

Provider Manual
ICF/MR 15 Bed or Less
Long Term Care Facilities

RULES AND REGULATIONS

OFFICE OF LONG TERM CARE

100	DEFINITIONS	5
200	GENERAL PROVISIONS FOR LICENSURE	10
201	LICENSURE.....	10
202	APPLICATION FOR LICENSE.....	10
203	RENEWAL OF APPLICATION FOR LICENSURE	10
204	ISSUANCE OF LICENSE	11
205	DENIAL, REVOCATION, OR SUSPENSION OF LICENSE.....	11
206	NOTICES AND PROCEDURE ON HEARING PRIOR TO DENIAL, SUSPENSION OR REVOCATION OF LICENSE	11
207	APPEALS TO COURTS.....	11
208	PENALTIES	12
209	INSPECTION	12
210	COMPLIANCE.....	12
211	NONCOMPLIANCE.....	12
212	VOLUNTARY CLOSURE.....	12
213	EXCEPTION TO LICENSING STANDARDS	12
214	PROVISIONAL LICENSURE	13
300	ADMINISTRATION	14
301MANAGEMENT	
	14	
302GENERAL ADMINISTRATION	
	14	
303	PERSONNEL ADMINISTRATION	15
304	STAFF TRAINING PROGRAM	16
305	EMERGENCY PLAN	17
306	EMERGENCY CALL DATA.....	18
307	REPORTS.....	18
308	PROTECTION OF CLIENTS' RIGHTS.....	19
309	CLIENT FINANCES	20
311	COMMUNICATION WITH CLIENTS, PARENTS, AND GUARDIANS	20
312	STANDARD: STAFF TREATMENT OF CLIENTS	21
320	CLIENT RECORD MAINTENENCE.....	21
321	CONTENTS OF RECORDS (TO FACILITATE RETRIEVING AND COMPILING INFORMATION).....	21
322	ADMISSION AND DISCHARGE RECORD	22
323	INDEX	22
324	RETENTION AND PRESERVATION OF RECORDS.....	23
325	CONFIDENTIALITY	23
326	CLIENT RECORD PERSONNEL.....	24
327	GENERAL INFORMATION	24
328	STANDARD: SERVICES PROVIDED UNDER AGREEMENTS WITH OUTSIDE SOURCES 24	
400	PHYSICAL ENVIRONMENT	25
401	GENERAL.....	25
402	FACILITY GROUNDS AND PARKING.....	25

403	DOORS	25
405	STANDARD: CLIENT ROOMS, BATH, AND TOILET FACILITIES	25
406	DAY ROOM AND DINING ROOM	26
407	CEILINGS, WALLS, CORRIDORS, FLOORS & PAINT	26
408	CEILINGS.....	26
409	WALLS.....	27
410	CORRIDORS (RESERVED).....	27
411	FLOORS	27
412	PAINT.....	27
413	HEATING AND COOLING.....	28
414	LIGHTING.....	28
415	EMERGENCY POWER.....	28
416	WATER SERVICE AND HOT WATER HEATERS.....	28
417	PLUMBING AND OTHER PIPING SYSTEMS.....	29
418	DIRECT CARE STATIONS.....	29
419	FIRE ALARM SYSTEMS AND FIRE SAFETY	29
420	PHYSICAL ENVIRONMENT	30
421	STANDARDS FOR NEW CONSTRUCTION AND/OR ALTERATIONS	30
422	GENERAL.....	30
423	SITE LOCATIONS, INSPECTION, APPROVAL, AND SUBSOIL INVESTIGATION.....	30
424	SUBMISSION OF PLANS, SPECIFICATIONS, AND ESTIMATES.....	31
425	PLANS AND SPECIFICATIONS	31
426	CODES AND STANDARDS	35
430	LAUNDRIES AND JANITOR'S CLOSET	36
431	STORAGE.....	36
432	DIETETIC SERVICE AREA (LESS DINING AREA)	36
439	ADMINISTRATIVE OFFICES.....	37
440	LINEN CLOSET.....	37
441	SOILED LINEN CLOSET	37
442 - 444.....	CALL SYSTEM (RESERVED)	37
445	LIMITATIONS	37
450	FURNISHINGS, EQUIPMENT AND SUPPLIES	38
451	FURNISHINGS	38
452	LINENS AND BEDDING	38
453	EQUIPMENT AND SUPPLIES	39
454	(RESERVED)	39
456	STORAGE.....	39
457	HOUSEKEEPING/MAINTENANCE.....	39
500	CONDITION OF PARTICIPATION	42
501	HEALTH CARE SERVICES.....	42
502	STANDARD: PHYSICIAN SERVICES	42
507	STANDARD: PHYSICIAN PARTICIPATION IN THE INDIVIDUAL PROGRAM PLAN.	42
510	STANDARD: NURSING SERVICES.....	42
516	STANDARD: NURSING STAFF.	43
522	STANDARD: DENTAL SERVICES.	44
526	STANDARD: COMPREHENSIVE DENTAL DIAGNOSTIC SERVICES.....	44

530	STANDARD: COMPREHENSIVE DENTAL TREATMENT.....	44
531	STANDARD: DOCUMENTATION OF DENTAL SERVICES.....	45
534	TREATMENT AND MEDICATIONS.....	45
535	PHARMACEUTICAL SERVICES.....	46
536	STANDARD: PHARMACY SERVICES.....	46
537	STANDARD: DRUG REGIMEN REVIEW.....	46
543	STANDARD: DRUG ADMINISTRATION.....	46
557	EQUIPMENT FOR ADMINISTERING MEDICATIONS.....	47
558	MEDICINE CARDS.....	47
559	STOP-ORDER POLICY.....	48
560	STORAGE OF DRUGS.....	48
561	STANDARD: DRUG STORAGE AND RECORD KEEPING.....	49
566	STANDARD: DRUG LABELING.....	49
570	RECORD OF CONTROLLED DRUGS.....	50
573	CONTROLLED DRUG ACCOUNTABILITY.....	50
577	WASTING OF CONTROLLED DRUGS.....	50
578	DISPOSITION OF UNUSED DRUGS.....	51
579	STANDARD: LABORATORY SERVICES.....	51
600	STANDARD: ACTIVE TREATMENT.....	52
603	STANDARD: ADMISSIONS, TRANSFERS, AND DISCHARGE.....	52
609	STANDARD: INDIVIDUAL PROGRAM PLAN.....	53
618	STANDARD: PROGRAM IMPLEMENTATION.....	55
622	STANDARD: PROGRAM DOCUMENTATION.....	55
625	STANDARD: PROGRAM MONITORING & CHANGE.....	55
630	CONDITION OF PARTICIPATION: CLIENT BEHAVIOR AND FACILITY PRACTICES.....	56
631	STANDARD: FACILITY PRACTICES X CONDUCT TOWARD CLIENTS.....	56
635	STANDARD: MANAGEMENT OF INAPPROPRIATE CLIENT BEHAVIOR.....	57
641	STANDARD: PHYSICAL RESTRAINTS.....	58
654	STANDARD: DRUG USAGE.....	58
700	STANDARD: QMRP.....	60
702	STANDARD: PROFESSIONAL PROGRAM SERVICES.....	60
709	STANDARD: FACILITY STAFFING.....	60
714	STANDARD: DIRECT CARE (RESIDENTIAL LIVING UNIT) STAFF.....	61
719	DIETETIC SERVICES.....	62
720	STANDARD: FOOD AND NUTRITION SERVICES.....	62
721	STANDARD: MEAL SERVICES.....	63
722	STANDARD: MENUS.....	63
723	STANDARD: DINING AREAS AND SERVICE.....	64
724	PREPARATIONS AND STORAGE OF FOOD.....	64
725	SANITARY CONDITIONS.....	65
726	DIETETIC SERVICES STAFFING.....	66
727	INFECTION CONTROL.....	66
729	STANDARD: INFECTION CONTROL.....	67
730	STANDARD: CLIENT LIVING ENVIRONMENT.....	67

100 DEFINITIONS

For the purpose of these standards, the following definitions shall apply:

Administrator means a person licensed as a facility administrator by the Department, who administers, manages, supervises, or is in general administrative charge of a facility.

Alteration means any work other than maintenance in an existing building and which does not increase the floor or roof area or the volume of enclosed space.

Certified Nursing Assistant shall mean a qualified state certified nursing assistant.

Client (interchangeable with resident or patient) shall mean any individual residing in a facility who is receiving active treatment under an approved program plan.

Client Room shall mean a room, which accommodates one or more clients for sleeping purposes.

Client Unit is an area designated to accommodate an individual client bed, bedside cabinet, chair, reading light, and other necessary equipment placed at the bedside for the proper care and comfort of the patient.

Consultant shall mean a qualified person who gives professional advice or service within his/her specialty, with or without remuneration.

Consultant Dietitian shall mean a person who is eligible for registration by the American Dietetic Association, has a Baccalaureate degree with major studies in food and nutrition, dietetics, or food service management; has one year of supervisory experience in the dietetic service of a health care institution and participates annually in continuing dietetic education.

Consultant Pharmacist means a qualified, licensed, registered pharmacist who, under arrangement with an institution, renders assistance in developing, implementing, evaluating, and revising, where indicated, policies and procedures for providing the administrative and technical guidance of the pharmaceutical services relative to labeling, storing, handling, dispensing, and all other matters pertaining to the administration and control of drugs and medication. He/she provides such services and monitors activities within the institution with the express purpose of creating and maintaining the highest standards in medication distribution, control and service.

