Administration records shall include the date, time, resident name, medication name, dose administered and the initials of the individual administering. The signature and initials of each medication staff documenting on the medication administration record must be signed in the signature area of the medication record. II

(D) When self-control of medication is approved a record shall be made of all controlled substances transferred to and administered from the resident's room. Inventory reconciliation shall include controlled substances transferred to the resident's room. II

(52) Documentation of waste of controlled substances at the time of administration shall include the reason for the waste and the signature of another facility medication staff member who witnesses the waste. If a second medication staff member is not available at the time of administration, the controlled substance shall be properly labeled, clearly identified as unusable, stored in a locked area, and destroyed as soon as a medication staff member is available to witness the waste. When a second medication staff member is not available and the controlled substance is contaminated by patient body fluids, the controlled substance shall be destroyed immediately and the circumstances documented. II/III

(53) At least every other month, a pharmacist or registered nurse shall review the controlled substance record keeping including reconciling the inventories of controlled substances. This shall be done at the time of the drug regimen review of each resident. All discrepancies in controlled substance records shall be reported to the administrator for review and investigation. The theft or loss of controlled substances shall be reported as follows:

(A) The facility shall notify the department's Section for Long Term Care (SLTC) and other appropriate authorities of any theft or significant loss of any controlled substance medication written as an individual prescription for a specific resident upon the discovery of the theft or loss. The facility shall consider at least the following factors in determining if a loss is significant:

1. The actual quantity lost in relation to the total quantity;

2. The specific controlled substance lost;

3. Whether the loss can be associated with access by specific individuals;

4. Whether there is a pattern of losses, and if the losses appear to be random or not;

5. Whether the controlled substance is a likely candidate for diversion; and

6. Local trends and other indicators of diversion potential;

(B) If an insignificant amount of such controlled substance is lost during lawful activities, which includes but are not limited to receiving, record keeping, access auditing, administration, destruction and returning to the pharmacy, a description of the occurrence shall be documented in writing and maintained with the facility's controlled substance records. The documentation shall include the reason for determining that the loss was insignificant; and

(C) When the facility is registered with the BNDD, the facility shall report to or document for the BNDD any loss of any stock supply controlled substance in compliance with 19 CSR 30-1.034. II/III

(54) A physician, pharmacist or registered nurse shall review the medication regimen of each resident. This shall be done at least every other month. The review shall be performed in the facility and shall include, but shall not be limited to, indication for use, dose, possible medication interactions and medication/food interactions, contraindications, adverse reactions and a review of the medication system utilized by the facility. Irregularities and concerns shall be reported in writing to the resident's physician and to the administrator/manager. If after thirty (30) days, there is no action taken by a resident's physician and significant concerns continue regarding a resident's or residents' medication order(s), the administrator shall contact or recontact the physician to determine if he or she received the information and if there are any new instructions. II/III

(55) All medication errors and adverse reactions shall be promptly documented and reported to the administrator and the resident's physician. If the pharmacy made a dispensing error, it shall also be reported to the issuing pharmacy. II/III

(56) Medications that are not in current use shall be disposed of as follows:

(A) Single doses of contaminated, refused, or otherwise unusable non-controlled substance medications may be destroyed by any authorized medication staff member at the time of administration. Single doses of unusable controlled substance medications may be destroyed according to section (52) of this rule;

(B) Discontinued medications may be retained up to one hundred twenty (120) days prior to other disposition if there is reason to believe, based on clinical assessment of the resident, that the medication might be reordered;

(C) Medications may be released to the resident or family upon discharge according to section (44) of this rule;

(D) After a resident has expired, medications, except for controlled substances, may be released to the resident's legal representative upon written request of the legal representative that includes the name of the medication and the reason for the request;

(E) Medications may be returned to the pharmacy that dispensed the medications pursuant to 20 CSR 2220-3.040 or returned pursuant to the Prescription Drug Repository Program, 19 CSR 20-50.020. All other medications, including all controlled substances and all expired or otherwise unusable medications, shall be destroyed within thirty (30) days as follows:

1. Medications shall be destroyed within the facility by a pharmacist and a licensed nurse or by two (2) licensed nurses or when two (2) licensed nurses are not available on staff by two (2) individuals who have authority to administer medications, one (1) of whom shall be a licensed nurse or a pharmacist; and

2. A record of medication destroyed shall be maintained and shall include the resident's name, date, medication name and strength, quantity, prescription number, and signatures of the individuals destroying the medications; and

(F) A record of medication released or returned to the pharmacy shall be maintained and shall include the resident's name, date, medication name and strength, quantity, prescription number, and signatures of the individuals releasing and receiving the medications. II/III

(57) Residents experiencing short periods of incapacity due to illness or injury or recuperation from surgery may be allowed to remain or be readmitted from a hospital if the period of incapacity does not exceed forty-five (45) days and written approval of a physician is obtained for the resident to remain in or be readmitted to the facility. II

(58) The facility shall maintain a record in the facility for each resident, which shall include the following:

(A) Admission information including the resident's name; admission date; confidentiality number; previous address; birth date; sex; marital status; Social Security number; Medicare and Medicaid numbers (if applicable); name, address and telephone number of the resident's physician and alternate; diagnosis, name, address and telephone number of the resident's legally authorized representative or designee to be notified in case of emergency; and preferred dentist, pharmacist and funeral director; III

(B) A review monthly or more frequently, if indicated, of the resident's general condition and needs; a monthly review of medication consumption of any resident controlling his or her own medication, noting if prescription medications are being used in appropriate quantities; a daily record of administration of medication; a logging of the medication regimen review process; a monthly weight; a record of each referral of a resident for services from an outside service; and a record of any resident incidents including behaviors that present a reasonable likelihood of serious harm to himself or herself or others and accidents that potentially could result in injury or did result in injuries involving the resident; and

(C) Any physician's orders. The facility shall submit to the physician written versions of any oral or telephone orders within four (4) days of the giving of the oral or telephone order. III

(59) A record of the resident census shall be retained in the facility. III

(60) Resident records shall be maintained by the operator for at least five (5) years after a resident leaves the facility or after the resident reaches the age of twenty-one (21), whichever is longer and must include reason for discharge or transfer from the facility and cause of death, as applicable. III

(61) Staffing Requirements.

(A) The facility shall have an adequate number and type of personnel for the proper care of residents, the residents' social well being, protective oversight of residents and upkeep of the facility. At a minimum, the staffing pattern for fire safety and care of residents shall be one (1) staff person for every fifteen (15) residents or major fraction of fifteen (15) during the day shift, one (1) person for every twenty (20) residents or major fraction of twenty (20) during the evening shift and one (1) person for every twenty-five (25) residents or major fraction of twenty-five (25) during the night shift. I/II

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)*	1	3–15
3 p.m. to 9 p.m. (Evening)*	1	3–20
9 p.m. to 7 a.m. (Night)*	1	3–25

*If the shift hours vary from those indicated, the hours of the shifts shall show on the work schedules of the facility and shall not be less than six (6) hours. III

(B) The administrator shall count toward staffing when physically present in the facility. II

(C) The required staff shall be in the facility awake, dressed and prepared to assist residents in case of emergency. I/II

(D) Meeting these minimal staffing requirements may not meet the needs of residents as outlined in the residents' assessments and individualized service plans. I/II

(E) There shall be a licensed nurse employed by the facility to work at least eight (8) hours per week at the facility for every thirty (30) residents or additional major fraction of thirty (30). The nurse's duties shall include, but shall not be limited to, review of residents' charts, medications, and special diets or other orders, review of each resident's adjustment to the facility, and observation of each individual resident's general physical and mental condition. The nurse shall inform the administrator of any problems noted, and these shall be brought to the attention of the resident's physician. II/III

(62) Prior to or on the first day that a new employee works in the facility he or she shall receive orientation of at least two (2) hours appropriate to his or her job function. This shall include at least the following:

(A) Job responsibilities;

(B) Emergency response procedures;

(C) Infection control and handwashing procedures and requirements;

(D) Confidentiality of resident information;

(E) Preservation of resident dignity;

(F) Information regarding what constitutes abuse/neglect and how to report abuse/neglect to the department (1-800-392-0210);

(G) Information regarding the Employee Disqualification List;

(H) Instruction regarding the rights of residents and protection of property;

(I) Instruction regarding working with residents with mental illness; and

(J) Instruction regarding person-centered care and the concept of a social model of care, and techniques that are effective in enhancing resident choice and control over his or her own environment. II/III

(63) In addition to the orientation training required in section (62) of this rule any facility that provides care to any resident having Alzheimer's disease or related dementia shall provide orientation training regarding mentally confused residents such as those with Alzheimer's disease and related dementias as follows:

(A) For employees providing direct care to such persons, the orientation training shall include at least three (3) hours of training including at a minimum an overview of mentally confused residents such as those having Alzheimer's disease and related dementias, communicating with persons with dementia, behavior management, promoting independence in activities of daily living, techniques for creating a safe, secure and socially oriented environment, provision of structure, stability and a sense of routine for residents based on their needs, and understanding and dealing with family issues; and II/III

(B) For other employees who do not provide direct care for, but may have daily contact with, such persons, the orientation training shall include at least one (1) hour of training including at a minimum an overview of mentally confused residents such as those having dementias as well as communicating with persons with dementia; and II/III

(C) For all employees involved in the care of persons with dementia, dementia-specific training shall be incorporated into ongoing in-service curricula. II/III

(64) All in-service or orientation training relating to the special needs, care and safety of residents with Alzheimer's disease and other dementia shall be conducted, presented or provided by an individual who is qualified by education, experience or knowledge in the care of individuals with Alzheimer's disease or other dementia. II/III

(65) Requirements for training related to safely transferring residents.

(A) The facility shall ensure that all staff responsible for transferring residents are appropriately trained to transfer residents safely. Individuals authorized to provide this training include a licensed nurse, a physical therapist, a physical therapy assistant, an occupational therapist or a certified occupational therapy assistant. The individual who provides the transfer training shall observe the caregiver's skills when checking competency in completing safe transfers, shall document the date(s) of training and competency and shall sign and maintain training documentation. Initial training shall include a minimum of two (2) classroom instruction hours in addition to the on-the-job training related to safely transferring residents who need assistance with transfers. II/III

(B) The facility shall ensure that a minimum of one (1) hour of transfer training is provided by a licensed nurse annually regarding safe transfer skills. II/III

*AUTHORITY: sections 198.073 and 198.076, RSMo Supp. 2011. *Original rule filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 13, 2008, effective Oct. 30, 2008. Amended: Filed March 1, 2012, effective Sept. 30, 2012.*

**Original authority: 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006, 2007 and 198.076, RSMo 1979, amended 1984. 2007.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 86—Residential Care Facilities and Assisted Living Facilities

19 CSR 30-86.052 Dietary Requirements for Residential Care Facilities and Assisted Living Facilities

PURPOSE: This rule establishes standards for meeting dietary needs of residents in residential care facilities I and II.

Editor's Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 1986.

(1) Each resident shall be served food prepared and served under safe, sanitary conditions that is prepared consistent with the preferences of the resident and in accordance with attending physician's orders. The nutritional needs of the residents shall be met. Balanced nutritious meals using a variety of foods shall be served. Consideration shall be given to the food habits, preferences, medical needs and physical abilities of the residents. II/III

(2) Each resident shall receive and the facility shall provide at least three (3) meals daily, at regular times comparable to normal mealtimes in the community. At least two (2) meals daily shall be hot. II/III

(3) There shall be no more than fourteen (14) hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is provided at bedtime. Up to sixteen (16) hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span, and a nourishing snack is served. III

(4) Fresh water shall be available to the resident at all times. II/III

(5) Dining room service for residents shall be attractive and each resident shall receive appropriate table service. III

(6) Menus shall be planned in advance and shall be readily available for personnel involved in food purchase and preparation. Food shall be served as planned although substitutes of equal nutritional value and complementary to the remainder of the meal can be made if recorded. III

(7) A three (3)-day supply of food shall be maintained in the facility. III

(8) If a physician prescribes in writing a modified diet for a resident, the resident may be accepted or remain in the facility if—

(A) The physician monitors the resident's condition on a regular periodic basis and at least quarterly; II

(B) The diet, food preparation and serving is reviewed at least quarterly by a consulting nutritionist, dietitian, registered nurse or physician and there is written documentation of the review; II/III

(C) The modified diet menu is posted in the kitchen and includes portions to be served; III and

(D) The facility has entered into a written agreement for dietary consultation with a nutritionist, dietitian registered nurse or physician. III

(9) Nothing in this rule shall be construed as taking precedence over the resident's right to make decisions regarding his or her eating and dining preferences.

(A) In assisted living facilities, information about the resident's eating and dining preferences shall be incorporated in his or her individualized service plan based on an assessment that includes the resident's culture, life-long routines, habits, patterns and preferences. III

(B) In assisted living facilities, if the resident's eating and dining preferences have a potential health risk, staff shall inform the resident or his or her legally authorized representative of the potential health risks and document this in his or her individualized service plan. III

AUTHORITY: sections 198.076, RSMo 2000 and 198.005 and 198.073, RSMo Supp. 2006. This rule originally filed as 13 CSR 15-15.052. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Moved to 19 CSR 30-86.052, effective Aug. 28, 2001. Amended: Aug. 23, 2006, effective April 30, 2007.*

**Original authority: 198.005, RSMo 2006; 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006; and 198.076, RSMo 1979, amended 1984.*

Rules of
Department of Health and Senior Services
Division 30-Division of Regulation and Licensure
Chapter 87-Sanitation Requirements for Long-Term Care Facilities

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Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30—Division of Health Standards and Licensure

Chapter 87—Sanitation Requirements for Long-Term Care Facilities

19 CSR 30-87.010 Definitions

PURPOSE: This rule defines terms used in relation to sanitation requirements for long-term care facilities.

(1) Adulterated means the condition of a food if it bears or contains any poisonous or deleterious substance in a quantity which may render it injurious to health; if it bears or contains any added poisonous or deleterious substance for which no safe tolerance has been established by rules, or in excess of tolerance if one has been established; if it consists in whole or in part of any filthy, putrid or decomposed substance, or if it is otherwise unfit for human consumption; if it has been processed, prepared, packed or held under unsanitary conditions, where it may have been rendered injurious to health; if it is in whole or in part the product of a diseased animal or an animal which has died other than by slaughter; or if its container is composed in whole or in part of any poisonous or deleterious substance which may render the contents injurious to health.

(2) Commissary means a catering establishment, restaurant or any other place in which food, containers or supplies are kept, handled, prepared, packaged or stored.

(3) Corrosion-resistant materials means those materials that maintain their original surface characteristics under prolonged influence of the food to be contacted, the normal use of cleaning compounds and bactericidal solutions and other conditions-of-use environment.

(4) Easily cleanable means that surfaces are readily accessible and made of materials and finish and so fabricated that residue may be effectively removed by normal cleaning methods.

(5) Food service employee means individuals having supervisory or management duties and any other person working in a food-service area of a long-term care facility.

(6) Equipment means stoves, ovens, ranges, hoods, slicers, mixers, meat blocks, tables, counters, refrigerators, sinks, dishwashing machines, steam tables and similar items (other than utensils) used in the operation of a food-service establishment.

(7) Food means any raw, cooked or processed edible substance, ice, beverage or ingredient used or intended for use or for sale in whole or in part for human consumption.

(8) Food-contact surface means any surface of equipment and utensils with which food normally comes in contact and any surface from which food may drain, drip or splash back onto surfaces normally in contact with food.

(9) Food-service area means any place where food is prepared and intended for individual-portion service and includes the site at which individual portions are provided. The term includes any such place regardless of whether consumption is on or off the premises and regardless of whether there is a charge for the food. The term also includes delicatessen-type operations that prepare sandwiches intended for individual-portion services. The term does not include private homes where food is prepared or served for individual family consumption, retail food stores, the location of food vending machines and supply vehicles.

(10) Hermetically-sealed container means a container designed and intended to be secure against the entry of microorganisms and to maintain the commercial sterility of its content after processing.

(11) Kitchenware means all multiuse utensils other than tableware.

(12) Law includes federal, state and local statutes, ordinances and regulations.

(13) Packaged means bottled, canned, cartoned or securely wrapped.