Controlled Substance means a drug, substance or immediate precursor in Schedules I through V of the Controlled Substance Act.

Day Room shall mean a room used by clients for recreational, social, living, habilitative training or other similar activities.

Department shall mean the Arkansas Department of Human Services.

Director shall mean the Chief Administrative Officer in the Office of Long Term Care.

Disinfection shall mean the process employed to destroy harmful microorganisms.

Division shall mean the Division of Medical Services.

Drug means (a) articles recognized in the Official United States Pharmacopoeia, Official Homeopathic Pharmacopoeia of the United States, or Official National Formulary, or any supplement to any of them, and (b) articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animal, and (c) articles (other than food) intended to affect the structure or any function of the body of man or other animals, and (d) articles specified in clause (a), (b), or (c), but does not include devices or their components, parts, or accessories.

Drug Administration is an act restricted to nursing personnel as defined in Nurses Practice Act 432 of 1971, in which a single dose of a prescribed drug or biological is given to a patient. This activity includes the removal of the dose from a previously dispensed, properly labeled container, verifying it with the prescriber's orders, giving the individual dose to the proper patient, and recording the time and dose given. This does not reflect self-administration by clients who have successfully completed a course or program in self-administration of medication.

Drug Dispensing is an act restricted to a pharmacist which involves the issuance of one or more doses of a medication in a container other than the original, with such new containers being properly labeled by the dispenser as to content and/or directions for use as directed by prescriber. This activity also includes the compounding, counting, and transferring of medication from one labeled container to another.

Existing Facilities are those facilities which were in operation, or those proposed facilities which began construction or renovation of a building under final plans approved by the Division prior to adoption of these regulations.

Facility shall mean any facility requiring licensure under these regulations and shall be construed to include any buildings, structure, agency, institution, or other place for the reception, accommodation, board, care, or treatment of two or more unrelated individuals, who, because of mental retardation or other developmental disability are unable to sufficiently or properly care for themselves, and for which reception, accommodation, board, care, and treatment, a charge is made, provided the term "Facility" shall not include the offices of private physicians and surgeons, boarding homes, or hospitals, or institutions operated by the Federal Government.

Fire Resistance Rating shall mean the time in hours or fractions thereof that materials or their assemblies will resist fire exposure as determined by fire test conducted in accordance with recognized standards.

Governing Body shall mean the individuals or groups in whom the ultimate authority and legal responsibility is vested for conduct of the facility.

Guardian shall mean a person who by law is responsible for a client's affairs.

Human Services Professional shall mean an individual who has at least a bachelor's degree in a human services field (including, but not limited to: sociology, social worker, special education, rehabilitation counseling, and psychology).

Intermediate Care Facility/Mentally-Retarded (ICF/MR) 15 Bed Or Under is a facility licensed by the OLTC as meeting the Intermediate Care Facility for the Mentally Retarded, 15 beds or fewer, regulations. It is a health facility staffed, organized, operated, and maintained to provide services to the Mentally Retarded or other Developmentally Disabled.

Legend Drugs are drugs which, because of their toxicity or other potential for harmful effect, or the method of their use, or the collateral measures necessary for their use, are not safe for use except under the supervision of a practitioner licensed by law to administer such drugs, or shall be dispensed only on prescription by the pharmacist. Such drugs bear the label "Caution: Federal Law Prohibits Dispensing Without Prescription."

License shall mean the basic document issued by the Division permitting the operation of facilities. This document constitutes the authority to receive patients and to perform the services included within the scope of these regulations.

Licensed Bed Capacity shall mean the exact number of beds for which license application has been made and granted.

Licensee shall mean any state, municipality, political subdivision, institution, public or private corporation, association, individual, partnership or any other entity to whom a license is issued for the purpose of operating the facility, who shall assume primary responsibility for complying with approved standards for the facility.

Life Safety Code (LSC) means the Residential Board & Care Occupancies, Chapter 21, of The Life Safety Code of the National Fire Protection Association.

Long Term Care Facility Advisory Board shall mean the Long Term Care Facility Advisory Board as established under Act 28 of 1979, as amended.

New Construction means those facilities which are constructed or renovated for the purpose of operating a facility according to architectural plans approved by the Division subsequent to adoption of these rules.

O.T.C. Drugs are commonly referred to as "over-the-counter," or patient medications that may be provided without prescription.

Professional Recreational Staff shall mean an individual who has a bachelor's degree in recreation or in a specialty area such as art, dance, music, or physical education.

Provisional Licensure is a temporary grant of authority to the purchaser to operate an existing long-term care facility upon application for licensure to the Office of Long Term Care.

Qualified Mental Retardation Professional is a person who (1) has at least one year of experience working with persons with mental retardation or other developmental disabilities, and (2) is one of the following: (a) A doctor of medicine or osteopathy, (b) a registered nurse, (c) an individual who holds at least a bachelor's degree as one of the following professionals: (1) occupational therapist, (2) occupational therapy assistant, (3) physical therapist, (4) physical therapy assistant, (5) psychologist (with at least a master's degree), (6) social worker, (7) speech-language pathologist or audiologist, (8) professional recreation staff member, (9) professional dietitian, and/or (10) human services professional. Each of the professional staff listed herein must be licensed, certified or registered by the State. Professional recreation staff or human services professionals who do not fall under the jurisdiction of state licensure, certification, or registration must meet the qualifications defined herein.

Responsible party shall mean the person who is accountable for the client's affairs but has not been appointed by the court.

Restraint is any device or instrument used to limit, restrict, or hold patients under control.

Routine shall mean the regular performance of a particular task.

Sanitation is the process of promoting hygiene and preventing diseases by maintaining sanitary conditions.

State Health Officer shall mean the Director of the Arkansas Department of Health, Secretary of the State Board of Health.

Sterile shall mean the state of being free from all form of microorganisms.

Unit Dose Medication System shall mean the system in which single doses of drugs are prepackaged and prelabeled in accordance with all applicable laws and regulations governing these practices and made available separated by resident and by dosage time. The system includes all equipment and records deemed necessary and used in making the dose available to the resident in an accurate and safe manner. A pharmacist shall be in charge of and responsible for the system. To qualify as a true unit dose system, medications must be completely removed and replaced at least every 72 hours.

Abbreviations

R.N.	Registered Nurse
L.P.N.	Licensed Practical Nurse
L.P.T.N.	Licensed Psychiatric Technician Nurse
N.A.	Nurse's Aide
P.T.	Part-time

F.T.	Full-time (40 hours a week in these regulations and should not be confused with the Fair Labor Standards Act)
LSC	Life Safety Code
LTC	Long Term Care
NFPA	National Fire Protection Association
OLTC	Office of Long Term Care
O.T.C.	Over-The-Counter Drugs
Q.M.R.P.	Qualified Mental Retardation Professional

200 GENERAL PROVISIONS FOR LICENSURE

201 LICENSURE

201.1 Fifteen (15) bed and under ICF/MR's shall be operated, conducted, or maintained in this State by obtaining a license pursuant to the provisions of these Licensing Standards. Separate facilities operated by the same management require separate licenses. The classification of license shall be Intermediate Care Facility for the Mentally Retarded or other Developmentally Disabled, 15 bed or less.

202 APPLICATION FOR LICENSE

202.1 Applicants for license shall file a notarized application with the Division upon forms prescribed by the Division and shall pay an annual license fee of ten cents (\$.10) per patient bed, or ten dollars (\$10), whichever is greater. This fee shall be paid to the State Treasury. If the license is denied, the fee will be returned to the applicant. Facilities operated by any unit or division of state or local government shall be exempted from payment of a licensing fee. Applications shall be signed by the owner if individually owned, by one partner if owned under partnership, by two officers of the board if operated as a corporation, church or non-profit association and in case of a governmental unit, by the head of the governmental entity having jurisdiction over it. Applicants shall set forth the full name and address of the facilities for which license is sought, the names of the persons in control, and such other information as the Division may require.

202.2 Each facility applying for and receiving a license must furnish the following information:

202.2.1 The identity of each person having (directly or indirectly) an ownership interest of five (5) percent or more in the facility.

202.2.2 In case the facility is organized as a corporation, the identity of each officer and director of the corporation.

202.2.3 In case the facility is organized as a partnership, the identity of each partner.

202.2.4 Identity of owners of building and equipment leased including ownership breakdown of leasing entity.

203 RENEWAL OF APPLICATION FOR LICENSURE

203.1 Applications for annual license renewal shall be postmarked no later than July 2nd of the succeeding calendar year. License applications for existing

institutions shall be subject to a penalty of twenty dollars per day after July 2nd of the succeeding year.

204 ISSUANCE OF LICENSE

204.1 License shall be effective on a fiscal year basis and shall expire on June 30 of each year. License shall be issued only for the premises and persons in the application and shall not be assignable or transferable.

205 DENIAL, REVOCATION, OR SUSPENSION OF LICENSE

205.1 The Division is empowered to deny, suspend, or revoke licenses on any of the following grounds:

205.2 Violation of any of the provisions of Act 28 of 1979 or the rules and regulations lawfully promulgated thereunder.

205.3 Permitting, aiding, or abetting the commission of any unlawful act in connection with the operation of the facility, as defined in these regulations.

205.4 Conduct or practices detrimental to the health and safety of residents and employees of any such facilities, but this provision shall not be construed to have any reference to healing practices authorized by law, as defined in these regulations.

205.5 Failure to comply with the provisions of Act 58 of 1969 and the rules and regulations promulgated thereunder. (Note: The aforementioned act requires the licensure of nursing home administrators.)

206 NOTICES AND PROCEDURE ON HEARING PRIOR TO DENIAL, SUSPENSION OR REVOCATION OF LICENSE

206.1 Whenever the Division decides to deny, suspend, or revoke a license, it shall send to the applicant or licensee a notice stating the reasons for the action by certified mail. The applicant or licensee may appeal such notice to the Long Term Care Facility Advisory Board as permitted by Arkansas Law. Procedures for appeal to the Long Term Care Facility Advisory Board are incorporated in these regulations as Appendix A.

207 APPEALS TO COURTS

207.1 Any applicant or licensee who considers himself injured in this person, business, or property by final agency shall be entitled to judicial review thereof. Proceedings for review shall be made by filing a petition in the Circuit Court of any county in which the petitioner does business or in the Circuit Court of Pulaski County within 30 days after service upon the

petitioner of the agency's final decision. All petitions for judicial review shall be in accordance with the Arkansas Administrative Procedure Act.

208 PENALTIES

208.1 Any person, partnership, association, or corporation establishing, conducting, managing, or operating any facility covered by these regulations, without first obtaining a license therefore as herein provided, or who violates any provision of Arkansas Law or regulations lawfully promulgated thereunder shall be guilty of a misdemeanor, and upon conviction thereof shall be liable to a fine of not less than twenty-five dollars (\$25), or more than one hundred dollars (\$100), nor more than five hundred dollars (\$500) for each subsequent offense. (Section 27, Act 414 of 1961)

209 INSPECTION

209.1 All facilities to which these rules and regulations apply shall be subject to inspection at any time by an authorized representative of the Division, Department, U.S. Department of Human Services, or any other authorized entity.

210 COMPLIANCE

210.1 An initial license will not be issued until the applicant has demonstrated to the satisfaction of the Division that the facility is in substantial compliance with the licensing standards set forth in these regulations.

211 NONCOMPLIANCE

211.1 When noncompliance of the licensing standards are detected during surveys, licensees will be notified of the violations and will be requested to provide a plan of correction with a timetable for corrections. If an item of noncompliance is of a serious nature that affects the health and safety of patients and is not promptly corrected, action will be taken to suspend or revoke the facility's license.

212 VOLUNTARY CLOSURE

212.1 Any facility, or related institution, that voluntarily closes must meet the regulations for new construction to be eligible for re-licensure.

213 EXCEPTION TO LICENSING STANDARDS

213.1 The Division reserves the right to make temporary exceptions to these standards where it is determined that the health and welfare of the community requires the services of the institution. Exceptions will be

limited to unusual circumstances and the safety and well being of the clients will be carefully evaluated.

214 PROVISIONAL LICENSURE

Subject to the requirements below, a provisional license shall be issued to the Applicant and new operator of the long-term care facility when the Office of Long Term Care has received the Application for Licensure to Conduct a Long Term Care Facility. A provisional license shall be effective from the date the Office of Long-Term Care provides notice to the Applicant and new operator, until the date the long-term care license is issued. With the exception of Medicaid or Medicare provider status, a provisional license confers upon the holder all the rights and duties of licensure.

Prior to the issuance of a provisional license:

1. The purchaser and the seller of the long-term care facility shall provide the Office of Long Term Care with written notice of the change of ownership at least thirty (30) days prior to the effective date of the sale.
2. The Applicant and new operator of the long-term care facility shall provide the Office of Long Term Care with the application for licensure, including all applicable fees.
3. The Applicant and new operator of the long-term care facility shall provide the Office of Long Term Care with evidence of transfer of operational control signed by all applicable parties.

A provisional license holder may operate the facility under a new name, whether fictitious or otherwise. For purposes of this section, the term *new name* means a name that is different than the name under which the facility was operated by the prior owner, and the term “operate” means that the provisional license holder may hold the facility out to the public using the new name. Examples include, but are not limited to, signage, letterhead, brochures or advertising (regardless of media) that bears the new name.

In the event that the provisional license holder operates the facility under a new name, the facility shall utilize the prior name in all communications with the Office of Long Term Care until such time as the license is issued. Such communications include, but are not limited to, incident reports, notices, Plans of Correction, and MDS submissions. Upon the issuance of the license, the facility shall utilize the new name in all communications with the Office of Long Term Care.

300 ADMINISTRATION

301 MANAGEMENT

301.1 BYLAWS The governing body shall consist of an individual or board of directors and shall adopt effective client care policies and administrative policies and bylaws governing the operation of the facility in accordance with legal requirements. The governing body must (1) Exercise general policy, budget, and operating direction over the facility, (2) Set the qualifications (in addition to those already set by State law), if any (3) Appoint the administrator of the facility.

301.2 ADMINISTRATION Fifteen (15) bed or less ICF/MR's shall have an employee who shall serve as administrator and who shall be currently licensed as an ICF/MR 15 bed or less LTC Administrator in accordance with Act 58 of 1969 and Act 28 of 1979, and the rules and regulations promulgated thereunder. The administrator must be present in the facility at least 8 hours per week (not including travel time). Each facility administrator may have responsibilities with other entities which do not interfere with facility administration. The administrator must have responsibility for overall operation of the facility (one or more) and is responsible for any non-compliance with regulations found in the facility. No administrator shall be responsible for more than four facilities. Correspondence between this office and the facility shall be through the licensed administrator.

The licensed administrator shall designate in writing an individual who shall be available to LTC personnel during normal business hours and shall delegate authority in writing to a resident facility manager, a business manager, a QMRP or other qualified individual who may manage the facility temporarily during the administrator's absence or during such time as the administrator may be performing other duties. Also, the facility administrator shall notify OLTC in writing if an absence from the facility will exceed seven (7) consecutive days. The name of the individual who will be administratively in charge of the facility should also be listed in the letter.

Administrators-in-training shall receive training in ICF/MR facilities that employ a licensed administrator. Administrators-in-training shall not serve as a LTC administrator until such time that a LTC administrator's license is obtained. Applicants that qualify to take the administrator's examination shall not practice as a LTC administrator until licensed by this office.

302 GENERAL ADMINISTRATION

302.1 Visitors shall be permitted during all reasonable hours.

- 302.2 Incident and accident reports of clients and personnel shall be completed and reviewed to identify health and safety hazards.
- 302.3 An accurate daily census sheet as of midnight shall be available to the Division at all times.
- 302.4 There shall be keys readily available for all locked doors within the home. Keys for all locked doors may be available in the office or a designated place in the facility.
- 302.5 Birds, cats, dogs, and other animals may be permitted in 15 bed or less ICF/MR and shall be permitted for dogs which aid visually impaired clients, as prescribed by a physician or as a prescribed part of habilitative training.
- 302.6 All containers of substances used in the facility shall be legibly and accurately labeled as to content.
- 302.7 Fire extinguishers shall be adequate, of the correct type, and properly located and installed as defined by the NFPA 101, current edition.
- 302.8 Children under sixteen (16) years of age shall not be cared for in a room with non-related adults.
- 302.9 Adult male and female clients shall not have adjoining rooms which do not have full floor to ceiling partitions and closing doors. They shall not be housed in the same room (except husband and wife of the same marriage or parent and child.)
- 302.10 Child clients male and female, shall not be housed in the same room when they are seven (7) or more years old. They shall be provided the same privacy required for adults.

303 PERSONNEL ADMINISTRATION

- 303.1 The administrator shall establish and maintain a personnel policy and a file for each employee.
- 303.2 Applications for each employee shall contain sufficient information to support placement in the position to which assigned. All applications from licensed and/or registered personnel shall contain the appropriate certificate or registration number and current renewal date. These registrations and/or certifications shall be verified.
- 303.3 No employee caring for clients shall be less than sixteen (16) years of age.

- 303.4 All food service and direct care personnel must have a skin test for tuberculosis prior to employment or service. These personnel shall be reexamined annually. The results of these tests shall be on record in the nursing home. No person with active tuberculosis, an infected skin lesion or a communicable disease shall be allowed to work in the facility.
- 303.5 Written job descriptions shall be developed for each employee classification, i.e., R.N., L.P.N., aide, housekeepers, maids, etc., and shall include, as a minimum, the responsibilities and/or actual work to be performed in such classification. In addition, the job description shall include the physical and educational qualifications and licenses or certificates required for each job classification. All employees requiring licensure shall have their licensure verified at appropriate intervals.
- 303.6 Sufficiently trained personnel shall be on duty at all times. Provisions shall be made for relief of direct care personnel during vacations and other relief periods.
- 303.7 Upon request, an ICF/MR must make available to employees of Division, payroll records showing staff employed during recent pay periods. This is to verify that minimum staffing has been maintained.
- 303.8 Copies of these regulations shall be available to all personnel. All personnel shall be instructed in the requirements of the law and in the regulations pertaining to their respective duties.
- 303.9 Nursing or personal care shall not be delegated to cooks, housekeepers, or laundry personnel.
- 303.10 A weekly time schedule shall be prepared and posted for each week and shall include the employee's first and last name, classification, i.e., aide, R.N., cook, etc., and the beginning and ending time of each tour of duty, such as 7:00 a.m. to 3:00 p.m., etc.