(14) Person includes any individual, partnership, corporation, association or other legal entity. Person in charge means the individual present in a food-service establishment who is the apparent supervisor of the food-service establishment at the time of inspection. If no individual is the apparent supervisor, then any employee present is the person in charge.

(15) Potentially hazardous food means any food that consists in whole or part of milk or milk products; eggs, meat, poultry, fish, shellfish, edible crustacea or other ingredients, including synthetic ingredients, in a form capable of supporting rapid and progressive growth of infectious or toxigenic microorganisms. The term does not include clean, whole, uncracked, odor-free shell eggs or foods which have a pH level of four and six-tenths (4.6) or below or a water activity (a_w) value of eighty-five hundredths (0.85) or less.

(16) Reconstituted means dehydrated food products recombined with water or liquids.

(17) Safe materials means articles manufactured from or composed of materials that may not reasonably be expected to result, directly or indirectly, in their becoming a component or otherwise affecting the characteristics of any food. All materials are safe only if they are in compliance with the state Food Drug and Cosmetic Act in sections 196.010–180, RSMo (1986) and the federal Food, Drug and Cosmetic Act and are used in conformity with all applicable regulations.

(18) Sanitization means effective bactericidal treatment by a process that provides enough accumulative heat or concentration of chemicals for sufficient time to reduce the bacterial count, including pathogens, to a safe level on utensils and equipment.

(19) Sealed means free of cracks or other openings that permit the entry or passage of moisture.

(20) Single-service articles means cups, containers, lids, closures, plates, knives, forks, spoons, stirrers, paddles, straws, napkins, wrapping materials, toothpicks and similar articles intended for one (1)-time, one (1)-person use and then discarded.

(21) Tableware means multiuse eating and drinking utensils.

(22) Utensil means any implement used in the storage, preparation, transportation or service of food.

AUTHORITY: section 198.009, RSMo 1986. This rule originally filed as 13 CSR 15-17.010. Original rule filed July 13, 1983, effective Oct. 13, 1983. Moved to 19 CSR 30-87.010, effective Aug. 28, 2001.*

**Original authority: 198.009, RSMo 1979, amended 1993, 1995.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30—Division of Health Standards and Licensure

Chapter 87—Sanitation Requirements for Long-Term Care Facilities

19 CSR 30-87.020 General Sanitation Requirements for New and Existing Long-Term Care Facilities

PURPOSE: This rule establishes standards related to general sanitation and housekeeping in a long-term care facility to protect the health and safety of the residents.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency's headquarters or the same will be made available at the Office of the Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

Editor's Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.

(1) All parts of property used in connection with the operation of the facility shall be kept free of litter. Only articles necessary for the operation or maintenance of the facility shall be stored on the premises. III

(2) The walking and driving surfaces of all exterior areas of the facility shall be surfaced with concrete or asphalt, or with gravel or similar material effectively treated to facilitate maintenance and minimize dust. These surfaces shall be graded to prevent pooling and shall be kept free of litter. III

(3) There shall be present in the facility only those poisonous or toxic materials necessary for maintaining the establishment, cleaning and sanitizing equipment and utensils and controlling insects and rodents. II

(4) Containers of poisonous or toxic materials shall be prominently and distinctly labeled according to law for easy identification of contents. II

(5) Poisonous or toxic materials consist of the following categories: insecticides and rodenticides; disinfectants, sanitizer and related cleaning or drying agents; and caustics, acids, polishes and other chemicals. Each of these three (3) categories set forth shall be stored and physically located separate from each other. All poisonous or toxic materials shall be stored in locked cabinets or in a similar physically separate place used for no other purpose which is not accessible to residents. II

(6) Bactericides, cleaning compounds or other compounds intended for use on food-contact surfaces shall not be used in a way that leaves a toxic residue on surfaces or that constitutes a hazard to residents, employees or other persons. II

(7) Poisonous or toxic materials shall not be used in a way that contaminates food, equipment or utensils, nor in a way that constitutes a hazard to residents, employees or other persons, nor in a way other than in full compliance with the manufacturer's labeling. II

(8) All rooms shall have sufficient ventilation to keep them free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke and fumes. Ventilation systems shall be installed and operated according to law and, when vented to the outside, shall not create an unsightly, harmful or unlawful discharge. I/II

(9) Intake and exhaust air ducts shall be maintained to prevent the entrance of dust, dirt and other contaminating materials. III

(10) In new or extensively remodeled facilities, all rooms from which obnoxious odors, vapors or fumes originate shall be mechanically vented to the outside. II

(11) Deodorizers or sprays shall not be used to cover up odors. Odors shall be eliminated to the source by prompt cleaning of bedpans and commodes, floors, furniture and equipment and by proper ventilation. II/III

(12) All floors in the facility shall be clean and shall be maintained in good repair. Floors and floor coverings of all food-preparation, food-storage and utensil-washing areas, and the floors of all walk-in refrigerating units, dressing rooms, locker rooms, toilet rooms and vestibules shall be constructed of smooth durable material such as sealed concrete, terrazzo, ceramic tile, durable grades of linoleum or plastic, or tight wood impregnated with plastic. Nothing in this section shall prohibit the use of antislip floor covering in areas where necessary for safety reasons. III

(13) Carpeting, if used as a floor covering, shall be of closely woven construction, properly installed, easily cleanable and maintained in good repair. Carpeting is prohibited in food-preparation, equipment-washing and utensil-washing areas where it would be exposed to large amounts of grease and water, in food-storage areas and toilet room areas where urinals or toilet fixtures are located. III

(14) Mats and duckboards shall be of nonabsorbent, grease-resistant materials and of that size, design and construction as to facilitate their being easily cleaned. Duckboards shall not be used as storage racks. III

(15) Walls and ceilings, including doors, windows and skylights, shall be clean and maintained in good repair. III

(16) Wall- and ceiling-covering materials shall be attached and sealed so as to be easily cleanable.

(17) The walls, including nonsupporting partitions, wall coverings and ceilings of walk-in refrigerating units, food-preparation areas, equipment-washing and utensil-washing areas, toilet rooms and vestibules shall be smooth, nonabsorbent and easily cleanable. Concrete or pumice blocks used for interior wall construction in these locations shall be finished and sealed to provide an easily cleanable surface. III

(18) Studs, joists and rafters, shall not be exposed in walk-in refrigerating units, food-preparation areas, equipment-washing areas, toilet rooms and vestibules. III

(19) Light fixtures, vent covers, wall-mounted fans, decorative materials and similar equipment attached to walls and ceilings shall be easily cleanable and shall be maintained clean and in good repair. III

(20) Cleaning of floors and walls, except emergency cleaning of floors, shall be done during periods when the least amount of food is exposed, such as between meals. Mops used for cleaning bathrooms shall be disinfected after use and before using in other areas. III

(21) In new or extensively remodeled facilities for more than twelve (12) residents at least one (1) utility sink or curbed facility with a floor drain shall be provided and used for the cleaning of mops or similar wet-floor cleaning tools and for the disposal of mop water or similar liquid wastes. The use of lavatories, utensil washing or equipment washing or food-preparation sinks for this purpose is prohibited. III

(22) Enough potable water for the needs of the facility shall be provided from a source constructed and operated according to law. Compliance is required with sections 1401, 1411, 1414, 1431 and 1445 of the Public Service Act as amended by the Safe Drinking Water Act, Public Law 93—523 CFR 11990 as set forth in 10 CSR 60. Water shall be from a source approved by the regulating agency. I/II

(23) All potable water not provided directly by pipe to the facility from the source shall be transported in a bulk water-transport system and shall be delivered to a closed-water system. Both of these systems shall be constructed and operated according to law. I/II

(24) All sewage, including liquid waste, shall be disposed of by public sewage system or by a sewage disposal system constructed and operated according to law. Nonwater-carried sewage disposal facilities are prohibited. II

(25) Plumbing shall be sized, installed and maintained according to the *National Plumbing Code*. II/III

(26) There shall be no cross-connection between the potable water supply nor any source of pollution through which the potable water supply might become contaminated. II

(27) A nonpotable water system is permitted only for purposes such as air conditioning and fire protection and only if the system is installed according to law and the nonpotable water does not contact, directly or indirectly, food, potable water, equipment that contacts food or utensils. The piping of any nonpotable water system shall be durably identified so that it is readily distinguishable from piping that carries potable water. II

(28) The potable water system shall be installed to preclude the possibility of backflow. Devices shall be installed to protect against backflow and back siphonage at all fixtures and equipment where an air gap at least twice the diameter of the water supply inlet is not provided between the water supply inlet and the fixture's flood level rim. A hose shall not be attached to a faucet unless a backflow prevention device is installed. II

(29) Except for properly trapped open sinks, there shall be no direct connection between the sewage system and any drains originating from equipment in which food, portable equipment or utensils are placed. When a dishwashing machine is located within five feet (5') of a trapped floor drain, the dishwasher waste outlet may be connected directly on the inlet side of a properly vented floor drain trap if permitted by law. II

(30) Garbage and refuse shall be kept in durable, easily-cleanable, insect-proof and rodent-proof containers that do not leak and do not absorb liquids. Plastic bags and wet-strength paper bags may be used to line these containers, and they may be used for storage inside the facility. III

(31) Waste containers used in food-preparation and utensil-washing areas shall be kept covered when not in actual use. III

(32) Waste containers stored outside the establishment and dumpsters, compactors and compactor systems shall be easily cleanable, shall be provided with tight-fitting lids, doors or covers and shall be kept covered when not in actual use. In containers designed with drains, drain plugs shall be in place at all times, except during cleaning. III

(33) Cardboard or other packaging material not containing garbage or food wastes need not be stored in covered containers. III

(34) Soiled containers shall be cleaned at a frequency to prevent insect and rodent attraction. Liquid waste from compacting or cleaning operations shall be disposed of as sewage. III

(35) Garbage or refuse storage rooms, if used, shall be constructed of easily cleanable, nonabsorbent, washable materials, shall be kept clean, shall be insect-proof and rodent-proof and shall be large enough to store the garbage and refuse containers that accumulate. III

(36) Outside storage areas or enclosures shall be large enough to store the garbage and refuse containers that accumulate and shall be kept clean. III

(37) Garbage and refuse shall be disposed of often enough to prevent the development of odor and the attraction of insects and rodents. III

(38) Where refuse is burned on the premises, it shall be done in accordance with fire safety regulations. III

(39) Effective measures intended to minimize the presence of rodents, flies, cockroaches and other insects on the premises shall be utilized. The premises shall be kept in such condition as to prevent the harborage or feeding of insects or rodents. II/III

(40) Openings to the outside shall be effectively protected against the entrance of rodents. Outside openings shall be protected against the entrance of insects by tight-fitting, self-closing doors, closed windows, screening, control of air currents or other means. Screen doors shall be self-closing and screens for windows, doors, skylights, transoms, intake and exhaust air ducts, and other openings to the outside shall be tight-fitting and free of breaks. Screening material shall not be less than sixteen (16) mesh to the inch. II/III

(41) Toilet rooms shall be conveniently located and easily accessible to residents and employees. Toilet rooms shall be completely enclosed. Toilet fixtures shall be kept clean and in good repair. A supply of toilet tissue shall be provided at each toilet at all times. Easily cleanable receptacles shall be provided for waste materials. Toilet rooms used by women employees shall have at least one (1) covered waste receptacle. III

(42) Lavatories shall also be located in or immediately adjacent to toilet rooms or vestibules and shall be easily accessible to residents and employees. Lavatories shall be located to permit convenient use by all employees in food-preparation areas and utensil-washing areas. In new facilities, sinks used for food-preparation or for washing equipment or utensils shall not be used for hand washing. III

(43) Each lavatory, bathtub or shower shall be provided with hot and cold water tempered by means of mixing valve or combination faucet. Any self-closing, slow-closing or metering faucet used shall be designed to provide a flow of water for at least fifteen (15) seconds without the need to reactivate the faucet. Steam-mixing valves are prohibited. III

(44) A supply of hand-cleansing soap or detergent shall be available at each employee-use lavatory. A supply of sanitary towels or a hand-drying device providing heated air shall be conveniently located near each lavatory, except that hand towels for individual use are permitted. Common towels are prohibited. If disposable towels are used, easily cleanable waste receptacles shall be conveniently located near the hand-washing facilities. III

(45) Lavatories, soap dispensers, hand-drying devices and all related fixtures shall be kept clean and in good repair. III

(46) If employees routinely change clothes within the facility, rooms or areas shall be designated and used for that purpose. These designated rooms or areas shall not be used for food preparation, storage or service, or for utensil washing or storage. Lockers or other suitable facilities shall be provided and used for the orderly storage of employee clothing and other belongings. Lockers or other suitable facilities may be located only in the designated dressing rooms or in food-storage rooms or areas containing only completely packaged food or packaged single-service articles. III

(47) Laundry facilities shall be so designed and procedures instituted to prevent cross-contamination of clean and dirty linen. II

(48) If laundry for the facility is done commercially, either entirely or in part, space shall be provided for sorting, processing and storing soiled linen. II/III

(49) Storage space shall be located to facilitate convenient pickup and delivery by commercial laundry. III

(50) Equipment shall be provided to prewash linen soiled by incontinent residents before it is sent to the laundry. II/III

(51) For intermediate care and skilled nursing facilities, existing assisted living facilities and new residential care facilities and assisted living facilities licensed for more than twelve (12) residents, if laundry is done in the facility entirely or partially, the laundry room shall be in a separate room from the kitchen, the residents' room(s), the sitting or living room and the bathrooms or the nursing utility room. Adequate space shall be provided in the laundry room for storing, sorting and processing soiled linen. Table linen shall be laundered separately from bed linen, towels and clothing. Space shall be provided for storing clean linen in a separate room from the laundry. Nothing in this rule shall prohibit a facility from providing a laundry area for use by residents. II/III

(52) Provision shall be made for the proper care of soiled linen and clean linen on each floor of each building. A laundry hamper, with lid, laundry chute or some other suitable arrangement shall be provided. II/III

(53) Soiled clothes and linens shall be stored in nonabsorbent containers or washable laundry bags and shall be transported for laundering in tightly enclosed bags or containers. Nothing in this rule shall require residents to use tightly enclosed bags or containers when transporting their personal laundry items to the resident laundry area referred to in section (51). III

(54) Linen soiled by incontinent residents shall be washed or prewashed immediately. II/III

(55) Clean clothes and linens shall be stored in a clean place and protected from contamination until used. III

*AUTHORITY: sections 198.009, RSMo 2000 and 198.005 and 198.073, RSMo Supp. 2006. * This rule originally filed as 13 CSR 15-17.020. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency rule filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Aug. 1, 1988, effective Nov. 11, 1988. Moved to 19 CSR 30-87.020, effective Aug. 28, 2001. Amended: Filed Aug. 23, 2006, effective April 30, 2007.*

**Original authority: 198.005, RSMo 2006; 198.009, RSMo 1979, amended 1993, 1995; and 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Health Standards and Licensure
Chapter 87—Sanitation Requirements for Long-Term Care Facilities

19 CSR 30-87.030 Sanitation Requirements for Food Service

PURPOSE: This rule establishes standards related to food supplies, food protection and storage, food preparation and handling, food service, food equipment and utensils, dishwashing methods and other general requirements related to the food preparation and service area. These rules have been adapted from the 1976 recommended ordinance governing food service establishments and established by the United States Food and Drug Administration.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

Editor's Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.