304 STAFF TRAINING PROGRAM

- 304.1 Job orientation shall be provided and documented in writing for all personnel to acquaint them with the needs of the clients, the physical facility, disaster plan, and the employee's specific duties and responsibilities. There shall be ongoing in-service training and there should be written documentation maintained to verify that in-service training is planned and conducted. Attendance at such training shall be verified by each employee by signing their names on the attendance record. Records of training shall include the name of the employee as well as topic of instruction and date of successful completion. The training program must enable each employee to perform his or her duties effectively, efficiently, and competently.

- 304.2 For employees who work with clients, training must focus on skills and competencies directed toward clients developmental, behavioral, and health needs.
- 304.3 Staff must be able to demonstrate the skills and techniques necessary to administer interventions to manage the inappropriate behavior of clients.
- 304.4 Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.
- 304.5 At least ninety (90) percent of personnel on each shift shall be trained at least on a quarterly basis in the proper use of all fire fighting equipment, in the procedures for evacuation of clients, and in the procedures to follow in case of fire or explosion.

305 EMERGENCY PLAN

- 305.1 The facility must develop and implement detailed written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing clients.
- 305.2 The facility must communicate with the staff, quarterly review the plan with staff, make the plan available to the staff, and provide training to the staff.
- 305.3 The facility must hold evacuation drills at least quarterly for each shift of personnel and under varied conditions to:
 - (a) Ensure that all personnel on all shifts are trained to perform assigned tasks.
 - (b) Ensure that all personnel on all shifts are familiar with the use of the facility's fire protection features.
 - (c) Evaluate the effectiveness of emergency and disaster plans and procedures.
- 305.4 The facility must:
 - (a) Actually evacuate clients during at least one drill each year on each shift.
 - (b) Make special provisions for the evacuation of clients with physical disabilities.
 - (c) File a report and evaluation on each evacuation drill.

- (d) Investigate all problem's with evacuation drills, including accidents, and take corrective action.
- (e) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code.

305.5 Facilities must meet the requirements of paragraphs 305.3 and 305.4 of this section for any live-in and relief staff they utilize.

306 EMERGENCY CALL DATA

The administrator shall be responsible for ensuring that emergency call information is posted in a conspicuous place by each telephone in the facility so as to be immediately available to all personnel of the facility. Emergency call data shall include at least the following:

Telephone number of fire and police departments.

Names, addresses, and telephone numbers for emergency supplies, ambulance, minister, advisory dentist, Red Cross, and poison control center.

Name, address, and telephone number of all personnel to be called in case of fire or emergency (to include the administrator and at least one QMRP).

Name, address, and telephone number of an available physician to furnish necessary medical care in case of emergency.

307 REPORTS

307.1 The administrator is responsible for development of onsite procedures and their implementation, pursuant to the Department's established rules and regulations (DHS 3002-I, March 1, 1988) for:

307.2 Unusual client death and/or serious injury.

307.3 Absence (run away) and search.

307.4 Criminal activity.

307.5 Abuse/neglect -- prevention, recording and investigating.

307.6 Natural disasters (emergency preparedness).

307.7 Serious accidents.

307.8 Disruption of services.

308 PROTECTION OF CLIENTS' RIGHTS

308.1 The facility must ensure the rights of all clients. Therefore, the facility must:

- (a) Inform each client, parent (if the client is a minor), or legal guardian, of the client's right and the rules of the facility.
- (b) Inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.
- (c) Allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.
- (d) Allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.
- (e) Ensure that clients are not subjected to physical, verbal, sexual, or psychological abuse or punishment.
- (f) Ensure that clients are free from unnecessary drugs and physical restraints and are provided active treatment to reduce dependency on drugs and physical restraints.
- (g) Provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs.
- (h) Ensure that clients are not compelled to perform services for the facility and ensure that clients who do work for the facility are compensated for their efforts at prevailing wages and commensurate with their abilities.
- (i) Ensure clients the opportunity to communicate, associate, and meet privately with individuals of their choice, and to send and receive unopened mail:
- (j) Ensure that clients have access to telephones with privacy for incoming and outgoing local and long distance calls except as contraindicated by factors identified within their individual program plans.
- (k) Ensure clients the opportunity to participate in social, religious, and community group activities.

- (l) Ensure that clients have the right to retain and use appropriate personal possessions and clothing, and ensure that each client is dressed in his or her own clothing each day.
- (m) Permit a husband and wife who both reside in the facility to share a room.

309 CLIENT FINANCES

309.1 The facility shall allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. The facility shall maintain written accounts for all clients' funds received by or deposited with the facility for safekeeping. An employee shall be designated to be responsible for client accounts. The funds may be withdrawn by the client upon request. The client shall be provided with an itemized accounting of deposits, disbursements, and withdrawals including the current balance at least quarterly.

310 The facility must establish and maintain a system that:

- (a) Assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of the clients.
- (b) Precludes any commingling of client funds with facility funds or with the funds of any person other than another client.

310.1 The client's financial record must be available on request to the client, parents (if the client is a minor), or legal guardian.

311 COMMUNICATION WITH CLIENTS, PARENTS, AND GUARDIANS

311.1 The facility must:

- (a) Promote participation of parents (if the client is a minor) and legal guardians in the process of providing active treatment to a client unless their participation is unobtainable or inappropriate.
- (b) Answer communications from clients' families and friends promptly and appropriately.
- (c) Promote visits by individuals with a relationship to the client (such as family, close friends, legal guardians and advocates) at any reasonable hour, without prior notice, consistent with the right of that client's and other clients' privacy, unless the interdisciplinary team determines that the visit would not be appropriate.
- (d) Promote visits by parents or guardians to any area of the facility that provides direct client care services to the client,

consistent with the right of that client's and other clients' privacy.

- (e) Promote frequent and informal leave from the facility for visits, trips or vacations.
- (f) Notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accidents, death, abuse, or unauthorized absence.

312 STANDARD: STAFF TREATMENT OF CLIENTS

- 313 The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.
- 314 Staff of the facility must not use physical, verbal, sexual or psychological abuse or punishment.
- 315 Staff must not punish a client by withholding food or hydration that contributes to a nutritionally adequate diet.
- 316 The facility must prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect or mistreatment.
- 317 The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the County Sheriff's office and to the Attorney General's office.
- 318 The facility must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in progress.
- 319 The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident and, if the alleged violation is verified, appropriate corrective action must be taken.

320 CLIENT RECORD MAINTENENCE

The facility must develop and maintain a record keeping system that includes a separate record for each client and that documents the client's health care, active treatment, social information, and protection of the client's rights.

321 CONTENTS OF RECORDS (TO FACILITATE RETRIEVING AND COMPILING INFORMATION)

The client records will contain sufficient information to identify the client, his/her diagnosis(es) and treatment, and to document the results accurately.

322 Admission and Discharge Record

322.1 Record number.

322.2 Date and time of admission.

322.3 Name.

322.4 Last known address.

322.5 Age.

322.6 Date of Birth.

322.7 Sex.

322.8 Marital and/or legal status.

322.9 Name, address, and telephone number of attending physician and dentist.

322.10 Name, address, and telephone number of parent or next of kin, guardian and individual to be notified in case of accident.

322.11 Social Security Number.

322.12 Medicaid/Medicare Number.

322.13 Date and time of discharge or death.

322.14 Admitting and final diagnosis.

323 INDEX

There will be an index of all clients admitted to the facility including the following:

323.1 Name of client.

323.2 Record number.

323.3 Former address.

323.4 Name of physician.

323.5 Date of birth.

323.6 Date of discharge.

324 RETENTION AND PRESERVATION OF RECORDS

324.1 Resident records will be retained in the facility for a minimum of five (5) years following the discharge or death of the client.

324.2 Resident records for minors will be kept for at least one (1) year after they reach the age of eighteen (18) years or five (5) years, whichever is the longer period of time.

324.3 The facility administration must provide each residential living unit with appropriate aspects of each client's records as required by State and Federal Regulations. Other client records shall be kept in the facility or in a central administrative office at all times and will be removed only by subpoena.

324.4 In the case of change of ownership, the client shall remain with the facility.

324.5 In case of closure, the records will be stored with the State for the retention period.

324.6 After the retention period is met, the records may be destroyed either by burning or shredding.

324.7 Records will be protected against loss, destruction, or unauthorized use.

325 CONFIDENTIALITY

325.1 The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.

325.2 The records will be available to OLTC personnel.

325.3 The facility must develop and implement policies and procedures governing the release of any client information, including consents necessary from the client, or parents (if the client is a minor), or legal guardian.

325.4 Any individual who makes an entry in a client's record must make it legibly, date it, and sign it.

325.5 The facility must provide a legend to explain any symbol or abbreviation used in a client's record.

325.6 The facility must provide each identified residential living unit with appropriate aspects of each client's record.

326 CLIENT RECORD PERSONNEL

326.1 An individual will be designated as responsible for the client record service.

326.2 There will be written job descriptions for the client record service personnel.

327 GENERAL INFORMATION

All entries in the client records will be recorded in ink. There will be no alteration of information in the client records. If an error is made, a single line will be drawn through the error, the word "error" written above and initialed.

328 STANDARD: Services Provided Under Agreements With Outside Sources

329 If a service required under this subpart is not provided directly, the facility must have a written agreement with an outside program, resource, or service to furnish the necessary service, including emergency and other health care.

330 The agreement must:

330.1 Contain the responsibilities, functions, objectives, and other terms agreed to by both parties.

330.2 Provide that the facility is responsible for assuring that the outside services meet the standards for quality of services contained in this subpart.

331 The facility must assure that outside services meet the needs of each client.

332 If living quarters are not provided in a facility owned by the ICF/MR, the ICF/MR remains directly responsible for the standards relating to physical environment which are required by state and federal regulations.

400 PHYSICAL ENVIRONMENT

400.1 GENERAL STANDARDS

401 GENERAL

Every facility must be maintained, managed, and equipped to provide adequate care, safety, and treatment of each client.

402 FACILITY GROUNDS AND PARKING

402.1 All facilities shall be provided with dust-free drives and parking lots.

402.2 Parking areas shall be provided in a ratio of one (1) individual parking space for each five (5) licensed beds.

403 DOORS

403.1 All exterior doors shall be effectively weather-stripped.

403.2 Doors shall swing into client rooms.

403.3 Exit doors shall not be locked in such a way that a key is necessary to open the door from the inside of the building. A latch or other fastening device on the door shall be provided with a knob, handle, panic bar, or other simple type of releasing device which is part of the door handle hardware. The method of operation shall be obvious even in the dark. Automatic unlocking systems connected to the fire alarm system may be utilized.

404 All facilities must be maintained, managed, and equipped to provide adequate care, safety, and treatment of each client. A well lighted, clean, orderly, ventilated room or rooms shall be provided for client activities and for dining areas. A minimum of 20 square feet per bed shall be provided for this purpose.

405 STANDARD: CLIENT ROOMS, BATH, AND TOILET FACILITIES

405.1 Each client's room shall have an openable window not less than one-sixteenth (1/16) of the floor space or outside door arranged and located so that it can be opened. The window shall be located on an exterior wall so that the clients have a reasonable outside view.

405.2 Standard client rooms shall not have more than two (2) beds.

405.3 Single standard client rooms shall measure at least 100 square feet. Multi-client rooms shall provide a minimum of 80 square feet per bed. Square footage requirements shall be exclusive of closet and storage facilities. Client beds shall be placed at least 3 feet apart from each other and so located as to avoid contamination (respiratory droplets), drafts, excessive

heat, or other discomfort to clients, and to provide adequate room for nursing procedures and to minimize the transmission of disease.

- 405.4 Each client room shall be adjacent to or near adequate toilet and bathing facilities; separate toilet facilities and bathing units shall be provided for each four beds. Individual privacy will be provided in toilets, bathtubs and showers. Toilets shall be equipped with handwashing facilities and toilet paper hangers.
- 405.5 Each client shall have a room with an exterior wall with a window not less than one-sixteenth (1/16) of the floor space and direct access to a corridor or day room or dining room with an exterior door.
- 405.6 Client bedrooms may not be below grade level.
- 405.7 Storage space in the client room shall include space for equipment for daily out-of-bed activity for all clients who are not yet mobile, except those who have a short-term illness or those few clients for whom out-of-bed activity is a threat to health and safety.
- 405.8 Built in closets, with clothes racks and shelves accessible to the client, shall be provided in each client room for storage of clothing and other possessions. The closet and other suitable storage space shall be accessible to clients, and shall be adequate for storage of personal possessions, such as TVs, radios, prosthetic equipment and clothing.
- 405.9 Each client shall be provided with a suitable fixed or moveable light or lamp equipped with a non-combustible shade to prevent direct glare for reading or other purpose, and capable of being switched off by the client.

406 DAY ROOM AND DINING ROOM

- 406.1 A well-lighted, clean, orderly, and ventilated room or rooms shall be provided for client activities and for dining areas. A minimum of 20 square feet per bed shall be provided for this purpose. At least half of the required area may be used for dining.
- 406.2 The facility must provide sufficient space and equipment in dining, living, health services, recreation, and program areas (including adequately equipped and sound treated areas for hearing and other evaluations if they are conducted in the facility) to enable staff to provide clients with needed services as required by this subpart and as identified in each client's individual program plan.

407 CEILINGS, WALLS, CORRIDORS, FLOORS & PAINT

408 CEILINGS

All ceilings shall be a minimum of eight (8) feet above the subfloor.

409 WALLS

The walls of the facility shall have a smooth surface with painted or equally washable finish:

409.1 They shall be without cracks, and in conjunction with floors, shall be waterproof and free from spaces which may harbor ants and roaches.

409.2 All walls (with the exception of partitions used in direct care areas) shall extend from floor to ceiling and be kept clean and in good repair.

410 CORRIDORS (RESERVED)

411 FLOORS

411.1 All floor surface throughout the building shall provide a surface or finish which is resilient, non-abrasive, slip resistant, smooth, waterproof, grease proof, and resistant to heavy wear. Exposed floor surfaces and floor coverings shall promote mobility in areas used by clients and shall promote maintenance of sanitary conditions. Safety devices shall be provided on ramps. All floors in baths, toilets, lavatories, and beneath kitchen dishwashing facilities shall have a floor covering of a continuous type. No cracks or joints in the floor covering shall be permitted in these rooms. Non-abrasive carpet is permitted as floor covering for offices, corridors, day rooms and living rooms, provided, the carpet meets the following requirements: The carpet has a flame spreading rate of seventy-five (75) or less, has a smoke density of one-hundred (100) or less, and the fuel contribution factor is one-hundred (100) or less, when the carpet is tested in accordance with NFPA 253, Flooring Radiant Panel Test.

411.2 No pad will be permitted under the carpet. The carpet is to be glued directly to the floor. Prior approval by the Division is required before the carpet is installed. In facilities where carpet is installed, the home must furnish equipment and have written cleaning procedures to clean and maintain the carpet.

411.3 Facilities presently having carpets in areas other than those listed above may keep that carpet as long as it is maintained properly and free of odors. If not properly maintained and free of odors, the carpet will be removed and replaced with a hard, smooth surface.

412 PAINT

The facility must use lead-free paint inside the facility and remove or cover interior paint or plaster containing lead so that it is not accessible to clients.

413 HEATING AND COOLING

- 413.1 The facility shall be equipped with heating and cooling equipment that will maintain a minimum temperature of sixty-eight (68) degrees F. during winter and eighty-one (81) degrees F. during summer in all client areas when the temperature outside does not exceed 100 degrees F. If temperature outside exceeds 100 degrees F. there shall be a 15 degrees F. difference in exterior and interior temperature. If the air conditioner should break down or malfunction, the facility must commence repairs within twenty-four hours. Clients' toilet and bathroom temperature should be maintained at a minimum of seventy-five (75) degrees F.
- 413.2 Central heating systems shall be provided with Underwriters' approved temperature controls throughout the building.

414 LIGHTING

- 414.1 Each client's room shall have natural lighting during the day and have general lighting at night. Natural lighting shall be augmented when necessary by artificial illumination.

415 EMERGENCY POWER

- 415.1 The facility shall provide an emergency source of electrical power necessary to protect the health and safety of clients in the event the normal electrical supply is interrupted. The emergency electrical power system must supply power adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems. Dry or wet cell batteries may be used as emergency power.

416 WATER SERVICE AND HOT WATER HEATERS

- 416.1 The water supply used by the facility shall meet the requirements of the Department of Health.
- 416.2 There shall be procedures to ensure water to all essential areas in the event of loss of normal water supply.
- 416.3 The water service shall be brought into the building to comply with the requirements of the Arkansas State Plumbing Code and shall be free of cross connections.
- 416.4 The hot water heating and storage equipment shall have sufficient capacity to supply six-and-one-half (6 1/2) gallons of water at one-hundred-ten (110) degrees F. (forty-three (43) degrees C.) per hour per bed for facility fixtures. The water temperature in client areas shall not exceed one-hundred-ten (110) degrees F. (forty-three (43) degrees C.)

416.5 The hot water storage tank, or tanks, shall have a capacity equal to 50 percent of heater capacity.

416.6 Temperatures of hot water at plumbing fixtures used by clients shall be automatically regulated by control valves.

416.7 All gas, oil, or coal heaters shall be properly vented to the outside.

417 PLUMBING AND OTHER PIPING SYSTEMS

417.1 All plumbing systems shall be designed and installed in accordance with the requirements of the Arkansas State Plumbing Code. From the cold water service and hot water tanks, cold water and hot water mains and branches shall be run to supply all plumbing fixtures and equipment which require hot and cold water, or both, for their operation. Pipes shall be sized to supply hot and cold water to all fixtures with a minimum pressure of fifteen (15) pounds at the top-floor fixtures' maximum demand periods.

417.2 Any replacement of water closets shall be of the elongated type, and water closet seats shall be of the open-front type.

417.3 Elbow or wrist-action blade handle controls shall be used on all other lavatories and sinks designated for use by facility employees (community laundry, kitchen, direct care station, and janitors' closet).

417.4 Backflow preventers (vacuum breakers) shall be appropriately installed with any water supply fixture where the end of the outlet may at times be submerged. Examples of such fixtures are hoses, sprays, direct-flushing valves, aspirators, and under-rim water supply connections to a plumbing fixture or receptacle in which the surface of the water in the fixture or receptacle is exposed at all times to atmospheric pressure.