(1) Employees shall maintain a high degree of personal cleanliness and shall conform to good hygienic practices during all working periods. II/III

(2) Employees shall thoroughly wash their hands and the exposed portions of their arms with soap and warm water before starting work, during work as often as is necessary to keep them clean and after smoking, eating, drinking or using the toilet. Employees shall keep their fingernails clean and trimmed. II/III

(3) The outer clothing of all employees shall be clean and employees shall use effective hair restraints to prevent the contamination of food or food-contact surfaces. III

(4) Employees shall consume food only in designated dining areas. An employee dining area shall not be so designated if consuming food there may result in contamination of other food, equipment, utensils or other items needing protection. Nothing in this section shall prohibit staff from dining with residents when the facility utilizes the social model for mealtime. III

(5) Employees shall not use tobacco in any form while engaged in food preparation or service, nor while in areas used for equipment or utensil washing or for food preparation. Employees shall use tobacco only in designated areas. An employee tobacco-use area shall not be designated for that purpose if the use of tobacco there may result in contamination of food, equipment, utensils or other items needing protection. III

(6) The traffic of unnecessary persons through the food-preparation and utensil-washing areas is prohibited. III

(7) Food preparation and storage shall not be conducted in any room used as living or sleeping quarters. In a facility licensed for more than twelve (12) residents, except in an existing residential care facility, food service operations shall be separated from living or sleeping quarters by complete partitioning and solid, self-closing doors. Nothing in this section shall prohibit an assisted living facility from providing kitchen and family style eating areas for use by residents. III

(8) Maintenance and cleaning tools such as brooms, mops, vacuum cleaners and similar equipment shall be maintained and stored in a way that does not contaminate food, utensils, equipment or linens and shall be stored in an orderly manner. III

(9) Live animals, including birds and turtles shall be excluded from the food storage service and preparation areas. This exclusion does not apply to edible fish, crustacea, shellfish or to fish in aquariums. Patrol dogs accompanying security or police officers, or service or guide dogs assisting residents or visitors shall be permitted in dining areas. Other dogs and cats may be permitted in the dining area if food service sanitation is not compromised and residents do not object. III

(10) Birds within enclosed aviaries may be in the dining area with the following stipulations:

(A) The facility ensures the aviary is cleaned at least twice a week and more often as needed to maintain a clean environment; III

(B) The facility provides proper hand washing instructions to those staff having access to the birds and monitors to ensure compliance; and III

(C) The facility contacts the local or county Health Department and informs that department that an aviary has been installed. III

(11) Food shall be in sound condition, free from spoilage, filth or other contamination and shall be safe for human consumption. Food shall be obtained from sources that comply with all laws relating to food and food labeling. The use of food in hermetically sealed containers that was not prepared in a food-processing establishment is prohibited. Nothing in this section shall prohibit facilities from using fresh vegetables or fruits purchased from farmers' markets or obtained from the facility garden or residents' family gardens. I/II

(12) Fluid milk and fluid milk products used or served shall be pasteurized and shall meet the Grade A quality standards as established by law. Dry milk and dry milk products shall be made from pasteurized milk products. I/II

(13) At all times, including while being stored, prepared, displayed, served or transported to or from the facility, food shall be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage or overhead drippage from condensation. The temperature of potentially hazardous food shall be forty-five degrees Fahrenheit (45°F) or below or one hundred forty degrees Fahrenheit (140°F) or above at all times, except as otherwise provided in this section. In the event of a fire, flood, power outage or similar event that might result in the contamination of food, or that might prevent potentially hazardous food from being held at required temperatures, the person in charge shall immediately contact the Department of Health and Senior Services (the department). Upon receiving notice of this occurrence, the department shall take whatever action that it deems necessary to protect the residents. II/III

(14) Food, whether raw or prepared, if removed from the container or package in which it was obtained, shall be stored in a clean covered container except during necessary periods of preparation or service. Container covers shall be impervious and nonabsorbent except that linens or napkins may be used for lining or covering bread or roll containers. III

(15) Containers of food shall be stored above the floor in a manner that protects the food from splash and other contamination and that permits easy cleaning of the storage area, except that metal pressurized beverage containers, and cased food packaged in cans, glass or other waterproof containers need not be elevated when the food container is not exposed to floor moisture; and containers may be stored on dollies, racks or pallets, provided the equipment is easily movable. III

(16) Food and containers of food shall be stored in a manner which protect it from contamination. The storage of food in toilet rooms or vestibules is prohibited. II/III

(17) Unless its identity is unmistakable, bulk food, such as cooking oil, syrup, salt, sugar or flour not stored in the product container or package in which it was obtained, shall be stored in a container identifying the food by common name. III

(18) Enough conveniently located refrigeration facilities or effectively insulated facilities shall be provided to assure the maintenance of potentially hazardous food at required temperatures during storage. Each mechanically refrigerated facility storing potentially hazardous food shall be provided with a numerically scaled indicating thermometer, accurate to plus or minus three degrees Fahrenheit (±3°F), located to measure the air temperature in the warmest part of the refrigerated facility and located to be easily readable. Recording thermometers, accurate to plus or minus three degrees Fahrenheit (±3°F), may be used in lieu of indicating thermometers. III

(19) Potentially hazardous food requiring refrigeration after preparation shall be rapidly cooled to an internal temperature of forty-five degrees Fahrenheit (45°F) or below, utilizing such methods as shallow pans, agitation, quick chilling or water circulation external to the food container so that the cooling period shall not exceed four (4) hours. Potentially hazardous food to be transported shall be prechilled and held at a temperature of forty-five degrees Fahrenheit (45°F) or below. I/II

(20) Frozen food shall be kept frozen and should be stored at a temperature of zero degrees Fahrenheit (0°F) or below. III

(21) Ice intended for human consumption shall not be used as a medium for cooling stored food, food containers or food utensils, except that such ice may be used for cooling tubes conveying beverages or beverage ingredients to a dispenser head. Ice used for cooling stored food and food containers shall not be used for human consumption. III

(22) Tubing conveying beverages or beverage ingredients to dispensing heads may be in contact with stored ice provided that, the tubing is fabricated from safe materials, is grommeted at entry and exit points to preclude moisture (condensation) from entering the ice machine or the ice storage bin and is kept clean. Drainage or drainage tubes from dispensing units shall not pass through the ice machine or the ice storage bin. III

(23) Enough conveniently located hot food storage facilities shall be provided to assure the maintenance of food at the required temperature during storage. Each hot food facility storing potentially hazardous food shall be provided with a numerically scaled indicating thermometer, accurate to plus or minus three degrees Fahrenheit (±3°F), located to measure the air temperature in the coolest part of the hot food storage facility and located to be easily readable. Recording thermometers, accurate to plus or minus three degrees Fahrenheit (±3°F), may be used in lieu of indicating thermometers. Where it is impractical to install thermometers on equipment such as bains-maries, steam tables, steam kettles, heat lamps, calrod units or insulated food transport carriers, a product thermometer must be available and used to check internal food temperature. III

(24) The internal temperature of potentially hazardous foods requiring hot storage shall be one hundred forty degrees Fahrenheit (140°F) or above, except during periods of preparation. Potentially hazardous food to be transported shall be held at a temperature of one hundred forty degrees Fahrenheit (140°F) or above. I/II

(25) Raw fruits and vegetables shall be thoroughly washed with potable water before being cooked or served. II/III

(26) Potentially hazardous foods requiring cooking shall be cooked to heat all parts of the food to a temperature of at least one hundred forty degrees Fahrenheit (140°F), except that poultry, poultry stuffings, stuffed meats and stuffings containing meat shall be cooked to heat all parts of the food to at least one hundred sixty-five degrees Fahrenheit (165°F) with no interruption of the cooking process. Pork and food containing pork shall be cooked to heat all parts of the food to at least one hundred fifty degrees Fahrenheit (150°F); rare roast beef shall be cooked to an internal temperature of at least one hundred thirty degrees Fahrenheit (130°F); and rare beef steak shall be cooked to a temperature of one hundred thirty degrees Fahrenheit (130°F) unless otherwise ordered by the resident. II/III

(27) Liquid, frozen, dry eggs and egg products shall be used only for cooking and baking purposes. II/III

(28) Only clean whole eggs, with shell intact and without cracks or checks, or pasteurized liquid or frozen, or dry eggs or pasteurized dry egg products shall be used, except that hard-boiled, peeled eggs, commercially prepared and packaged, may be used. II

(29) Potentially hazardous foods that have been cooked and then refrigerated shall be reheated rapidly to one hundred sixty-five degrees Fahrenheit (165°F) or higher throughout before being served or before being placed in a hot food-storage facility. II

(30) Steam tables, bains-maries, warmers and similar hot food-holding facilities are prohibited for the rapid reheating of potentially hazardous foods. II/III

(31) Nondairy creaming, whitening or whipping agents may be reconstituted on the premises only when they will be stored in sanitized, covered containers not exceeding one (1) gallon in capacity and cooled to forty-five degrees Fahrenheit (45°F) or below within four (4) hours after preparation. II/III

(32) Metal stem-type numerically scaled indicating thermometers, accurate to plus or minus two degrees Fahrenheit (±2°F), shall be provided and used to assure the attainment and maintenance of proper internal cooking, holding or refrigeration temperatures of all potentially hazardous foods. II/III

(33) Potentially hazardous foods shall be thawed in refrigerated units at a temperature not to exceed forty-five degrees Fahrenheit (45°F); or under potable running water at a temperature of seventy degrees Fahrenheit (70°F) or below, with sufficient water velocity to agitate and float off loose food particles into the overflow; or in a microwave oven only when the food will be immediately transferred to conventional cooking facilities as part of a continuous cooking process or when the entire, uninterrupted cooking process takes place in the microwave oven; or as part of the conventional cooking process. II/III

(34) At time of service to the resident, food shall be at least one hundred twenty degrees Fahrenheit (120°F) or forty-five degrees Fahrenheit (45°F) or below. II/III

(35) Milk and milk products for drinking purposes shall be provided to the resident in an unopened, commercially filled package not exceeding one (1) pint in capacity, or shall be drawn from a commercially filled container stored in a mechanically refrigerated bulk milk dispenser, or shall be poured directly into glass(es) to be used by the resident(s) from a commercially filled gallon or half-gallon container provided the container is completely emptied in the process and then discarded, or if a portion of milk remains, that no milk may be returned to that container and is immediately refrigerated. Where a bulk dispenser for milk and milk products is not available and portions of less than one-half (1/2) pint are required for mixed drinks, cereal or dessert service, milk and milk products may be poured from a commercially filled container of not more than one (1) gallon capacity and no milk may be returned to that container. II/III

(36) Reconstituted dry milk and dry milk products shall not be used for drinking purposes but may be used in instant desserts and whipped products, or for cooking and baking purposes. III

(37) Cream or half-and-half or nondairy creaming agents or whitening agents shall be provided in an individual service container, protected pour-type pitcher or drawn from a refrigerated dispenser designed for such service. III

(38) Condiments, seasoning and dressings for self-service use shall be provided in individual packages, from dispensers or from protected containers. III

(39) Condiments provided for table or counter service shall be individually portioned, except that catsup and other sauces may be served in the original container or pour-type dispenser. Sugar for consumer shall be provided in individual packages or in pour-type dispensers. III

(40) Ice shall be dispensed only with scoops, tongs or other ice-dispensing utensils or through automatic self-service, ice-dispensing equipment. Ice-dispensing utensils shall be stored on a clean surface or in the ice with the dispensing utensil's handle extended out of the ice. Between uses, ice transfer receptacles shall be stored in a way that protects them from contamination. Ice storage bins shall be drained through an air gap. III

(41) To avoid unnecessary manual contact with food, suitable preparation and dispensing utensils shall be used by employees or provided to consumers who serve themselves. Between uses, during service, dispensing utensils shall be stored in a manner which would prevent contamination. III

(42) Once served to a resident, portions of leftover food shall not be served again except that packaged food, other than potentially hazardous food, that is still packaged and is still in sound condition may be re-served. III

(43) Food on display shall be protected from resident contamination by the use of packaging or by the use of easily cleanable counter, serving line or salad bar protector devices, display cases or by other effective means. Enough hot or cold food facilities shall be available to maintain the required temperature of potentially hazardous foods on display. III

(44) Equipment and utensils shall be constructed and repaired with safe materials including finishing materials; shall be corrosion-resistant and nonabsorbent; and shall be smooth, easily cleanable and durable under conditions of normal use. Single-service articles shall be made from clean, sanitary, safe materials. Equipment utensils and single-service articles shall not impart odors, color or taste nor contribute to the contamination of food. III

(45) Hard maple or equivalently nonabsorbent material may be used for cutting blocks, cutting boards, salad bowls and baker's tables. The use of wood as a food-contact surface under other circumstances is prohibited. III

(46) Safe plastic or safe rubber or safe rubber-like materials that are resistant under normal conditions of use to scratching, scoring, decomposition, crazing, chipping and distortion, that are of sufficient weight and thickness to permit cleaning and sanitizing by normal dishwashing methods, and which meet the general requirements of this rule, are permitted for repeated use. III

(47) Re-use of single service articles is prohibited. III

(48) Food-contact surfaces shall be easily cleanable, smooth and free of breaks, open seams, cracks, chips, pits and similar imperfections and free of difficult-to-clean internal corners and crevices. Cast iron may be used as a food-contact surface only if the surface is heated, such as in grills, griddle tops and skillets. Threads shall be designed to facilitate cleaning; ordinary "V" type threads are prohibited in food-contact surfaces, except that in equipment such as ice makers or hot oil-cooking equipment and hot oil-filtering systems, these threads shall be minimized. III

(49) Equipment containing bearings and gears requiring unsafe lubricants shall be designed and constructed so that the lubricant cannot leak, drip or be forced into food or onto food-contact surfaces. Only safe lubricants shall be used on equipment designed to receive lubrication of bearings and gears on or within food-contact surfaces. III

(50) All sinks and drain boards shall be self-draining. III

(51) Unless designed for in-place cleaning, food-contact surfaces shall be accessible for cleaning and inspection without being disassembled; or by disassembling without the use of tools; or by easy disassembling with the use of only simple tools such as a mallet, a screwdriver or an open-end wrench kept available near the equipment. III

(52) Equipment intended for in-place cleaning shall be so designed and fabricated that cleaning and sanitizing solutions can be circulated throughout a fixed system using an effective cleaning and sanitizing regimen; cleaning and sanitizing solutions will contact all interior food-contact surfaces; and the system is self-draining or capable of being completely evacuated. III

(53) Fixed equipment designed and fabricated to be cleaned and sanitized by pressure spray methods shall have sealed electrical wiring, switches and connections. III

(54) Surfaces of equipment not intended for contact with food, but which are exposed to splash or food debris or which otherwise require frequent cleaning, shall be designed and fabricated to be smooth, washable, free of unnecessary ledges, projections or crevices, and readily accessible for cleaning, and shall be of such material and in a repair as to be easily maintained in a clean and sanitary condition. III

(55) Ventilation hoods and devices shall be designed to prevent grease or condensation from collecting on walls and ceilings and from dripping into food or onto food-contact surfaces. Filters or other grease-extracting equipment shall be readily removable for cleaning and replacement if not designed to be cleaned in place. III

(56) Equipment that was installed in an existing licensed facility and that does not fully meet all of the design and fabrication requirements shall be deemed acceptable in that establishment if it is in good repair, capable of being maintained in a sanitary condition and the food-contact surfaces are nontoxic. Replacement equipment and new equipment shall meet the requirements for design and fabrication. III

(57) Equipment that is placed on tables or counters, unless portable, shall be sealed to the table or counter or elevated on legs to provide clearance between the table or counter and equipment and shall be installed to facilitate the cleaning of the equipment adjacent areas. Equipment is portable if it is small and light enough to be moved easily by one (1) person; and it has no utility connection, or has a utility connection that disconnects quickly, or has a flexible utility connection line of sufficient length to permit the equipment to be moved for easy cleaning. III

(58) Floor-mounted equipment, unless readily movable, shall be sealed to the floor; or installed on a raised platform of concrete or other smooth masonry in a way that meets all of the requirements for sealing or floor clearance; or elevated on legs to provide clearance between the floor and equipment, except that vertically-mounted floor mixers may be elevated to provide at least a four inch (4")-clearance between the floor and equipment if no part of the floor under the mixer is more than six inches (6") from the cleaning access. Equipment is easily movable if it is mounted on wheels or casters; and it has no utility connection or has a utility connection that disconnects quickly, or has a flexible utility line of sufficient length to permit the equipment to be moved for easy cleaning. III

(59) Unless sufficient space is provided for easy cleaning between, behind and above each unit of fixed equipment, the space between it and adjoining equipment units and adjacent walls or ceilings shall not be more than one-thirty-second inch (1/32"); or if exposed to seepage, the equipment shall be sealed to the adjoining equipment or adjacent walls or ceilings. III