418 DIRECT CARE STATIONS

Stations shall be provided for direct care staff and so designed that they provide adequate storage and preparation area(s), lockable medication storage, and sufficient lighting. Staff lavatory and toilet facilities shall be provided in the building in a convenient location.

419 FIRE ALARM SYSTEMS AND FIRE SAFETY

419.1 The construction of the facility shall comply with the applicable provisions of either the Health Care Occupancies Chapters or the Residential Board and Care Occupancies Chapter 21 of the Life Safety Code (LSC) of the National Fire Protection Association, 1985 edition, which is incorporated by reference.

- 419.2 Sprinkler systems in the facility shall, at a minimum, meet the requirements of 13D of the LSC of the NFPA, 1985 edition.
- 419.3 The OLTC may apply a single chapter of the LSC to the entire facility or may apply different chapters to different buildings or parts of buildings as permitted by the LSC.
- 419.4 A facility that meets the LSC definition of a residential board and care occupancy and that has 15 or fewer beds, must have its evacuation capability evaluated in accordance with the Evacuation Difficulty Index of the LSC.
- 419.5 The OLTC may apply the State's fire and safety code instead of the LSC if the Secretary of the Department of Health and Human Services finds that the State has a code imposed by State law that adequately protects a facility's clients.

420 PHYSICAL ENVIRONMENT

421 STANDARDS FOR NEW CONSTRUCTION AND/OR ALTERATIONS

422 GENERAL

- 422.1 A "new facility" is one which had plans approved by the Office of Long Term Care and began operations and/or construction or renovation of a building for the purpose of operating a facility on or after the adoption date of these regulations. The regulations and codes governing new facilities apply if and when the facility proposes to begin operation in a building not previously and continuously used as a facility licensed under these regulations.
- 422.2 Additions to existing facilities shall meet the standards for new construction.
- 422.3 The requirements outlined under Section 44, General Standards for Existing Structures, also applies when applicable.

423 SITE LOCATIONS, INSPECTION, APPROVAL, AND SUBSOIL INVESTIGATION

- 423.1 The building site shall afford good drainage and shall not be subject to flooding, or be located near insect breeding areas, noise, or other nuisance producing locations, or hazardous locations, industrial developments, airports, railways, or near penal or other objectionable institutions or near a cemetery. The site shall afford the safety of patients and not be subject to air pollution.

- 423.2 A site shall be adequate to accommodate roads and walks within the lot lines to at least the main entrance, ambulance entrance, and service entrance. All facility sites shall contain enough square footage to provide at least as much space for walks, drives, and lawn space as the square footage in the building.
- 423.3 The building site shall be inspected and approved by the Division before construction is begun.

424 SUBMISSION OF PLANS, SPECIFICATIONS, AND ESTIMATES

- 424.1 When construction is contemplated either for new buildings, additions, or major alterations in excess of one hundred thousand dollars (\$100,000), plans and specifications shall be submitted in duplicate, one (1) to the OLTC and one (1) to the Plumbing Division of the Arkansas Department of Health, for review, along with a copy of the statement of approval from the State Health Services Agency. Final plan approval will be given by the OLTC.
- 424.2 Such plans and specifications should be prepared by a registered professional engineer or architect licensed in the State of Arkansas (Act 270 of 1941 as amended) and should be drawn to scale with the title and date shown thereon. The Division shall have a minimum of three (3) weeks to review the drawing and specifications and submit their comments to the applicant. Any proposed deviations from the approved plans and specifications shall be submitted to the Division prior to making any changes. Construction cannot start until approval of plans and specifications have been received from the Division. The Division shall be notified as soon as construction of a new building or alteration to an existing facility has started.
- 424.3 An estimate shall accompany all working plans and specifications when the total cost of construction is more than one hundred thousand dollars (\$100,000).
- 424.4 Representatives from the Division shall have access to the construction premises and the construction project for purposes of making whatever inspections deemed necessary throughout the course of construction.

425 PLANS AND SPECIFICATIONS

- 425.1 All institutions licensed under these standards shall be designed and constructed to substantially comply with pertinent local and state laws, codes, ordinances, and standards. All ICF/MR 15 bed or less new construction shall be in accordance with requirements of NFPA Standard 101, 1985 edition.

Plans shall be submitted to the Division in the following stages:

4251.1 Preliminary Structures

Architect preparing plans should contact the Office of Long Term Care for preliminary review.

425.1.2 Final Submission

Step (1) Working drawings and specifications which shall be well prepared so that clear and distinct prints may be obtained; accurate dimensions and including necessary explanatory notes, schedules, and legends. Working drawings which shall be complete and adequate for contract purposes. Separate drawings shall be prepared for each of the following branches of work: architectural, structural, mechanical, and electrical; and shall include the following:

Approved plan showing all new topography, newly established levels and grades, existing structures on the site (if any), new buildings and structures, roadways, walks, and the extent of the areas to be seeded. All structures and improvements which are to be removed under the construction contract shall be shown. A print of the survey shall be included with the working drawings.

Plan of each floor and roof.

Elevations of each facade.

Sections through building.

Scale and full size details as necessary to properly indicate portions of the work.

Step (2) Equipment Drawings: Large scale drawings of typical and special rooms indicating all fixed equipment and major items of furniture and movable equipment.

Step (3) Structural Drawings:

Plans of foundations, floors, roofs, and all intermediate levels shall show a complete

design with sizes, sections, and the relative location of the various members. Schedule of beams, girders, and columns shall be included.

Floor levels, column centers, and offsets shall be dimensioned.

Special openings and pipe sleeves shall be dimensioned or otherwise noted for easy reference.

Details of all special connections, assemblies, and expansion joints shall be given.

Step (4)

Mechanical Drawings: These drawings with specifications shall show the complete heating, steam piping, and ventilation systems, plumbing, drainage, and standpipe system, and laundry.

Heating, steam piping, and air-conditioning systems.

1. Radiators and steam heated equipment, such as sterilizers, warmers, and steam tables.
2. Heating and steam mains and branches with pipe sizes.
3. Sizes, types, and heating surfaces of boilers, furnaces, with stokers and oil burners, if any.
4. Pumps, tanks, boiler breaching and piping, and boiler room accessories.
5. Air-conditioning systems with required equipment, water, and refrigerant piping, and ducts.
6. Exhaust and supply ventilating systems with steam connections and piping.

7. Air quantities for all room supply and exhaust ventilating duct openings.

Plumbing, drainage, and standpipe systems:

1. Size and elevation of street sewer, house sewer, house drains, street water main and water service into building.
2. Locations and size of soil, waste, and vent stacks with connections to house drains, clean outs, fixtures, and equipment.
3. Size and location of hot, cold, and circulating mains, branches, and risers from the service entrance and tanks.
4. Riser diagrams to show all plumbing stacks with vents, water risers, and fixture connections.
5. Gas, oxygen, and special connections.
6. Plumbing fixtures and equipment which require water and drain connections.

Elevators and dumbwaiters: Details and dimensions of shaft, pit, and machine room; sizes of car platforms and doors.

Kitchens, laundry, refrigerators, and laboratories: These shall be detailed at a satisfactory scale to show the location, size and connection of all fixed equipment.

Step (5) Electrical Drawings:

Drawings shall show all electrical wiring, outlets, smoke detectors, and equipment which requires electrical connections.

Electrical Service Entrances with switches and feeders to the public service feeders shall be shown.

Plan and diagram showing main switchboard power panels, light panels, and equipment.

Light outlets, receptacles, switches, power outlets, and circuits.

Emergency electrical system with outlets, transfer switch, source of supply, feeders, and circuits.

Step (6) Specifications: Specifications shall supplement the drawings to fully describe types, sizes, capacities, workmanships, finishes, and other characteristics of all materials and equipment and shall include the following:

Cover or title sheet.

Index

General conditions.

General requirements.

Sections describing material and workmanship in detail for each class of work.

426 CODES AND STANDARDS

The following codes and standards are incorporated into and made a part of these regulations:

426.1 The 1985 edition of the National Fire Code (NFPA) applies to new construction and alterations of existing facilities. This edition includes NFPA No. 101, Life Safety Code (1985).

426.2 The latest edition of the National Electric Code Handbook (NFPA No. 70).

426.3 American National Standards Institute (ANSI) Standard No. A117.1, American Standard Specifications for making buildings and facilities accessible to, and useable by, the physically handicapped.

- 426.4 Arkansas State Plumbing Code.
- 426.5 Fire Resistance Index (latest edition), Underwriters Laboratories, Inc.
- 426.6 Handbook of Fundamentals, American Society of Heating, Refrigeration, and Air-conditioning Engineers (ASHRAE), United Engineer Center, 345 East 47th Street, New York, New York 10017.
- 426.7 Method of Test for Surface Burning Characteristics of Building Materials, Standard No. E 84-61 American Society for Testing and Materials (ASTM) Standard No. 84-61, 1961 Race Street, Philadelphia, Pennsylvania 19103.
- 426.8 Methods of Fire Test of Building Construction and Materials. Standard No. E119, American Society of Testing and Materials (ASTM), 1961 Race Street, Philadelphia, Pennsylvania 19103.
- 426.9 Minimum Power Supply Requirements, Bulletin No. XR4-10 National Electrical Manufacturers Association (NEMA) 155 East 44th Street, New York, New York 10017.