(60) Aisles and working spaces between units of equipment and walls shall be unobstructed and of sufficient width to permit employees to perform their duties readily without contamination of food or food-contact surfaces by clothing or personal contact. All easily movable storage equipment such as pallets, racks and dollies shall be positioned to provide accessibility to working areas. III

(61) Tableware shall be washed, rinsed and sanitized after each use. II

(62) Kitchenware and food-contact surfaces of equipment shall be washed, rinsed and sanitized after each use and following any interruption of operations during which time contamination may have occurred. Water pitchers which are for individual resident use shall be sanitized daily. II/III

(63) Where equipment and utensils are used for the preparation of potentially hazardous foods on a continuous or production-line basis, utensils and the food-contact surfaces of equipment shall be washed, rinsed and sanitized at intervals throughout the day on a schedule based on food temperature, type of food and amount of food particle accumulation. III

(64) The food-contact surfaces of grills, griddles and similar cooking devices and the cavities and door seals of microwave ovens shall be cleaned at least once a day, except that this shall not apply to hot oil-cooking equipment and hot oil-filtering systems. The food-contact surfaces of all cooking equipment shall be kept free of encrusted grease deposits and other accumulated soil. III

(65) Nonfood-contact surfaces of equipment shall be cleaned as often as is necessary to keep the equipment free of accumulation of dust, dirt, food particles and other debris. III

(66) Cloths used for wiping food spills on tableware, such as plates or bowls being served to the consumer, shall be clean, dry and used for no other purpose. III

(67) Moist cloths or sponges used for wiping food spills on kitchenware and food-contact surfaces of equipment shall be clean and rinsed frequently in one (1) of the permitted sanitizing solutions and used for no other purpose. These cloths and sponges shall be stored in the sanitizing solution between uses. Moist cloths or sponges used for cleaning nonfood-contact surfaces of equipment such as counters, dining table tops and shelves shall be clean and rinsed and used for no other purpose. These cloths and sponges shall be stored in the sanitizing solution between uses. III

(68) For manual washing, rinsing and sanitizing of utensils and equipment, a sink with not fewer than three (3) compartments shall be provided and used. Sink compartments shall be large enough to permit the accommodation of the equipment and utensils and each compartment of the sink shall be supplied with hot and cold potable running water, except that in an existing licensed facility, the use of a two (2)-vat sink and a supplementary portable container to be used for sanitization is acceptable. Fixed equipment and utensils and equipment too large to be cleaned in sink compartment shall be washed manually or cleaned through pressure spray methods. III

(69) Drain boards or easily movable dish tables of adequate size shall be provided for proper handling of soiled utensils prior to washing and for cleaned utensils following sanitizing and shall be located so as not to interfere with the proper use of the dishwashing facilities. III

(70) Equipment and utensils shall be preflushed or prescraped and, when necessary, presoaked to remove gross food particles and soil. III

(71) Except for fixed equipment and utensils too large to be cleaned in sink compartments, manual washing, rinsing and sanitizing shall be conducted in the following sequence: sinks shall be cleaned prior to use; equipment and utensils shall be thoroughly washed in the first compartment with hot detergent solution that is kept clean; equipment and utensils shall be rinsed free of detergent and abrasives with clean water in the second compartment; and equipment and utensils shall be sanitized in the third compartment. III

(72) The food-contact surfaces of all equipment and utensils shall be sanitized by immersion for at least one-half (1/2) minute in clean, hot water at a temperature of at least one hundred seventy degrees Fahrenheit (170°F); or immersion for at least one (1) minute in a clean solution containing at least fifty (50) parts per million of available chlorine as a hypochlorite and at a temperature of at least seventy-five degrees Fahrenheit (75°F); or immersion for at least one (1) minute in a clean solution containing at least twelve and one-half (12.5) parts per million of available iodine and having a pH not higher than five (5.0) and at a temperature of at least seventy-five degrees Fahrenheit (75°F); or immersion in a clean solution containing any other chemical sanitizing agent allowed under 21 CFR 178.1010 of the (Revised 2005), *Food and Drug Code* of the United States Food and Drug Administration, Department of Health and Human Services, 200 Independence Avenue SW, Washington, DC 20201, Telephone: 202-619-0257, Toll Free: 1-877-696-6775, that will provide the equivalent bactericidal effect of a solution containing at least fifty (50) parts per million of available chlorine as a hypochlorite at a temperature of at least seventy-five degrees Fahrenheit (75°F); or treatment with steam, free from materials or additives other than those specified in 21 CFR 173.310 of the (Revised 2005), *Food and Drug Code* of the of the United States Food and Drug Administration, Department of Health and Human Services, in the case of equipment too large to sanitize by immersion, but in which steam can be confined; or rinsing, spraying or swabbing with a chemical sanitizing solution of at least twice the strength required for that particular sanitizing solution in the case of equipment too large to sanitize by immersion. (21 CFR 178.1010 (Revised 2005) and 21 CFR 173.310 (Revised 2005) are incorporated by reference in this rule and available by Internet at: www.access.gpo.gov. This rule does not incorporate any subsequent amendments or additions.) II/III

(73) When hot water is used for sanitizing, as allowed by section (72) of this rule, the following facilities shall be provided and used: an integral heating device or fixture installed in, on or under the sanitizing compartment of the sink capable of maintaining the water at a temperature of at least one hundred seventy degrees Fahrenheit (170°F); and a numerically scaled indicating thermometer, accurate to plus or minus three degrees Fahrenheit (±3°F), convenient to the sink for frequent checks of water temperature; and dish baskets of such size and design to permit complete immersion of the tableware, kitchenware and equipment in the hot water. II/III

(74) When chemicals are used for sanitization, they shall not have concentrations higher than the maximum permitted under 21 CFR 178.1010 of the (Revised 2005), *Food and Drug Code* of the United States Food and Drug Administration, Department of Health and Human Services, and a test kit or other device that accurately measures the parts per million concentration of the solution shall be provided and used. III

(75) Cleaning and sanitizing may be done by spray-type or immersion dishwashing machines or by any other type of machine or device if it is demonstrated that it thoroughly cleans and sanitizes equipment and utensils. In a facility with a licensed capacity of twelve (12) or fewer beds, a home-type dishwashing machine shall be acceptable. If a new machine is purchased, it shall be one with sanitizing capabilities. In a facility licensed for a larger capacity, if a dishwasher is used, it shall meet the requirements in sections (72)–(74) of this rule. Machines and devices shall be properly installed and maintained in good repair; shall be operated in accordance with manufacturers' instructions; and utensils and equipment placed in the machine shall be exposed to all dishwashing cycles. Automatic detergent dispensers, wetting agent dispensers and liquid sanitizer injectors, if any, shall be properly installed and maintained. II/III

(76) The pressure of final rinse water supplied to spray-type dishwashing machines shall not be less than fifteen (15) nor more than twenty-five (25) pounds per square inch measured in the water line immediately adjacent to the final rinse control valve. A one-fourth inch (1/4") IPS valve shall be provided immediately upstream from the final rinse control valve to permit checking the flow pressure of the final rinse water. III

(77) Machine- or water line-mounted numerically scaled indicating thermometers, accurate to plus or minus three degrees Fahrenheit (±3°F), shall be provided to indicate the temperature of the water in each tank of the machine and the temperature of the final rinse water as it enters the manifold. III

(78) Rinse water tanks shall be protected by baffles, curtains or other effective means of minimizing the entry of wash water into the rinse water. Conveyors in dishwashing machines shall be accurately timed to assure proper exposure times in wash and rinse cycles in accordance with manufacturers' specifications attached to the machines. III

(79) Drain boards shall be provided and be of adequate size for the proper handling of soiled utensils prior to washing and of cleaned utensils following sanitization and shall be so located and constructed as not to interfere with the proper use of the dishwashing facilities. This does not preclude the use of easily movable dish tables for the storage of soiled utensils or the use of each movable dish table for the storage of clean utensils following sanitization. III

(80) Equipment and utensils shall be flushed or scraped and, when necessary, soaked to remove gross food particles and soil prior to being washed in a dishwashing machine unless a prewash cycle is a part of the dishwashing machine operation. Equipment and utensils shall be placed in racks, trays or baskets, or on conveyors, in a way that food-contact surfaces are exposed to the unobstructed application of detergent wash and clean rinse waters and that permits free draining. III

(81) Machines (single-tank, stationary-rack, door-type machines and spray-type glass washes) using chemicals for sanitization may be used provided that—the temperature of the wash water is not less than one hundred twenty degrees Fahrenheit (120°F), the wash water is kept clean, chemicals added for sanitization purposes are automatically dispensed; utensils and equipment are exposed to the final chemical sanitizing rinse in accordance with manufacturers' specifications for time and concentration, the chemical sanitizing rinse water temperature is not less than seventy-five degrees Fahrenheit (75°F) nor less than the temperature specified by the machine's manufacturer; chemical sanitizers used shall meet the requirements of 21 CFR 178.1010 (Revised 2005), *Food and Drug Code* of the United States Food and Drug Administration, Department of Health and Human Services and a test kit or other device that accurately measures the parts per million concentration of the solution is available and is used. II/III

(82) Machines using hot water for sanitizing may be used provided that they are operated in accordance with the manufacturer's instructions and are maintained in good repair. II/III

(83) All dishwashing machines shall be thoroughly cleaned at least once a day or more often when necessary to maintain them in a satisfactory operating condition. III

(84) After mechanical or manual sanitization, all equipment and utensils shall be air dried. All utensils shall be stored in a self-draining position. III

(85) Cleaned and sanitized equipment and utensils shall be handled in a way that protects them from contamination. Spoons, knives and forks shall be touched only by their handles. Cups, glasses, bowls, plates and similar items shall be handled without contact with inside surfaces or surfaces that contact the user's mouth. III

(86) Cleaned and sanitized utensils and equipment shall be stored above the floor in a clean, dry location in a way that protects them from contamination by splash, dust and other means. The food-contact surfaces of fixed equipment shall also be protected from contamination. III

(87) Glasses and cups shall be stored inverted. Other stored utensils shall be covered or inverted, wherever practical. Facilities for the storage of knives, forks and spoons shall be designed and used to present the handle to the employee or consumer. Unless tableware is prewrapped, holders for knives, forks and spoons at self-service locations shall protect these articles from contamination and present the handle of the utensil to the consumer. III

(88) Single-service articles shall be stored above the floor in closed cartons or containers which protect them from contamination. III

(89) Single-service articles shall be handled and dispensed in a manner that prevents contamination of surfaces which may come in contact with food or with the mouth of the user. III

(90) Single-service knives, forks and spoons packaged in bulk shall be inserted into holders or be wrapped by a person who has washed his/her hands immediately prior to sorting or wrapping utensils. Unless single-service knives, forks and spoons are prewrapped or prepackaged, holders shall be provided to protect these items from contamination. III

(91) Prohibited Storage Area. The storage of food equipment, utensils or single-service articles in toilet rooms or vestibules is prohibited. III

(92) All storage and installation of equipment under exposed sewage or water line, except for automatic fire protection sprinkler heads, is prohibited. II

(93) Permanently fixed artificial light sources shall be installed to provide at least twenty (20) footcandles of light on all food preparation surfaces and at equipment or utensil-washing work levels. III

(94) Permanently fixed artificial light sources shall be installed to provide, at a distance of thirty inches (30") from the floor, at least twenty (20) footcandles of light in utensil and equipment storage areas and in lavatory and toilet areas, and at least ten (10) footcandles of light in walk-in refrigerating units, dry food-storage areas and in all other areas. This shall also include dining areas during cleaning operations. III

(95) Shielding to protect against broken glass falling onto food shall be provided for all artificial lighting fixtures located over, by or within food storage, preparation, service and display facilities, and facilities where utensils and equipment are cleaned and stored. III

(96) Infrared or other heat lamps shall be protected against breakage by a shield surrounding and extending beyond the bulb, leaving only the face of the bulb exposed. III

(97) Nothing in this rule shall prohibit a facility from hosting a resident/family picnic, carry-in dinner, fish fry or barbecue or allowing a local community or church group to sponsor such activities for residents. Reasonable practices shall be used for maintaining sanitation and appropriate temperatures of food brought to the facility. III

AUTHORITY: sections 198.009, 198.076 and 198.079, RSMo 2000 and 198.005 and 198.073, RSMo Supp. 2006. This rule originally filed as 13 CSR 15-17.030. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Aug. 1, 1988, effective Nov. 11, 1988. Moved to 19 CSR 30-87.030, effective Aug. 28, 2001. Amended: Filed Aug. 23, 2006, effective April 30, 2007.*

**Original authority: 198.005, RSMo 2006; 198.009, RSMo 1979, amended 1993, 1995; 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006; 198.076, RSMo 1979, amended 1984; and 198.079, RSMo 1979.*

Rules of
Department of Health and Senior Services
Division 30-Division of Regulation and Licensure
Chapter 88-Resident's Rights and Handling Residents Funds and Property in Long-Term Care Facilities

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Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

Division 30—Division of Regulation and Licensure

Chapter 88—Resident's Rights and Handling Resident Funds and Property in Long-Term Care Facilities

19 CSR 30-88.010 Resident Rights

PURPOSE: This rule establishes requirements for protection of resident rights in all types of licensed long-term care facilities.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.

(1) The facility shall retain and make available for public inspection at the facility to facility personnel, residents, their next of kin, legal representatives or designees and the general public, a list of names, addresses and occupations of all individuals who have a property interest in the facility as well as a complete copy of each official notification from the Department of Health and Senior Services (the department) of violations, deficiencies, licensure approval, disapprovals, or a combination of these, and responses. This includes, as a minimum, statements of deficiencies, copies of plan(s) of correction, acceptance or rejection notice regarding the plan(s) of corrections and revisit inspection report. II/III

(2) Any notice of noncompliance shall be posted in a conspicuous location along with a copy of the most recent inspection reports, as required by section 198.026(6), RSMo. II/III

(3) A copy of the most current department rules governing the facility shall be kept available and easily accessible in the facility for review by residents, their next of kin, legally authorized representatives or designees, and the public. II/III

(4) Each resident admitted to the facility, or his or her next of kin, legally authorized representative or designee, shall be fully informed of the individual's rights and responsibilities as a resident. These rights shall be reviewed annually with each resident, and/or his or her next of kin, legally authorized representative or designee, either in a group session or individually. II/III

(5) All incoming and present residents, or their next of kin, legally authorized representatives or designees in a facility shall be provided statements of resident rights and a copy of any facility policies which relate to resident conduct and responsibilities. Such information shall be provided in a manner which effectively communicates, in terms the resident can reasonably be expected to understand, those rights and responsibilities. II/III

(6) The facility shall document the disclosure of resident's rights information as required in sections (4) and (5). III

(7) Information regarding resident rights and facility rules shall be posted in a conspicuous location in the facility and copies shall be provided to anyone requesting this information. Informational documents which contain, but are not limited to, updated information on selecting an Alzheimer's special care unit or program shall be given by a facility offering to provide or providing these services to any person seeking information about or placement in an Alzheimer's special care unit or program. III

(8) Prior to or at the time of admission and during his or her stay in the facility, each resident and/or his or her next of kin, legally authorized representative or designee shall be fully informed, in writing, of services available in the facility and of related charges, including any charges for services not covered by the facility's basic per diem rate or federal or state programs. Information shall include procedures to be followed by the facility in cases of medical emergency, including transfer agreements and costs. All residents who receive treatment in an Alzheimer's special care program or unit and their next of kin, legally authorized representatives or designees shall be given a copy of the Alzheimer's Special Care Services Disclosure Form at the time of admission. Residents also shall be informed of services outside the facility which may reasonably be made available to the resident and of any reasonable estimate of any foreseeable costs connected with those services. II/III

(9) Prior to or upon admission, each prospective resident or each resident, or his or her next of kin, legally authorized representative or designee shall be informed of the home and community based services available in this state by providing such resident a copy of Missouri's Guide to Home and Community Based Services (Revised 4/4/05), incorporated by reference, provided by the Missouri Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 and which is available to long-term care facilities at www.ged.oa.mo.gov/PICServices/Pamphlet/index.shtml or by telephone at 1-800-235-5503. This rule does not incorporate any subsequent amendments or additions. III

(10) Prior to or upon admission and at least annually after that, each resident or his or her next of kin, legally authorized representatives or designees shall be informed of facility policies regarding provision of emergency and life-sustaining care, of an individual's right to make treatment decisions for himself or herself and of state laws related to advance directives for health-care decision making. The annual discussion may be handled either on a group or on an individual basis. Residents' next of kin, legally authorized representatives or designees shall be informed, upon request, regarding state laws related to advance directives for health-care decision making as well as the facility's policies regarding the provision of emergency or life-sustaining medical care or treatment. If a resident has a written advance health-care directive, a copy shall be placed in the resident's medical record and reviewed annually with the resident unless, in the interval, he or she has been determined incapacitated, in accordance with section 475.075 or 404.825, RSMo. Residents' next of kin, legally authorized representatives or designees shall be contacted annually to assure their accessibility and understanding of the facility policies regarding emergency and life-sustaining care. II/III

(11) A physician shall fully inform each resident of his or her health and medical condition unless medically contraindicated. If the physician determines the resident's medical condition contraindicates the resident being fully informed of his or her diagnosis, treatment or any known prognosis, the medical record shall contain documentation and justification of this signed by the physician. If there is a legally authorized representative to make health-care decisions, or the resident has designated any individual to have access, that person shall be fully informed of the resident's medical condition and shall have free access to the resident's medical records for that purpose, subject to the limitations provided by a power of attorney, duly-executed authorization or any federal law. I/II

(12) If the facility has a policy which requires that residents' medications be bubble packed or otherwise individual dose packaged, the facility shall, prior to each resident's admission, make such information available to the resident and/or his or her next of kin, legally authorized representatives, designees or placement authority. II/III

(13) Each resident shall be afforded the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment and to participate in experimental research only upon his or her informed written consent. If a resident refuses treatment, this refusal shall be documented in the resident's record and the resident, his or her legally authorized representatives or designees, or both, shall be informed of possible consequences of not receiving treatment. II

(14) Each resident shall have the privilege of selecting his or her own physician who will be responsible for the resident's total care. II

(15) No resident shall be transferred or discharged except in the case of an emergency discharge unless the resident, and the next of kin, or a legally authorized representative or designee, and the resident's attending physician and the responsible agency, if any, are notified at least thirty (30) days in advance of the transfer or discharge, and casework services or other means are utilized to assure that adequate arrangements exist for meeting the resident's needs. In the event that there is no next of kin, legally authorized representative or designee known to the facility, the facility shall notify the appropriate regional coordinator of the Missouri State Ombudsman's office. II

(16) A resident may be transferred or discharged only for medical reasons or for his or her welfare or that of other residents, or for nonpayment for his or her stay. II

(17) No resident may be discharged without full and adequate notice of his or her right to a hearing before the department's Administrative Hearings Unit and an opportunity to be heard on the issue of whether his or her discharge is necessary. Such notice shall be given in writing no less than thirty (30) days in advance of the discharge except in the case of an emergency discharge and must comply with the requirements set forth in 19 CSR 30-82.050. II/III

(18) In emergency discharge situations the facility shall submit to the resident and his or her next of kin, legally authorized representative or designee a written notice of discharge. The written notice of discharge shall be given as soon as practicable and advise the resident of the right to request an expedited hearing. In the event that there is no next of kin, legally authorized representative or designee known to the facility, the facility shall send a copy of the notice to the appropriate regional coordinator of the Missouri State Ombudsman's office. II/III

(19) A room transfer of a resident within a facility, except in an emergency situation, requires consultation with the resident as far ahead of time as possible and shall not be permitted where this transfer would result in any avoidable detriment to the resident's physical, mental or emotional condition. II/III

(20) Each resident shall be encouraged and assisted, throughout his or her period of stay, to exercise his or her rights as a resident and as a citizen and to this end a resident may voice grievances and recommend changes in policies and services to facility personnel or to outside representatives of his or her choice. A staff person shall be designated to receive grievances and the residents shall be free to voice their complaints and recommendations to the staff designee, an ombudsman or to any person outside the facility. Residents shall be informed of and provided a viable format for recommending changes in policy and services. The facility shall assist residents in exercising their rights to vote. II/III

(21) The exercise of resident rights shall be free from restraint, interference, coercion, discrimination or reprisal. II/III

(22) Each resident shall be free from abuse. Abuse is the infliction of physical, sexual, or emotional injury or harm and includes verbal abuse, corporal punishment, and involuntary seclusion. I

(23) The facility shall develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of any resident and misappropriation of resident property and funds, and develop and implement policies that require a report to be made to the department for any resident or to both the department and the Department of Mental Health for any vulnerable person whom the administrator or employee has reasonable cause to believe has been abused or neglected. II/III

(24) The facility shall ensure all staff are trained on the applicable laws and rules regarding reporting of suspected abuse and neglect of any resident. II

(25) If the administrator or other employee of a long-term care facility has reasonable cause to believe that a resident of the facility has been abused or neglected, the administrator or employee shall immediately report or cause a report to be made to the department. Any administrator or other employee of a long-term care facility having reasonable cause to suspect that a vulnerable person has been subjected to abuse or neglect or observes such a person being subjected to conditions or circumstances that would reasonably result in abuse or neglect shall immediately report or cause a report to be made to the department and to the Department of Mental Health. I/II

(26) The resident has the right to be free from any physical or chemical restraint except as follows:

(A) When used to treat a specified medical symptom as a part of a total program of care to assist the resident to attain or maintain the highest practicable level of physical, mental, or psychosocial well-being. The use of restraints must be authorized in writing by a physician for a specified period of time; or

(B) When necessary in an emergency to protect the resident from injury to himself or herself or to others, in which case restraints may be authorized by professional personnel so designated by the facility. The action taken shall be reported immediately to the resident's physician and an order obtained which shall include the reason for the restraint, when the restraint may be removed, the type of restraint, and any other actions required. When restraints are indicated, only devices that are the least restrictive for the resident and consistent with the resident's total treatment program shall be used. I/II

(27) In a residential care facility or an assisted living facility, if it is ever necessary to use a restraint in case of emergency, the resident shall be reevaluated immediately for appropriateness of placement and transferred if necessary. II/III

(28) All information contained in a resident's medical, personal or financial record and information concerning source of payment shall be held confidential. Facility personnel shall not discuss aspects of the resident's record or care in front of persons not involved in the resident's care or in front of other residents. Written consent of the resident or his or her legally authorized representative shall be required for the release of information to persons not otherwise authorized by law to receive it. II/III

(29) Each resident shall be treated with consideration, respect, and full recognition of his or her dignity and individuality, including privacy in treatment and care of his or her personal needs. All persons, other than the attending physician, the facility personnel necessary for any treatment or personal care, or the department or Department of Mental Health staff, as appropriate, shall be excluded from observing the resident during any time of examination, treatment, or care unless consent has been given by the resident. II/III

(30) No resident shall be required to perform services for the facility. If the resident desires and it is not contraindicated by his or her physician, the resident may perform tasks or services for himself or herself or others. II/III

(31) Each resident shall be permitted to communicate, associate, and meet privately with persons of his or her choice whether on the resident's initiative or the other person's initiative, unless to do so would infringe upon the rights of other residents. The person(s) may visit, talk with, and make personal, social, or legal services available, inform residents of their rights and entitlements by means of distributing educational materials or discussions, assisting residents in asserting their legal rights regarding claims for public assistance, medical assistance and Social Security benefits, and engaging in any other methods of assisting, advising, and representing residents so as to extend to them the full enjoyment of their rights. The facility, however, may place reasonable limitations on solicitations. II/III

(32) The facility shall permit a resident to meet alone with a person or persons of his or her choice and provide an area which assures privacy. II/III

(33) Telephones appropriate to the residents' needs shall be accessible at all times. Telephones available for residents' use shall enable all residents to make and receive calls privately. II/III

(34) If the resident cannot open mail, written consent by the resident or his or her legally authorized representative shall be obtained to have all mail opened and read to the resident. II/III

(35) Each resident shall be permitted to participate, as well as not participate, in activities of social, religious, or community groups at his/her discretion, both within the facility, as well as outside the facility, unless contraindicated for reasons documented by physician in the resident's medical record. II/III

(36) Each resident shall be permitted to retain and use personal clothing and possessions as space permits. Personal possessions may include furniture and decorations in accordance with the facility's policies and shall not create a fire hazard. The facility shall maintain a record of any personal items accompanying the resident upon admission to the facility, or which are brought to the resident during his or her stay in the facility, which are to be returned to the resident or responsible party upon discharge, transfer, or death. II/III

(37) Each married resident shall be assured privacy for visits by his or her spouse. II/III

(38) If both husband and wife are residents, they shall be allowed the choice of sharing or not sharing a room. III

(39) If siblings and/or a parent and his or her child are both residents, the facility shall allow the family members the choice of sharing or not sharing a room upon availability of room(s) appropriate to accommodate the residents. III

(40) Each resident shall be allowed the option of purchasing or renting goods or services not included in the per diem or monthly rate from a supplier of his or her own choice, provided the quality of goods or services meets the reasonable standards of the facility. Each resident shall be allowed the option of purchasing his or her medications from a pharmacy of his or her choice, provided the quality of the medications and packaging meets reasonable standards of the facility.

(41) Residents shall not have their personal lives regulated or controlled beyond reasonable adherence to meal schedules and other written policies which may be necessary for the orderly management of the facility and the personal safety of the residents. II

(42) All written accounts of the resident's funds shall be brought current monthly and a written statement showing the current balance and all transactions shall be given to the resident, or his or her next of kin, legally authorized representative, or designee on a quarterly basis and upon request. The facility shall keep written receipts of all personal possessions and all funds received by or deposited with the facility and all disbursements made to or on behalf of the resident and shall disclose such receipts to the resident, and/or his or her next of kin, legally authorized representative, or designee upon request. II/III

(43) The resident, or his or her next of kin, legally authorized representative, or designee shall receive an itemized bill for all goods and services actually rendered. No later than thirty (30) days after the discharge or death of a resident, the operator of the facility shall submit a final itemized bill for all goods and services rendered, showing any credit balances accruing on the date of discharge or death of the resident, and a complete account of the resident's remaining funds with the facility, in any account, with whatever title the account(s) may be known, to the resident's guardian, conservator, fiduciary of the resident's estate, or the individual who was designated to receive the quarterly accounting of all financial transactions made. II/III

AUTHORITY: sections 198.009 and 198.088, RSMo 2000, and sections 198.073, 198.076, 198.079, and 660.050, RSMo Supp. 2007. This rule originally filed as 13 CSR 15-18.010. Original rule filed July 13, 1983, effective Oct. 13, 1983. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Jan. 3, 1992, effective Aug. 6, 1992. Amended: Feb. 13, 1998, effective Sept. 30, 1998. Moved to 19 CSR 30-88.010, effective Aug. 28, 2001. Amended: Filed March 1, 2004, effective Oct. 30, 2004. Amended: Filed Dec. 15, 2005, effective July 30, 2006. Amended: Filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 13, 2008, effective Oct. 30, 2008.*

**Original authority: 198.009, RSMo 1979, amended 1993, 1995; 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006, 2007; 198.076, RSMo 1979, amended 1984, 2007; 198.079, RSMo 1979, amended 2007; 198.088, RSMo 1979, amended 1988, 1989, 1994; and 660.050, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and Licensure
Chapter 88—Residents Rights and Handling Resident Funds and Property in Long-Term Care Facilities

19 CSR 30-88.020 Residents' Funds and Property

PURPOSE: This rule establishes standards for protecting residents' personal funds and property in all types of licensed long-term care facilities.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the Department of Health and Senior Services are followed by a Roman Numeral notation which refers to the class (either Class I, II, or III) of standard as designated in section 198.085, RSMo.

(1) No operator is required by this rule or by section 198.090, RSMo, to hold, manage, safeguard, or account for any personal funds or money in trust unless some other governmental agency placing residents in the facility makes this a requirement. The record keeping and other requirements of this section apply only to those personal possessions and funds which the facility accepts to hold in trust for the resident as provided in the facility's policy.

(2) The operator or other designated person shall use the personal funds of the resident exclusively for the use of the resident and only when authorized in writing by the resident, his/her designee, guardian and conservator, or conservator. A designee shall not be the administrator or an employee of the facility. With written authorization, the operator may purchase a burial policy for the resident. II/III

(3) When a resident is admitted, the resident, his/her designee, guardian and conservator, or conservator shall be provided with a statement explaining the facility's policies and resident's rights regarding personal funds. If the facility handles residents' funds, this statement shall include an explanation of the procedure for deposit or withdrawals of funds from any source to the resident or to the resident's account. The facility shall allow the residents access to their personal possessions and funds during regular business hours, Monday through Friday, excluding banking holidays. III

(4) The separate account(s) required to be maintained by section 198.090.1.(3), RSMo, shall be maintained in a bank or savings and loan association and if any interest is accrued it shall be credited to each resident's account at least monthly. II/III

(5) A petty cash fund of up to fifty dollars ($50) for each resident for whom the facility is holding funds may be kept in the facility and shall be maintained separately from the facility's funds. II/III

(6) A written account for each resident, showing receipts to and disbursements from the personal funds of each resident, shall be maintained. If the facility policy provides, or if required by another governmental agency, multiple personal funds accounts may be kept for residents. III

(7) Receipt of a resident's funds or personal possessions held in trust shall be acknowledged by a written receipt or cancelled check. III

(8) Receipts for any purchases made by the operator and paid for from the resident's personal funds shall be kept pursuant to sections (15) and (16) or this rule and be available to the resident, his/her designee, guardian and conservator, or conservator. III

(9) All written accounts of the residents' funds shall be reconciled monthly and a written statement showing the current balance and all transactions shall be given to the resident, his/her designee, guardian and conservator, or conservator on a quarterly basis. II/III

(10) Within five (5) calendar days of the discharge of a resident, the resident, his/her designee, guardian and conservator, or conservator shall be given an up-to-date accounting of the resident's personal funds and the balance of the funds and all personal possessions shall be returned to the resident. This requirement shall not apply for residents discharged due to death, or for residents discharged to hospitals when those residents are expected to return to the facility. The operator shall have a receipt for all funds and possessions returned to the resident, his/her designee, guardian and conservator, or conservator. II/III

(11) Upon the death of a resident, the operator shall contact the Department of Social Services (DSS), MO HealthNet Division, Third Party Liability Unit, to determine if the deceased resident is a MO HealthNet participant or has been a recipient of aid, assistance, care, services, or if the resident has had moneys expended on his/her behalf by DSS. The facility shall document the contact(s) with and response(s) from DSS. II/III

(A) If the deceased resident is a MO HealthNet participant or has been a recipient of aid, assistance, care, services, or the resident has had moneys expended on his/her behalf by DSS, the operator shall provide DSS within sixty (60) days of the resident's death, a complete account of all the resident's remaining personal funds and the name and address of the resident's designee, guardian and conservator, or conservator, fiduciary of the resident's estate, or the individual who was designated to receive the quarterly accounting of all financial transactions made. Personal funds for the purpose of this regulation shall include all the resident's remaining funds with the facility, in any account, with whatever title the account(s) may be known. II/III

(B) None of the resident's personal funds shall be paid to an operator, fiduciary, guardian and conservator, conservator, or other person until the operator has fully complied with section 198.090.1., RSMo, except that funeral expenses may be paid from a resident's personal funds held by a facility if no other funds are available to cover the cost. If funds are used for this purpose, this fact and the amount used shall be noted on the account report submitted to DSS and documentation of payment shall be attached. II/III

(C) DSS will determine the amount of aid, care, assistance, or services paid and will notify the operator of the amount determined to have been paid on behalf of the deceased recipient within sixty (60) days of receipt of the facility operator's accounting.

(D) The operator may make a special request for expedited response if there is a need to comply with a contractual or regulatory obligation of another governmental agency. The amount specified in the notification shall be considered as a claim upon the funds held by the operator.

(E) The operator shall pay DSS any remaining personal funds in the resident's personal fund account up to the amount determined by DSS. Payment shall be made as instructed by DSS within sixty (60) working days of the receipt of the demand for payment. If additional funds are received by the facility after the initial claim has been filed, the operator shall immediately inform DSS. II/III

(F) DSS will notify in writing the resident's guardian and conservator, conservator, fiduciary of the resident's estate, or the individual who was designated to receive the quarterly accounting of all financial transactions of the amount determined to have been paid by DSS on behalf of the deceased resident.