430 LAUNDRIES AND JANITOR'S CLOSET

- 430.1 A lavatory for the staff with soap and towels shall be provided in either the laundry area or in an adjacent janitorial area.
- 430.2 A janitor's closet shall be provided for each facility. This closet shall be provided with hot and cold running water and shelves for the storage of janitorial equipment and supplies. The closet shall be mechanically ventilated to the outside and must be kept locked when clients are in the facility. The hot and cold running water may be placed in the laundry.

431 STORAGE

- 431.1 There shall be a minimum of 5 square feet per bed of general storage space provided in those cases where built-in closets are provided in client rooms. It is recommended that this be concentrated in one general area except for small storage areas for wheelchairs, client lifts, walkers, etc.
- 431.2 There shall be convenient storage space for all linens, pillows, and other bedding items.
- 431.3 Space shall be provided for adequate storage of medications and active and inactive medical records.
- 431.4 Storage space shall be provided for recreational equipment and supplies.

432 DIETETIC SERVICE AREA (LESS DINING AREA)

- 433 The kitchen shall be located conveniently to the dining area. (Separation of kitchen and dining areas by corridors should be avoided.)
- 434 The food service area shall provide adequate space and facilities for receiving food deliveries, storage, preparation, tray assembly, and distribution serving of food, dishwashing and utility cleaning, refuse collection and garbage disposal. The total area, less dining area, shall not be less than 9 square feet per bed.
- 435 A suitable work area shall be provided in the facility for the dietitian or the food service supervisor.
- 436 The kitchen shall not serve as a passage between work or client areas.
- 437 Adequate heat, light, and ventilation shall be provided.
- 438 Hand-washing facilities shall be provided in the dietary area with wrist-action blade-handle controls and gooseneck spout.

439 ADMINISTRATIVE OFFICES

Separate office space shall be provided for administrative and business functions which may be located in a separate building.

440 LINEN CLOSET

A closet for clean linen shall be provided.

441 SOILED LINEN CLOSET

A closet or closed storage compartment for soiled linens shall be provided for each facility. This dirty linen storage shall be in a separate room or closed storage compartment in the laundry room and it shall be mechanically ventilated to the outside.

442 - 444 CALL SYSTEM (RESERVED)

445 LIMITATIONS

The following limitations shall apply:

- 446 No facility shall be connected to any other building.
- 447 Occupancies not under the control of, or necessary to the administration of a facility are prohibited therein with the exception of the residence of the manager. This limitation shall not be applied to guests of clients, who may be invited to stay overnight by clients, subject to the availability of suitable accommodations in the facility.

450 FURNISHINGS, EQUIPMENT AND SUPPLIES

451 FURNISHINGS

The facility must provide each client with:

- 451.1 A separate bed of proper size and height for the convenience of the client.
- 451.2 A clean, comfortable mattress.
- 451.3 Bedding appropriate to the weather and climate.
- 451.4 Functional furniture appropriate to the client's needs.
- 451.5 Furniture and play equipment used in the care of children shall be functional and appropriate and be painted with lead-free paint.
- 451.6 All wastebaskets shall be the metal type or of materials approved by the appropriate fire and/or LSC.

452 LINENS AND BEDDING

- 452.1 Extra pillows shall be available as needed for treatment and/or comfort of clients.
- 452.2 Moisture-proof rubber or plastic sheeting shall be provided as necessary to keep mattress or pillows clean or dry.
- 452.3 Where laundry service is provided on the facility premises:
- 452.4 An employee shall be designated in charge of the service.
- 452.5 Clients' and personal laundry shall not be washed with bed linen.
- 452.6 Hand washing facilities must be provided for the staff with soap and towel dispensers nearby.
- 452.7 Soiled linens shall be covered or placed in enclosed containers after being transported to the laundry.
- 452.8 Soiled linens which are not washed daily shall be stored in a vented area designated only for soiled linens.
- 452.9 A sufficient supply of clean bed linen shall be available at all times. A minimum of two (2) clean sheets and one (1) clean pillowcase shall be provided for each bed on a weekly basis. Linens shall be changed as often as indicated in order to keep the client clean, comfortable, and dry.

452.10 Each bed shall be covered with a suitable bedspread at least during the hours of the day when the bed is not occupied.

452.11 Sufficient blankets shall be provided to assure the warmth of each client and shall be laundered as often as necessary to assure cleanliness and freedom from odors. The blankets shall be individually assigned to clients and not passed indiscriminately to clients without first being laundered.

452.12 Table linens shall be laundered separately from bed linen and clothing.

453 EQUIPMENT AND SUPPLIES

453.1 Nursing equipment and supplies shall be provided as needed to meet the client's needs and maintained in good condition to ensure adequate nursing care of the clients.

454 (RESERVED)

455 Methods approved by the OLTC shall be used to sanitize bedpans, urinals, and emesis basins.

456 STORAGE

456.1 If bedpans, urinals, and emesis basins are assigned to individual clients, they shall be name labeled and stored in the client's bedside cabinet. They shall be cleansed after each use and sanitized by an approved method at least weekly. If the utensils are not individually assigned, they shall be thoroughly cleansed and effectively sanitized between each use and stored in a bedpan room. After the discharge or transfer of any client, all such equipment shall be cleansed or autoclaved prior to reuse.

456.2 There shall be convenient storage space for all linens, pillows, and other bedding items.

456.3 Facilities shall be provided for storage and preparation of medications and treatments and for storage of active and inactive medical records.

456.4 Storage space shall be provided for recreational equipment and supplies.

457 HOUSEKEEPING/MAINTENANCE

458 Housekeeping services for the 15 bed or less ICF/MR shall be provided daily including weekend daytime coverage, and for cleanup after the evening meal. Additional staff will be required if deficiencies are found that relate to personnel shortage.

- 459 Sufficient housekeeping and maintenance equipment shall be available to enable the facility to maintain a safe, clean, and orderly interior.
- 460 If a facility has a contract with an outside resource for housekeeping services, the facility and/or outside resources shall meet the requirements of these standards.
- 461 All rooms and every part of the building (exterior and interior) shall be kept clean, orderly, and free of offensive odors. Bath and toilet facilities and food areas shall be clean and sanitary at all times.
- 462 Rooms shall be cleansed and put in order daily.
- 463 If a client keeps his own room, he shall be closely supervised to ensure a clean, orderly room.
- 464 After discharge of a client, the room and its contents shall be thoroughly cleaned, aired, and disinfected if necessary. Clean linens shall be provided. All clients' utensils shall be washed and sanitized.
- 465 Polish or wax used on floors shall be of a type which provides a non-slip finish. Floors shall be maintained in a clean and safe condition.
- 466 Deodorants shall not be used to cover up odors. Odor control shall be achieved by prompt cleaning of bedpans, urinals, and commodes, by the prompt and proper care of clients and soiled linens, and by approved ventilation.
- 467 Attics, cellars, beneath stairs, and similar areas shall be kept clean of accumulation of refuse, old newspapers, and discarded furniture and shall not be used for storage unless they have sprinkler system(s).
- 468 Storage areas shall be kept in a safe and orderly manner.
- 469 Combustibles such as rags, cleaning compounds and fluids shall be kept in closed metal containers and should be labeled as to contents.
- 470 Buildings and grounds shall be kept free from refuse and litter.
- 471 Storage facilities with proper ventilation shall be provided if extra mattresses are stored on the premises.
- 472 All useless items and materials shall be removed from the facility area and premises.
- 473 Matches and other flammable or dangerous items shall be stored in metal containers with tight-fitting lids and be labeled as to contents.
- 474 Mechanical rooms, boiler rooms, and similar areas shall not be used for storage purposes.

- 475 All inside openings to attics and false ceilings shall be kept closed at all times. The attic area shall be clean at all times.
- 476 Mop heads shall be of the removable type and shall be laundered or replaced at frequent intervals to ensure a standard of cleanliness.
- 477 Straw brooms shall not be used for cleaning facility floors.
- 478 Garbage must be kept in approved containers with tight-fitting covers. The containers must be thoroughly cleaned before reuse. Garbage or rubbish and trash shall be disposed of by incineration, burial, sanitary fill, or other approved methods. Garbage areas shall be kept clean and in a state of good repair.
- 479 All poisons, bleaches, detergents, and disinfectants shall be kept in a safe place accessible only to employees and those clients whose habilitative training allows use of cleaning materials. They shall not be kept in storage areas or containers previously containing food or medicine. Containers must have a label that states name, ingredients, and antidote.
- 480 Unnecessary accumulation of possessions, including equipment and supplies of staff or the home's owner, shall not be kept in the home. Clients' possessions may be kept in the residence unless they create a health or fire hazard.

500 CONDITION OF PARTICIPATION

501 HEALTH CARE SERVICES

502 STANDARD: PHYSICIAN SERVICES

503 The facility must ensure the availability of physician services 24 hours a day.

504 The physician must develop, in coordination with licensed nursing personnel, a medical care plan of treatment for a client if the physician determines that an individual client requires 24-hour licensed nursing care. This plan must be integrated into the individual program plan.

505 The facility must provide or obtain preventive and general medical care as well as annual physical examinations of each client that at a minimum includes the following:

505.1 Evaluation of vision and hearing.

505.2 Immunizations, using as a guide the recommendations of the Public Health Service Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics.

505.3 Laboratory examinations as determined necessary by the physician, and special studies when needed.

505.4 Tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section of diseases of the chest of the American Academy of Pediatrics, or both.