(12) Upon the death of a resident who has not been a recipient of aid, assistance, care, services, or who has not had moneys expended on the resident's behalf by DSS or DSS has not made claim on the funds, the operator shall provide the fiduciary or resident's estate, at the fiduciary's request, a complete account of all the resident's personal funds and possessions and deliver to the fiduciary all possessions of the resident and the balance of the resident's funds. II/III

(A) If, after one (1) year from the date of death, no fiduciary makes claim on funds or possessions, the operator shall notify the Department of Health and Senior Services (department) in writing, Attention: Licensure and Certification Unit, PO Box 570, Jefferson City, MO 65102-0570 that the funds remain unclaimed. This notice shall be sent by the operator within sixty (60) days. The notice shall include the resident's name, Social Security number, date of death, and the amount of resident funds or possessions being held belonging to the deceased resident. II/III

1. If unclaimed funds in the resident's fund accounts or possessions have a value of one hundred fifty dollars ($150) or less, the funds or proceeds of the sale of the possessions shall be deposited in a fund for the benefit of all residents of the facility for social and educational activities. II/III

2. If unclaimed funds in the resident's fund accounts or possessions have a value of more than one hundred fifty dollars ($150), these funds or possessions shall be considered abandoned property under sections 447.500–447.585, RSMo. The operator shall report and return the abandoned property to the Missouri State Treasurer in accordance with sections 447.539-447.543, RSMo. II/III

(B) The operator shall keep an accounting of these funds with documentation and receipts and disbursements of these funds which will be subject to inspection and audit by the department. II/III

(13) Any owner, operator, manager, employee, or affiliate of an owner or operator receiving personal property or anything with a value of ten dollars ($10) or more from a resident shall make a written statement giving the date of receipt, estimated value, and the name of the person making the gift. These statements shall be retained by the operator and made available to the department or Department of Mental Health as appropriate and to the resident, his/her designee, guardian and conservator, or conservator. No owner, operator, manager, employee, or affiliate of an owner or operator shall in one (1) calendar year receive any personal property or anything of value from the residents of any facility which have a total value over one hundred dollars ($100). These requirements shall not apply to matters deemed exceptions under state law. II

(14) The bond required by section 198.096, RSMo, for operators holding personal funds of residents shall be in a form approved by the department and shall provide that residents who allege that they have been wrongfully deprived of moneys held in trust may bring an action for recovery directly against the surety. The bond shall be in an amount equal to at least one and one-half (1 1/2) times the average monthly balance of the residents' personal funds, including residents' petty cash, or the average total of the monthly balances for the preceding twelve (12) months. The average monthly balance(s) or the average total of the monthly balance(s) shall be rounded to the nearest one thousand dollars ($1,000). One (1) bond may be used to cover the residents' funds in more than one (1) facility operated by the same operator, if the facility is a multilicensed facility on the same premises. If not on the same premises, then one (1) bond may be used if the bond specifies the amount of coverage provided for each individual facility and the coverage for each facility is a minimum of one thousand dollars ($1,000). II/III

(15) All records and receipts required to be maintained under this rule and under section 198.090, RSMo shall be maintained for at least seven (7) years from the end of the fiscal year during which the records were originally made. II/III

(16) Records related to resident funds shall be maintained in the facility or shall be available for review and copying, in their entirety, within twenty-four (24) hours of a request for access by the department or its authorized representative. Records kept for the prior seven (7) years, as required in section (15) and under section 198.090, RSMo, shall be transferred to a new operator who assumes responsibility for a facility, and if not transferred in their entirety, the department shall be notified immediately by the new operator. II/III

(17) If an operator chooses to place a cash deposit in a lending institution in lieu of a bond as referenced in section 198.096.5., RSMo, the amount must be equal to the amount of the bond required and shall be deposited with an insured lending institution pursuant to a noncancellable escrow agreement. The written agreement shall be submitted to the department and shall be approved prior to license issuance. II

AUTHORITY: section 198.090 and 198.009, RSMo 2000. This rule originally filed as 13 CSR 15-18.020. Original rule filed July 13, 1983, effective Oct. 13, 1983. For intervening history, please consult the Code of State Regulations. Amended: Filed March 15, 2012.

Rules of
Department of Health and Senior Services
Division 30-Division of Regulation and Licensure
Chapter 90-Adult Day Care Program Licensure

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Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Senior Services and Regulation
Chapter 90—Adult Day Care Program Licensure

19 CSR 30-90.010 Definitions

PURPOSE: The following definitions are listed to establish understanding of these terms as applied to Chapter 90, Adult Day Care Program Licensure.

(1) Adult day care program means a group program designed to provide care and supervision to meet the needs of five (5) or more functionally impaired adults for periods of less than twenty-four (24) hours but more than two (2) hours per day in a place other than the adult's own home.

(2) Adult day care provide means the person, corporation, partnership, association or organization legally responsible for the overall operation of the adult day care program.

(3) Adult day health care means an adult day care program certified to provide Medicaid reimbursed services to Medicaid-eligible participants in accordance with standards set forth in 19 CSR 70-92.010.

(4) Alzheimer's special care unit or program means any adult day care program that provides a designated separated unit or program for participants with a diagnosis of probable Alzheimer's disease or related disorder, to prevent or limit access by a participant outside the designated or separated area; or that advertises, markets or promotes the adult day care program as providing Alzheimer's or dementia care services.

(5) Applicant means any person, corporation, partnership, association or organization which has submitted an application to operate an adult day care program, but has not yet been approved and issued a license or provisional license by the Division of Senior Services and Regulation.

(6) Associated adult day care program means an adult day care program which is located in a building also occupied by another organization established primarily to offer other services (for example: medical care, long-term care and human services) but has designated space and staff for an adult day care program which is in addition to the existing space and staffing requirements for the residents, patients or clients.

(7) Department means the Missouri Department of Health and Senior Services.

(8) Direct care staff means those staff (paid and volunteer) assigned to take care of the direct needs of participants.

(9) Division means the Division of Senior Services and Regulation of the Missouri Department of Health and Senior Services.

(10) Freestanding adult day care program means a program of adult day care services which does not share staffing or licensed space or any physical components of space, equipment, furnishings, dietary, security, maintenance or utilities utilized in the provision of services with any other organization.

(11) Functionally impaired adult. An individual aged eighteen (18) or older who, by reason of age or infirmity, requires care and supervision.

(12) Immediate danger means a situation or condition which presents a substantial likelihood of death, life-threatening injury or serious physical or mental harm to a participant.

(13) Individual plan of care means the adult day care provider's written description of the amount, duration and scope of services to be provided to each individual participant.

(14) License means the document issued by the Division of Senior Services and Regulation in accordance with the provisions of sections 199.025 and 660.403 through 660.420, RSMo to an adult day care program which authorizes the adult day care provider to operate the program in accordance with the provisions of sections 199.025, and 660.403 to 660.420, RSMo and the applicable rules promulgated pursuant thereto.

(15) Licensed nurse means a person currently licensed under the provisions of Chapter 335, RSMo to engage in the practice of practical nursing or professional nursing.

(16) Long-term care facility means a "facility" as defined in section 198.006(6) or a "long-term care unit" as defined in 19 CSR 30-20.040.

(17) Medical care facility means a hospital, rehabilitation facility or other facility holding a valid state license to operate, issued by the Missouri Department of Health and Senior Services, as defined by 19 CSR 30-20.040.

(18) Participant means an adult who by reason of age or infirmity requires care and supervision and who is enrolled in an adult day care program.

(19) Person means any individual, firm, corporation, partnership, association, agency or any other business organization, including but not limited to limited liability companies, regardless of the name used.

(20) Program director means the individual person responsible for the on-site general administration of the adult day care program.

(21) Provisional license means the document issued by the division in accordance with the provisions of sections 199.025, RSMo and 660.403 through 660.420, RSMo to an adult day care program which is currently not meeting the requirements necessary to obtain a license.

(22) Related means any individual who is related to any of the following by reason of blood, marriage or adoption: parent, child, grandchild, brother, sister, half-brother, half-sister, stepparent, uncle, aunt, niece, nephew or first cousin.

(23) Volunteer means an individual who is utilized by the program to provide a direct care service to program participants with recurring contact whether or not supervised by other employees or volunteers.

AUTHORITY: sections 660.050, RSMo Supp. 2003 and 660.418, RSMo 2000. This rule was originally filed as 13 CSR 15-8.010. Original rule filed Oct. 15, 1984, effective Jan. 11, 1985. Moved to 19 CSR 30-90.010, effective Aug. 28, 2001. Amended: Filed Sept. 14, 2004, effective March 30, 2005.*

**Original authority: 660.050, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001 and 660.418, RSMo 1984, amended 1993, 1994.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Senior Services and Regulation
Chapter 90—Adult Day Care Program Licensure

19 CSR 30-90.020 Licensure Requirements

PURPOSE: This rule establishes the general licensure and application procedures, fees and the rights of applicants for licensure of adult day care programs.

(1) Any person who establishes, maintains or operates an adult day care program, or advertises or holds himself or herself out as being able to perform any adult day care service, shall obtain the proper license from the division, except as provided in section (5) of this rule.

(2) An applicant shall submit the following documents to the division for each proposed associated or freestanding adult day care program:

(A) A fully completed, properly signed and notarized Application for License to Operate an Adult Day Care Program, included herein; and

(B) The required licensure fee.

(3) Every adult day care program that includes an Alzheimer's special care unit or program as defined in section 198.505, RSMo, shall submit to the division, as part of the licensure application or renewal, the following:

(A) A completed Alzheimer's Special Care Services Disclosure form (MO Form 886-3548), available at http://www.oa.state.mo.us/gs/form/fm_indiv.htm, stating how the care is different from the rest of the program in the following areas:

1. The Alzheimer's special care unit's or program's written statement of its overall philosophy and mission which reflects the needs of participants afflicted with dementia;
2. The process and criteria for placement in, or discharge from, the program;
3. The process used for assessment and establishment of the plan of care and its implementation, including the method by which the plan of care evolves and is responsive to changes in condition;
4. Staff training and continuing education practices;
5. The physical environment and design features appropriate to support the functioning of cognitively impaired participants;
6. The frequency and types of participant activities;
7. The involvement of families and the availability of family support programs;
8. The costs of care and any additional fees; and
9. Safety and security measures; and

(B) A document approved by the division which contains, but is not limited to, updated information on selecting an Alzheimer's special care unit or program.

(4) A nonrefundable fee shall accompany each adult day care program application for license according to the following schedule for licensed capacity which is the number of program participants who may be present at any one time:

(A) For eight (8) participants or fewer, the fee is twenty-five dollars ($25);

(B) For nine through sixteen (9–16) participants, the fee is fifty dollars ($50);

(C) For seventeen through twenty-four (17–24) participants, the fee is seventy-five dollars ($75); and

(D) For twenty-five (25) or more participants, the fee is one hundred dollars ($100).

(5) Unless the program has voluntarily submitted to licensure in accordance with section 660.409, RSMo, adult day care licensure requirements shall not apply to any:

(A) Adult day care program operated by a person in which care is offered for no more than two (2) hours per day;

(B) Adult day care program maintained or operated by the federal government except where care is provided through a management contract;

(C) Person who cares solely for persons related to the adult day care provider or who has been designated as guardian of that person;

(D) Adult day care program which cares for no more than four (4) persons who are not related to the adult day care provider as defined in 19 CSR 30-90.010;

(E) Adult day care program licensed by the Department of Mental Health under Chapter 630, RSMo, which provides care, treatment and habilitation exclusively to adults who have a primary diagnosis of mental disorder, mental illness, mental retardation or developmental disability; or

(F) Adult day care program administered or maintained by a religious not-for-profit organization serving a social or religious function if the adult day care program does not hold itself out as providing the prescription or usage of physical or medical therapeutic activities or as providing or administering medicines or drugs.

(6) The division shall review each application and investigate each applicant and adult day care program to determine if they comply with the adult day care licensure law and these regulations and to insure that the health and safety of the participants are protected.

(7) If the adult day care program and the applicant are found to be in compliance, a regular license will be issued for a period not to exceed two (2) years for the premises and persons named in the application.

(8) If an adult day care program is not currently meeting all of the requirements for licensure but demonstrates the potential capacity to meet the full requirements for licensure, a provisional license may be issued if there is no detriment to the health, safety and welfare of the participants in the program. The provisional license is nonrenewable and will be valid for a maximum of six (6) months. Any regular license issued subsequent to a provisional license will be valid for a period not to exceed two (2) years from the date that the provisional license was issued.

(9) Licensure renewal applications will be sent to adult day care providers at least sixty (60) days prior to the expiration date of the current license. Renewal applications must be accompanied by the required nonrefundable fee and be postmarked at least thirty (30) days prior to the expiration date of the current license.

(10) A regular or provisional license may be revoked or suspended for failure to comply with statutory or regulatory requirements. The division may revoke or suspend a license in any case in which it finds that the adult day care provider:

(A) Failed to comply with any lawful request from the division to inspect the premises or investigate any complaint to determine compliance with sections 660.403 through 660.420, RSMo;

(B) Falsified documents, records or any relevant information relating to the operation of the adult day care program;

(C) Placed participants in immediate danger whether or not the adult day care program or adult day care provider corrected the situation which placed participants in immediate danger; or

(D) Failed to achieve substantial compliance with statutory and regulatory requirements after being given a reasonable opportunity and period of time in which to correct the deficiencies cited by the division.

(11) If any person is refused a license, or a license is suspended or revoked, or other official action by the division is detrimental to the provider of an adult day care program, a determination from the Administrative Hearing Commission may be requested pursuant to provisions of section 621.045, RSMo et seq. This action must be taken within thirty (30) calendar days of official notification of the adverse action taken by the division.

(12) The license, or provisional license, issued to the adult day care provider, shall not be transferable when there is a change of ownership or when the program is moved to another location, building or premises.

(13) The application for an adult day care program license shall be signed by the applicant's owner, chairman of the board or chief executive officer and shall be notarized.

(14) The division may, subject to the considerations noted below, grant exceptions for specified periods of time to any rule imposed by the division if the division determines that the exception to the rule would not potentially endanger the health, safety or welfare of any participant in the adult day care program.

(A) The owner or operator of the adult day care program shall make requests for exceptions in writing to the director of the division. The requests shall contain:

1. If the exception request is being made due to a deficiency being cited, a copy of the latest Letter of Notification which indicates the violation;

2. The section number and text of the rule for which the exception is being requested;

3. Specific reasons why compliance with the rule would impose an undue hardship on the operator, including an estimate of any additional cost that might be involved;

4. An explanation of the relevant or extenuating factors; and

5. A complete description of the individual characteristics of the premises, program, participants or other factors that would safeguard the health, safety and welfare of the participants if the exception were granted.

(B) The division shall issue a written decision stating the reasons for approval or denial of the request for an exception. If approved, the length of time the exception will be in effect and any additional corrective factors upon which the exception is granted shall be stated in the decision.

(C) The division shall only grant exceptions to licensure requirements set out in rules imposed by the division and cannot grant exceptions to requirements established by state statutes, federal regulations or state regulations of other state agencies.

AUTHORITY: sections 660.050, RSMo Supp. 2003 and 660.418, RSMo 2000. This rule was originally filed as 13 CSR 15-8.020. Original rule filed Oct. 15, 1984, effective Jan. 11, 1985. Moved to 19 CSR 30-90.020, effective Aug. 28, 2001. Amended: Filed Sept. 14, 2004, effective March 30, 2005.*

**Original authority: 660.050, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001 and 660.418, RSMo 1984, amended 1993, 1994.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Senior Services and Regulation
Chapter 90—Adult Day Care Program Licensure

19 CSR 30-90.030 Participants' Rights and Program Policies
(Rescinded March 30, 2005)

AUTHORITY: sections 660.050, RSMo Supp. 1992 and 660.418, RSMo 1986. This rule originally filed as 13 CSR 15-8.030. Original rule filed Oct. 15, 1984, effective Jan. 11, 1985. Moved to 19 CSR 30-90.030, effective Aug. 28, 2001. Rescinded: Filed Sept. 14, 2004, effective March 30, 2005.

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Senior Services and Regulation
Chapter 90—Adult Day Care Program Licensure

19 CSR 30-90.040 Staffing Requirements

PURPOSE: This rule establishes the minimum requirements for adult day care program staff, ratio of numbers of staff to participants and staff training.

(1) The adult day care provider, as defined in 19 CSR 30-90.010, shall be responsible for assuring compliance with all applicable laws and rules.

(2) The adult day care program shall have a program director who is responsible for the day-to-day operation of the program. Either the program director or the program director's designee shall be present and in charge during all hours that participants are on the premises. The program director and any such designee shall be qualified by demonstrated competence, specialized background, education or experience to manage the day-to-day operation of an adult day care program.

(3) The program director's responsibilities shall include, but not be limited to:

(A) Managing the adult day care program as necessary for the health, safety and welfare of the participants;

(B) Complying with the laws and rules pertaining to the adult day care program;

(C) Ensuring that participants receive appropriate care according to their needs;

(D) Preserving the rights of participants;

(E) Meeting staffing, record keeping, facility and fire safety requirements;

(F) Directing and supervising staff, as required, to meet the needs of the participants;

(G) Conducting background checks and criminal record reviews as required and necessary to protect the health, safety and welfare of participants;

(H) Providing staff training as needed and appropriate to meet the needs of the participants; and

(I) Providing direct care services when necessary to meet the needs of the participants.

(4) Direct care paid staff shall be at least eighteen (18) years of age and qualified by education, training, experience or demonstrated competence in order to perform the duties required by the written job description.

(5) Volunteer staff shall be qualified by education, training, experience or demonstrated competence to perform the duties required by the written job description.

(6) The adult day care provider shall provide a sufficient number of direct care staff on duty at all times to meet the needs of each participant and assure that participants are never left unattended. At a minimum, there shall be at least two (2) direct care staff persons when two through sixteen (2–16) participants are present and one (1) additional direct care staff person for any portion of eight (8) additional participants present. In calculating the staffing ratios:

(A) The program director shall not be counted to meet the required direct care staff ratio if serving as an administrator or manager in a long-term care facility on the same premises;

(B) The program director may be counted only when it is necessary for the program director to provide direct care in order to ensure that the needs of the participants are met;

(C) In an associated adult day care program, direct care staff shall not be counted simultaneously to meet the required staffing ratios for both the long-term care or medical care facility and the associated adult day care or any other affiliated program;

(D) Secretaries, cooks, accountants and other staff members who provide no direct care shall not be considered in calculating the staffing ratio, but such staff may be counted only if and when they are providing direct care to the participants; and

(E) Trained volunteer staff at least eighteen (18) years of age may be counted in the direct care staff to participant ratio provided a written volunteer program description includes in-service training and a system for ensuring the presence of volunteer help as scheduled.

(7) All staff who have direct contact with participants shall be able to perform the assigned job duties in the adult day care program and shall be free of communicable disease in accordance with the department's regulations pertaining to communicable diseases, specifically 19 CSR 20-20.010 through 19 CSR 20-20.100, as amended. Persons who have been diagnosed with a communicable disease may return to duty only with written approval from a physician or the physician's designated agent. The program director shall be responsible for monitoring the health of employees.

(8) No person shall be employed to work or allowed to volunteer, as defined in 19 CSR 30-90.010, in any capacity in the adult day care program who left or was discharged from employment with any other employer due to abuse or neglect to patients, residents or clients and the dismissal or departure has not been reversed by any tribunal or agency.

(9) Each adult day care provider shall require all new applicants for employment in positions involving contact with participants to:

(A) Disclose if he or she is listed on the Employee Disqualification List (EDL); and

(B) Disclose his or her criminal history, including any conviction or a plea of guilty to a misdemeanor or felony charge and any suspended imposition of sentence, any suspended execution of sentence or any period of probation or parole; and

(C) Sign a consent form authorizing a criminal record review with the Missouri Highway Patrol through:

1. The Missouri Highway Patrol in accordance with requirements of Chapter 43, RSMo; or

2. A private investigatory agency; or

3. The Family Care Safety Registry (FCSR), providing the applicant is registered and listed in the registry.

(10) The adult day care provider shall make periodic checks of the EDL to determine whether any current employee, contractor or volunteer has been recently added to the list. These checks shall be made at least every ninety (90) days by contacting the FCSR once the individual is registered and listed on the registry.

(11) Prior to allowing any person who has been hired as a full-time, part-time or temporary position to have contact with participants, the adult day care provider shall, or in the case of temporary employees hired through or contracted for an employment agency, the employment agency shall prior to sending a temporary employee to a provider:

(A) Request a criminal background check for the person as provided in section 43.540, RSMo. Each adult day care provider must maintain in its records a copy of documents verifying that the background checks were requested and the nature of the response received for each such request:

1. The adult day care provider must ensure that any applicant or person hired or retained who discloses prior to the receipt of the criminal background check that he/she has been convicted of, pled guilty or *nolo contendere* to in this state or any other state, or has been found guilty of a crime, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo, will not have contact with participants;

2. Upon receipt of the criminal background check, the adult day care provider must ensure that if the criminal background check indicates that the person hired or retained by the adult day care provider has been convicted of, pled guilty or nolo contendere to in this state or any other state, or has been found guilty of a crime, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo, that person will not have contact with participants;

(B) Make an inquiry to the department whether the person is listed on the Employee Disqualification List as provided in section 660.315, RSMo; or

(C) If the person has registered with the department's Family Care Safety Registry, the adult day care provider may contact the Registry in order to meet the requirements of (11)(A) and (11)(B).

(12) All persons employed in an adult day care program shall be registered in the FCSR. Any person hired on or after the effective date of this rule, who is not listed in the Registry, shall complete a Worker Registration form (MO 580-2421), and submit it to the FCSR within fifteen (15) days of the beginning of employment pursuant to sections 210.900 through 210.936, RSMo and 19 CSR 30-80.010 through 19 CSR 30-80.040. The Worker Registration form may be downloaded from the Department of Health and Senior Services website (http://www.dhss.mo.gov/).

(13) The adult day care program or adult day care provider shall use its business judgement in determining whether to utilize any person as an employee, independent contractor, or volunteer who is listed on the EDL.

(14) Any person who may be refused or terminated from employment based on a criminal history described in section 660.317.6, RSMo, may apply to the division for a good cause waiver under the provisions of 19 CSR 30-82.060.

(15) The adult day care provider may consider for employment any person who has been granted a good cause waiver in accordance with the provisions of section 660.317, RSMo and 19 CSR 30-82.060, in positions which have contact with participants. The adult day care provider shall be responsible for contacting the division to confirm the validity of an applicant's good cause waiver prior to hiring the applicant.

(16) At least one (1) staff person trained and certified in first aid and cardiopulmonary resuscitation (CPR) shall be on the premises and available at all times. First aid and CPR training shall be taken from the American Red Cross or from another comparable source. Certification in first aid shall be renewed every three (3) years and certification in CPR shall be renewed annually for each staff person assigned to and performing first aid and CPR responsibilities. The program director or designee shall be responsible for ensuring that first aid supplies recommended by the American Red Cross or other comparable source are readily available.

(17) All staff, including nondirect care, direct care and volunteers, shall be given an orientation to the adult day care program, its policies, fire, safety and emergency procedures prior to performing job responsibilities. The orientation shall be sufficient in depth to enable staff to perform their assigned job responsibilities and meet the individual needs or participants.

(18) At least quarterly, or as needed based on participants' needs, in-service training shall be provided to staff, as appropriate to their job function or participant care needs. At a minimum, in-service training shall address:

(A) Participant care needs, both general and individualized;

(B) Participants' rights;

(C) Program policies; and

(D) Specialized care needs, such as Alzheimer's disease or related dementias, appropriate to the needs of participants, as follows:

1. For employees providing direct care to persons with Alzheimer's disease or related dementia, the training shall include—

A. An overview of Alzheimer's disease and related dementia;

B. Communicating with persons with dementia;

C. Behavior management;

D. Promoting independence in activities of daily living; and

E. Understanding and dealing with family issues; and

2. For employees who do not provide direct care for, but may have daily contact with, persons with Alzheimer's disease or related dementia, the training shall include—

A. An overview of dementia; and

B. Communicating with persons with dementia.

AUTHORITY: sections 660.050, RSMo Supp. 2003 and 660.418, RSMo 2000. This rule was originally filed as 13 CSR 15-8.040. Original rule filed Oct. 15, 1984, effective Jan. 11, 1985. Moved to 19 CSR 30-90.040, effective Aug. 28, 2001. Amended: Filed Sept. 14, 2004, effective March 30, 2005.*

**Original authority: 660.050, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001 and 660.418, RSMo 1984, amended 1993, 1994.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Senior Services and Regulation
Chapter 90—Adult Day Care Program Licensure

19 CSR 30-90.050 Program Policies and Participant Care Requirements and Rights

PURPOSE: This rule establishes the minimum requirements for operating an adult day care program and providing care to participants; establishing and preserving certain rights of participants; and requiring adult day care providers to have written program policies.

(1) The adult day care provider shall neither knowingly admit, nor continue to care for, participants whose needs cannot be met by the program directly or in cooperation with outside resources.

(2) Each adult day care provider shall have a written emergency medical plan that assures the following:

(A) Transportation to a hospital or other type of facility providing emergency or urgent care;

(B) A written agreement, signed by each participant or legal guardian, shall be on file in the facility granting permission to transport the participant in need of emergency care to the designated hospital or other type of facility;

(C) Notes in the participant's record shall be made immediately of any accident, injury or illness and the emergency procedures taken;

(D) Emergency telephone numbers for each participant shall be available to staff at all times; and

(E) At a minimum, those first-aid supplies, as recommended by the American Red Cross or other comparable source, shall be readily available on-site.

(3) The adult day care provider shall require a medical assessment by the participant's physician or that physician's designated agent of the participant's medical condition to include activity needs and restrictions, dietary modifications, indicated therapies and medication as applicable prior to the first day of participation, signed by the physician or that physician's designated agent within five (5) working days of the first day of participation.

(4) The adult day care provider shall develop a written individual plan of care for each participant within five (5) contact days following the entry of the participant into the adult day care program. The plan shall be designed to maintain the participant at, or to restore to, optimal capability for self-care. The plan shall be based on a functional assessment and information obtained from the participant, participant's family, physician and the person or agency referring the participant. The plan shall address the participant's physical, social and psychological needs, goals and means of accomplishing goals to the degree that the program is designed and the staff are qualified to meet these goals. The plan shall identify the positions of persons responsible for specific individualized activities provided for the participant that are not documented by the regularly scheduled plan of activities for the program. The plan of care shall identify the participant's regularly scheduled days for attendance, including arrival and departure times. The plan of care shall be revised as frequently as warranted by the participant's condition, but shall be reviewed at least every six (6) months and updated as necessary.

(5) The program director or program director's designee shall maintain communication with participants and their families or other responsible persons to solve day-to-day problems which confront the participants. Referrals to other community resources should be made and services coordinated as needed.

(6) The adult day care provider or program director or an other employee of the adult day care program shall report any suspected incidents of physical or mental abuse, neglect, exploitation, or a combination of these, of its participants to the Elderly Abuse and Neglect Hotline (1-800-392-0210).

(7) The adult day care provider is required to offer at least the following services:

(A) Activities of Daily Living. This includes providing assistance and training in walking, toileting, feeding, personal care and other activities of daily living in accordance with each participant's individual plan of care;

(B) Planned Group Activities. This includes providing planned activities during at least fifty percent (50%) of the time that the program is open for daily operation, with a maximum four (4) hours of planned activities required. Activities shall be suited to the needs and interests of participants and designed to stimulate interest, rekindle motivation and encourage physical exercise. Activities shall be conducted individually and in small and large groups. Planned activities include meals, rest periods, exercise, recreation and social activities. Physical exercise shall be designed in relation to each individual's needs, impairments and abilities and shall be alternated with rest periods or quiet activities;

(C) Food Service. This includes assuring the availability of meals and supplemental snacks in accordance with each participant's individual plan of care. Meals served by the adult day care provider shall provide at least one-third (1/3) of the recommended dietary allowance of the National Research Council. Supplemental snacks shall consist of nourishing food and beverages. Food may be prepared, stored, served, or any combination of these, on-site in compliance with the requirements of the local health department or applicable rule established by the department under the provisions of 19 CSR 20-1.010. Food prepared away from the site shall be prepared in a food preparation facility which meets the requirements of the local health department or applicable rules established by the department under 19 CSR 20-1.010. The adult day care provider shall arrange for special diets and other diet modifications as ordered by a physician or the physician's designated agent. Such diets shall be served as ordered by the participant's physician or the physician's designated agent with food preparation and service being reviewed by a qualified dietitian, physician or nurse at least every six (6) months. Modified diets shall be in effect for the specified number of days indicated in the physician's order. If no time is specified, the period may not exceed one (1) calendar year, at which time another order from the physician shall be obtained; and

(D) Observation. The health, functional and psychosocial status of each participant shall be observed and documented in the participant's record at least monthly by the adult day care program director or other designated professional staff and the plan of care modified if necessary.

(8) The adult day care provider may offer the following services:

(A) Transportation. If transportation services are offered, directly or through a contract, they shall meet the requirements of 19 CSR 15-7.040;

(B) Counseling Services. If counseling services are offered, they shall be provided by qualified professional personnel;

(C) Rehabilitation Services. If rehabilitation services are offered, they shall be prescribed by a physician and performed by qualified therapists. Orders for the various therapies and treatments shall be in effect for the specified number of days indicated by the physician's written order. If no time period is specified, then the time period shall not exceed sixty (60) days and a new order by the physician must be obtained. Therapy services provided shall be summarized in the participant's record and progress noted at least monthly by the therapist;

(D) Medical Services. If medical services are offered, a licensed nurse shall be available at all times that the program is in operation. Medical services shall be provided in accordance with the particular needs of each participant. The licensed nurse shall be the only individual authorized to receive, control and manage the medication and drug program. The licensed nurse shall be responsible for the following:

1. A safe, effective system of identifying, handling and storing each participant's medications.

2. A system for administering and storing medications that is reviewed not less than every ninety (90) days by a licensed nurse.

3. Administration of medications and treatments, including the following requirements:

A. Participants who are responsible for taking their own medication at home shall be permitted and encouraged to continue to be responsible for taking their own medication during the hours spent in the program. If a participant is unable to self-administer medication, then the adult day care provider shall assume responsibility in accordance with the applicable provisions of this rule. If a participant refuses medication, this refusal shall be documented in the participant's record and the participant and their primary caregiver informed of the possible consequences of not receiving the medication;

B. Medications or treatments may not be administered without an order signed by a licensed physician. Physician's phone orders may be taken only by a licensed nurse. Phone orders shall be written into the participant's record by the licensed nurse receiving them and shall be signed by that person. The physician shall sign and date the order within five (5) working days after giving the phone order;

C. Orders concerning treatments and medications shall be in effect for a specified number of days as indicated by the physician. If not specified, the period may not exceed sixty (60) days;

D. The licensed nurse shall communicate as indicated with the participant's physician to report observed changes in health status, including reaction to medications and treatments. If an adverse reaction to medications, treatments or diet is observed, the licensed nurse shall promptly notify the participant's physician. If contact cannot be made with the personal physician, emergency medical procedures shall be followed; and

E. All medications, including over-the-counter medications, shall be packaged and labeled in accordance with applicable professional pharmacy standards, state and federal drug laws and regulations. Labeling shall include accessory and cautionary instructions as well as the expiration date, when applicable and the name of the medication as specified in the physician's order. Over-the-counter medications for individual participants shall be labeled with at least the participant's name; and

4. Medication storage that meets the following requirements:

A. The adult day care provider shall have a safe, secure, locked place for storing medications or drugs and make them available to the participant according to the instructions of his or her personal physician;

B. Controlled substances shall be locked separately from non-controlled substance medications;

C. Medications requiring refrigeration shall be kept refrigerated in a locked room or in a separate locked refrigerator or in a locked box within the refrigerator or in a refrigerator in a locked room; and

D. Nonprescription medicines may be retained in the facility for administration as ordered by the participant's physician.

5. Medication records that meet the following requirements:

A. A written record of medications, including over-the-counter medications, administered shall be maintained;

B. Records shall be kept of the receipt and disposition of all controlled substances, separate from other records for two (2) years;

C. Inventories of controlled substances shall be reconciled at the time of the medication system review and as needed to ensure accountability;

D. Receipt records of controlled substances shall include the date, source of supply, resident name, prescription number, medication name and strength, quantity and signatures of the supplier and the receiver;

E. Administration records of controlled substances shall include the date, time, resident name, medication name, dose administered and signature of the person administering;

F. Documentation of waste of controlled substances at the time of administration shall include the reason for the waste and the signature of an authorized employee witness; and

G. All variances of controlled substance records shall be documented and reported to the director for review and investigation. All losses of controlled substances shall be reported to the appropriate authorities.

(9) Each participant of the adult day care program shall be assured of the following rights:

(A) To be treated as an adult, with respect and dignity regardless of race, color, sex or creed;

(B) To participate in a program of services and activities which promote positive attitudes regarding one's usefulness and capabilities;

(C) To participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop one's interests and talents;

(D) To maintain one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence;

(E) To be encouraged to attain self-determination within the adult day care setting, including the opportunity to participate in developing one's plan for services;

(F) To decide whether or not to participate in any given activity and to be involved in the extent possible in program planning and operation;

(G) To be cared for in an atmosphere of sincere interest and concern in which needed support and services are provided;

(H) To have access to a telephone to make or receive calls, unless necessary restrictions are indicated in the individual's care plan;

(I) To have privacy and confidentiality;

(J) To be free of mental or physical abuse;

(K) To be free to choose whether or not to perform services for the program;

(L) To be free of restraint, unless under physician's order as indicated in the individual's care plan; and

(M) To be free of interference, coercion, discrimination or reprisal.

(10) Participants and their families shall be advised of participants' rights and program policies upon admission to the adult day care program.

(11) Participants' rights shall be posted in a conspicuous location in the adult day care facility.

(12) The adult day care provider shall have a written program description, copies of which are available to the division, participants, families and other interested agencies and individuals. The written program description shall contain at least the following:

(A) Administrative organization, including role of the advisory committee if applicable;

(B) Maximum number of participants that can be served;

(C) Types of participants that shall and shall not be admitted;

(D) Days of the week and hours of operation;

(E) Services available to participants and families;

(F) Procedures and requirements for admission;

(G) Emergency arrangements for participants;

(H) Criteria and procedure for discontinuing service to a participant;

(I) Participant and family procedures for resolving grievances;

(J) Confidentiality of participant information and records; and

(K) A copy of the Alzheimer's SCS form (MO FORM 886-3548) (if applicable) available at http://www.oa.state.mo.us/gs/form/fm_indiv.htm

AUTHORITY: sections 660.050, RSMo Supp. 2003 and 660.418, RSMo 2000. This rule was originally filed as 13 CSR 15-8.050. Original rule filed Oct. 15, 1984, effective Jan. 11, 1985. Moved to 19 CSR 30-90.050, effective Aug. 28, 2001. Amended: Filed Sept. 14, 2004, effective March 30, 2005.

**Original authority: 660.050, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001 and 660.418, RSMo 1984, amended 1993, 1994.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Senior Services and Regulation
Chapter 90—Adult Day Care Program Licensure

19 CSR 30-90.060 Record Keeping Requirements

PURPOSE: This rule describes the minimum requirements for administrative, participant and program records that the adult day care provider shall maintain.

(1) The adult day care provider shall maintain administrative records that include at least:

(A) Written personnel policies which address, at a minimum, the staffing requirements found in 19 CSR 30-90.040;

(B) An organizational chart depicting lines of supervision and responsibility;

(C) Individual personnel records for both paid staff and volunteer staff who are counted in the staffing ratio that include the following:

1. Position title and written job description of the work tasks, responsibilities and qualifications of the job duties to be performed by each person;

2. Name, address, home telephone number, date of birth and Social Security number;

3. Licensure, certification or other documentation of professional qualification; such as copies of license, certification, as applicable;

4. Educational background;

5. Employment history, documentation of references checked prior to employment including the results of the criminal background checks and, if applicable, a copy of any good cause waiver granted by the department;

6. Documentation of Employee Disqualification List (EDL) or Family Care Safety Registry checks;

7. Annual evaluation of work performance;

8. Documentation of orientation and in-service training received;

9. Record of dates and hours worked for at least the previous calendar year;

10. Copies of contracts with consultants, as applicable;

11. Documentation of any communicable disease and a physician's or the physician's designated agent's written release stating that the employee or volunteer may return to work; and

12. Documentation of any current certification in first aid and cardiopulmonary resuscitation;

(D) Fiscal records that include documentation of program income and expenditures in accordance with generally accepted accounting procedures. However, either cash basis, accrual basis or modified accrual basis may be used as appropriate for the adult day care provider's business entity and tax status;

(E) Records of orientation and in-service training provided to staff and volunteers; and

(F) Inspection reports, for the past three (3) years from the local health authority, local fire authority, department, or division and any state or local inspecting authority.

(2) The adult day care provider shall maintain individual participant records that include at least:

(A) Identifying information consisting of the participant's name; address; home telephone number; sex; date of birth; legal guardian, if applicable; the name and telephone number of the person to be notified in case of emergency and at least one (1) alternate; next of kin; travel directions between the home and program location and transportation arrangements, if applicable;

(B) Physician's pre-admission medical report and recommendations and subsequent medical information;

(C) Individual plan of care and progress notes;

(D) A chart of medications administered and any reactions noted, if applicable;

(E) Documentation of any prescribed or modified diet provided;

(F) Daily attendance log for the previous calendar year; and

(G) Documentation regarding any accidents or incidents.

(3) The adult day care provider shall maintain program records that include, at a minimum, copies of:

(A) Current written program description in accordance with 19 CSR 30-90.050;

(B) Current list of participants' rights;

(C) Schedule of daily group activities planned and record of activities actually conducted for the previous four (4) calendar months;

(D) Weekly menus of meals planned and records of actual meals served for the previous four (4) calendar months;

(E) Emergency medical plan; and

(F) Fire safety plan.

(4) Records or any information regarding adult day care program participants shall be confidential and no information shall be released without a written release of information signed by the participant or legal guardian except that records shall be available to the division for investigation of any complaint, program inspection, monitoring or technical assistance purposes.

(5) Records shall be maintained for no less than five (5) years unless otherwise specified in this rule. Current records shall be kept on site within the adult day care program. Inactive records may be maintained at another central location but in no case outside the state of Missouri. Any record requested by the department or the division shall be made available within twenty-four (24) hours of the request.

AUTHORITY: sections 660.050, RSMo Supp. 2003 and 660.418, RSMo 2000. This rule was originally filed as 13 CSR 15-8.060. Original rule filed Oct. 15, 1984, effective Jan. 11, 1985. Moved to 19 CSR 30-90.060, effective Aug. 28, 2001. Amended: Filed Sept. 14, 2004, effective March 30, 2005.*

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Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Senior Services and Regulation
Chapter 90—Adult Day Care Program Licensure

19 CSR 30-90.070 Fire Safety and Facility Physical Requirements

PURPOSE: This rule establishes the minimum physical and maintenance requirements for facilities in which adult day care programs are operated.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Facility Physical Requirements.

(A) The adult day care program building shall be safe and suitable for participants. The building in which the program is located shall be clean, of sound construction and maintained in good repair.

(B) Minimum space requirements shall be eighty (80) square feet per participant, for up to twenty (20) participants and an additional fifty (50) square feet per each additional participant. Space requirements do not include office space, bathrooms, storage, examining rooms or dining rooms, unless the latter is also used for activities. For associated adult day care programs, the required space shall be designated and in excess of the particular facility's required licensed space for providing long-term care or medical care. For adult day health care programs, the required space, regardless of the number of participants, shall not be less than three hundred twenty (320) square feet of space.

(C) The facility shall have a room of sufficient size to meet the needs of the participants based on minimum standards where all of the participants can gather as well as rooms or divided areas for small group activities, including a quiet area for rest, which contains at least one (1) bed for temporary use by participants when needed.

(D) Furniture shall be of a size and design so that it is easily used by persons with limited agility. It shall be sturdy and secure so that it cannot easily tip when used for support while walking or sitting. At a minimum, the following shall be provided:

1. One (1) chair for each participant and staff person;
2. Table space adequate for all participants to be served a meal at a table at the same time;
3. Reclining lounge chairs or other sturdy comfortable furniture, the number to be determined by the needs of the participants; and
4. At least one (1) bed with adequate privacy in a quiet area to be available for temporary use by participants as needed.

(E) Equipment and supplies shall be adequate to meet the needs of participants including items necessary for personal care and materials to encourage activities among participants. The activity materials shall be geared to the interests and backgrounds of the participants.

(F) Ventilation by natural or mechanical means shall be provided. All screen doors shall be equipped with self-closing devices and shall fit tightly. Doors and windows and other openings to the outside shall be screened when necessary to prevent entrance of insects and vermin.

(G) The heating system for adult day care facilities initially licensed prior to December 1, 2004 shall be in compliance with the applicable provisions of the 2000 *Life Safety Code* for existing occupancies (NFPA 101), incorporated by reference in this rule, as published by the National Fire Protection Agency, 1 Batterymarch Park, PO Box 9101, Quincy, MA 02269-9101 and all state and local codes. This rule does not incorporate any subsequent amendments or additions. Heating systems for adult day care facilities initially licensed on or after December 1, 2004 shall be in compliance with the applicable provisions of the 2000 *Life Safety Code* for New Day Care Occupancies, incorporated by reference in this rule, as published by the National Fire Protection Agency, 1 Batterymarch Park, PO Box 9101, Quincy, MA 02269-9101 and all state and local codes. This rule does not incorporate any subsequent amendments or additions. Exposed heating pipes, hot water pipes or radiators in rooms and areas used by participants shall be covered or protected, and insulated when appropriate. Portable space heaters shall not be used. Room temperatures shall be maintained between sixty-eight degrees Fahrenheit (68°F) and eighty-five degrees Fahrenheit (85°F) in all seasons. The reasonable comfort needs of individual participants shall be met.

(H) Illumination shall be adequate in all areas and commensurate with the type of activity. Glare shall be kept at a minimum by providing window coverings at all windows exposed to direct sunlight and using shaded light fixtures.

(I) All plumbing and plumbing fixtures shall conform to applicable local codes. There shall be no cross-connection between the potable water supply and any source of pollution through which the potable water supply might become contaminated.

(J) An adequate supply of water, the source of which is approved by the state water control authority, under sufficient pressure to properly serve the facility shall be provided. The potable water system shall be installed to preclude the possibility of backflow.

(K) Drinking water shall be easily accessible to the participants and provided by either an angle jet drinking fountain with mouth guard or by a running water supply with individual service drinking cups. Drinking facilities shall not be located in a toilet room.

(L) At least one (1) toilet and handwashing sink shall be provided for each ten (10) participants or any additional fraction thereof. The handwashing sink shall be in close proximity to each toilet and shall have hot and cold running water. The water temperature shall be maintained between one hundred degrees Fahrenheit (100°F) and one hundred fifteen degrees Fahrenheit (115°F). The toilet room shall be within easy access of the activity areas and afford the participants privacy. Each toilet room shall be equipped with approved natural or mechanical ventilation. All toilets shall have grab-rails. Individual paper towels, a trash receptacle, soap and toilet paper shall be provided at all times and shall be within reach of the participants.

(M) If persons using wheelchairs or persons with other physical disabilities are accepted, or the building in which the facility is located is otherwise required to comply with the Americans with Disabilities Act (ADA), the facility shall have ramps or other means of accessibility to the adult day care facility for persons with disabilities, and shall meet the standards of the *ADA Standards for Accessible Design* which are available at www.usdoj.gov/crt/ada/adastd94.pdf.

(N) Stairways and hallways shall be kept free of obstructions and shall be well lighted. All stairways and ramps shall have nonslip surface or treads. All inside and outside stairs and ramps shall have handrails.

(O) All rugs and floor coverings shall be secured to the floor. Throw rugs shall not be used. All equipment and furnishings shall be safe and maintained in good condition.

(P) The adult day care program shall provide necessary services to maintain the building or portion of the building in which the adult day care program is located in good repair and in a safe, clean, orderly and sanitary manner.

(Q) Drugs, cleaning agents, pesticides and poisonous products shall be stored apart from food, out of the reach of the participants, and shall be used in a manner which assures the safety of participants and staff.

(R) Wastebaskets and trash containers shall be made of noncombustible or fire-resistant material. Garbage and other waste shall be stored and disposed of in an appropriate manner.

(S) The facility shall be maintained free of insects and rodents. Control measures shall be implemented to prevent rodent and insect infestation.

(2) Fire Safety Requirements.

(A) Adult day care programs shall obtain annual written approval from the appropriate local fire safety officials, certifying that the facility complies with local fire codes. If there are no applicable codes, or if the department or division determines that such codes are not adequate, the department or division shall determine the adequacy of the means of egress and other measures for life safety from fire in accordance with the provisions of the *Life Safety Code* (NFPA 101), in order to ensure the safety of frail persons or persons with disabilities. All adult day care programs initially licensed prior to December 1, 2004 shall comply with the provisions of the 2000 *Life Safety Code* for existing occupancies (NFPA 101), incorporated by reference in this rule. Adult day care programs licensed on or after December 1, 2004 shall comply with the provisions of the 2000 *Life Safety Code* for New Day Care Occupancies (NFPA 101).

(B) The facility shall have a minimum of two (2) exits remote from each other. Exits shall be clearly marked with exit signs and shall provide egress at ground level.

(C) Each adult day care provider shall locate, install and maintain in operable condition an adequate number of smoke detectors and fire extinguishers of the appropriate type as determined in consultation with the local fire authorities or the division. Fire extinguishers shall comply with the requirements of the 1998 *Standard for Portable Fire Extinguishers* (NFPA 10), incorporated by reference in this rule.

(D) A written plan for assuring the safety of participants, staff and volunteers in case of fire or other disaster shall be developed in consultation with state or local fire authorities and shall include, at a minimum, the following:

1. A written assessment of potential fire or safety hazards present on the premises and actions and procedures to follow to minimize potential danger;

2. A written schedule for periodic checks for battery strength of smoke detectors and adequate pressure of fire extinguishers;

3. A written training plan and schedule for staff and volunteers on safety responsibilities and actions to be taken if an emergency situation occurs and documentation of the type of training provided; and

4. A written plan for conducting fire drills and other emergency preparedness procedures, including staff responsibilities and assignments to ensure orderly evacuations and participants' safety.

(E) Fire drills shall be coordinated with local fire safety authorities and conducted at least one (1) time per month and with sufficient frequency to familiarize staff and participants with the proper evacuation procedures. Drills may be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in the case of fire. The actual evacuation of participants and staff is not necessary providing everyone involved is able to carry out actual evacuation procedures if required. Fire drills shall include suitable procedures to ensure that all affected persons actually participate in the drill exercises.

(F) The program director or other staff qualified to exercise leadership shall be responsible for planning and conducting fire drills and other emergency preparedness procedures. The program director shall ensure that staff are assigned to assist participants with disabilities or other special needs to ensure the health and safety of participants when implementing the fire and emergency preparedness procedures in evacuating the facility, or complying with written plan procedures.

AUTHORITY: sections 660.050, RSMo Supp. 2003 and 660.418, RSMo 2000. This rule was originally filed as 13 CSR 15-8.070. Original rule filed Oct. 15, 1984, effective Jan. 11, 1985. Moved to 19 CSR 30-90.070, effective Aug. 28, 2001. Amended: Filed Sept. 14, 2004, effective March 30, 2005.*

**Original authority: 660.050, RSMo 1984, amended 1988, 1992, 1993, 1994, 1995, 2001 and 660.418, RSMo 1984, amended 1993, 1994.*

Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30—Division of Senior Services and Regulation
Chapter 90—Adult Day Care Program Licensure

19 CSR 30-90.080 Fire Safety Requirements
(Rescinded March 30, 2005)

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