506 To the extent permitted by State law, the facility may utilize physician assistants and nurse practitioners to provide physician services as described in this section.

507 STANDARD: Physician participation in the individual program plan.

A physician must participate in--

508 The establishment of each newly admitted client's individual program plan as required by these regulations that specified plan of care requirements for ICF/MR's.

509 If appropriate, physicians must participate in the review and update of an individual program plan as part of the interdisciplinary team process either in person or through written report to the interdisciplinary team.

510 STANDARD: Nursing services.

- The facility must provide clients with nursing services as needed. These services must include--
- 511 Participation as appropriate in the development, review, and update of an individual program plan as part of the interdisciplinary team process.
 - 512 The development, with a physician, of a medical care plan of treatment for a client when the physician has determined that an individual client requires such a plan.
 - 513 For those clients certified as not needing a medical care plan, a review of their health status must:
 - 513.1 Be by a direct physical examination.
 - 513.2 Be by a Registered Nurse.
 - 513.3 Be on a quarterly or more frequent basis depending on client need.
 - 513.4 Be recorded in the client's record.
 - 513.5 Result in any necessary action (including referral to a physician to address client health problems).
 - 514 Other nursing care as prescribed by a physician or as identified by client needs.
 - 515 Implementing, with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to:
 - 515.1 Training clients and staff as needed in appropriate health and hygiene methods.
 - 515.2 Control of communicable diseases and infections, including the instruction of other personnel in methods of infection control.
 - 515.3 Training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.
 - 516 STANDARD: Nursing staff.**
 - 517 Nurses providing services in the facility must have a current license to practice in the State.
 - 518 The facility must employ or arrange for licensed nursing services sufficient to care for clients health needs including those clients with medical care plans.
 - 519 The facility must utilize registered nurses as appropriate and required by state law to perform the health services specified in this section.

520 If the facility utilizes only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurses.

521 Non-licensed nursing personnel who work with clients under a medical care plan must do so under the supervision of licensed persons and must be certified as a nursing assistant.

522 STANDARD: Dental services.

523 The facility must provide or make arrangements for comprehensive diagnostic and treatment services for each client from qualified personnel, including licensed dentists and dental hygienist either through organized dental services in-house or through arrangement.

524 If appropriate, dental professionals must participate, in the development, review, and update of an individual program plan as part of the interdisciplinary process either in person or through written report to the interdisciplinary team.

525 The facility must provide education and training in the maintenance of oral health.

526 STANDARD: Comprehensive dental diagnostic services.

Comprehensive dental diagnostic services include:

527 A complete extraoral and intraoral examination, using diagnostic aids necessary to properly evaluate the client's oral condition, not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).

528 Periodic examination and diagnosis performed at least annually, including radiographs when indicated and detections of manifestations of systematic diseases.

529 A review of the results of examination and entry of the results in the client's dental record.

530 STANDARD: Comprehensive dental treatment.

The facility must ensure comprehensive dental treatment services that include:

530.1 The availability for emergency dental treatment on a 24-hour-a-day basis by a licensed dentist.

530.2. Dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.

531 STANDARD: Documentation of dental services.

532 If the facility maintains an in-house dental service, the facility must keep a permanent dental record for each client, with a dental summary maintained in the client's living unit.

533 If the facility does not maintain an in-house dental service, the facility must obtain a dental summary of the results of dental visits and maintain the summary in the client's living unit.

534 TREATMENT AND MEDICATIONS

534.1 No medication or treatment shall be given without the written order of the physician or dentist. Drugs shall be administered in accordance with orders.

534.2 If it is necessary to take physician's or dentist's orders over the telephone or verbally, the order shall be immediately written on the physician's order sheet in the medical record and signed by the nurse who took the order. Documentation shall include the name of the physician or dentist who gave the telephone or verbal order and the date and time of the order. The order shall be countersigned by the attending physician or dentist on his regular visit or no more than seven (7) days from the time the telephone or verbal order was given. There shall be indication made by the nurse that the orders were transcribed (signature and time).

534.3 Each client shall be identified prior to administration of medication.

534.4 The dose of a drug administered to a client shall be properly recorded by the person who administered the drug except in established self-medication programs.

534.5 Medications shall be administered only by licensed nursing personnel except in established self-administration programs.

534.6 Treatment of a lesion or open wound shall be done only by licensed nursing personnel.

534.7 Medication setups may be prepared one pass at a time. Time for medication pass must be within one hour before and one hour after prescribed time. Each pass must be completed before the next one is started. The medication must be administered on the same shift on which they are prepared. Liquids and injectables shall not be set up more than one hour in advance.

534.8 Medications shall be administered by the same person who prepared the doses for administration, except under single unit-dose package

distribution systems, or where the client is receiving self-medication training.

534.9 The attending physician shall be notified of an automatic stop order prior to the last dose so that the physician may decide if the administration of the medication is to be continued or altered.

535 PHARMACEUTICAL SERVICES

535.1 Responsibility for Pharmacy Compliance

The administrator shall be responsible for full compliance with Federal and State laws governing procurement, control, and administration of all drugs. Full compliance is expected with the Comprehensive Drug Abuse Prevention and Control Act of 1970, Public Law 91-513, and all amendments thereto and all regulations and rulings passed down by the Federal Drug Enforcement Agency (DEA), Arkansas Act No. 590, and all amendments to it and these rules and regulations.

536 STANDARD: Pharmacy services.

The facility must provide or make arrangements for the provision of routine and emergency drugs and biologicals to its clients. Drugs and biologicals may be obtained from community or contract pharmacists or the facility may maintain a licensed pharmacy.

537 STANDARD: Drug regimen review.

538 A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.

539 The pharmacist must report any irregularities in clients' drug regimens to the prescribing physician and interdisciplinary team.

540 The pharmacist must prepare a record of each client's drug regimen review and the facility must maintain that record.

541 An individual medication administration record must be maintained for each client.

542 If a client is receiving medication, the pharmacist must participate in the development, implementation, and review of each client's individual program plan either in person or through written report to the interdisciplinary team.

543 STANDARD: Drug administration.

The facility must have an organized system for drug administration that identifies each drug up to the point of administration. The system must assure that:

- 544 All drugs are administered in compliance with the physician's orders.
- 545 All drugs, including those that are self-administered, are administered as ordered.
- 547 Clients are taught how to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise.
- 548 The client's physician is informed of the interdisciplinary team's decision that self-administration of medications is an objective for client.
- 549 No client self-administers medications until he or she demonstrates the competency to do so.
- 550 Drugs used by clients while not under the direct care of the facility are packaged and labeled in accordance with State law.
- 551 Drug administration errors and adverse drug reactions are recorded and reported immediately to a physician.
- 552 No medication shall be given without a written order by a physician or dentist.
- 553 All medications shall be given by licensed nursing personnel. The administrator or his appointed assistant shall be responsible for ensuring that qualified nursing personnel administer all medications ordered by a physician or dentist except in self-administration programs.
- 554 Caution shall be observed in administering medication so that the exact dosage of the prescribed medication is given as ordered by the doctor or dentist.
- 555 Each client must have an individual container, bin, compartment, or drawer for the storage of his medications in the medication room or cabinet, unless the unit dose system is employed.
- 556 Nursing personnel shall not transfer more than one dose of medication from container to container. Loading narcotic counters, preparing take-home supply of medications, incorporating supplies, etc., by nursing personnel are not permitted.

557 Equipment for Administering Medications

There shall be calibrated medicine containers to correctly measure liquid medications. Disposable items shall not be reused. Disposable syringes and needles must be disposed of by incineration.

558 Medicine Cards

- 558.1 In administering medications, medication cards current with physician orders must be used.
- 558.2 Medicine cards (except in the case of established self-administration programs, or the distribution of blister packs) shall be provided to include:
 - 558.2.1 Name of client.
 - 558.2.2 Location of client.
 - 558.2.3 Medication and dosage.
 - 558.2.4 Hours to be given.

559 Stop-order Policy

- 559.1 Medications not specifically limited as to time or number of doses when ordered by the physician shall be controlled by the facility's policy regarding automatic stop orders.
- 559.2 The facility's automatic stop-order policy, at a minimum, shall cover the following categories of medications:
 - 559.2.1 Class II Narcotics.
 - 559.2.2 Class II Non-narcotics.
 - 559.2.3 Class III, Class IV, and Class V medications.
 - 559.2.4 Anticoagulants.
 - 559.2.5 Antibiotics.

560 Storage of Drugs

- 560.1 All drugs on the premises of a facility except for the emergency tray as defined by the Arkansas State Board of Health and the Arkansas State Board of Pharmacy shall be in a properly labeled container as dispensed upon prescription by the pharmacy.
- 560.2 All drugs for external use shall be kept in a safe place accessible only to employees and self-medicating clients and shall be kept in a special area apart from other medications and prescriptions.
- 560.3 Medications requiring cold storage shall be refrigerated. A locked container placed below food level in a facility refrigerator is considered satisfactory storage space.

- 560.4 Labels should be affixed to the immediate container. The immediate container is that which is in direct contact with the drug at all times.
- 560.5 Drug rooms or cabinets shall be supplied with adequate lighting so that medications can be safely prepared for administration.
- 560.6 The drug room or cabinets shall be properly ventilated so that the temperature requirements set by the U.S.P. are met: 59 degrees F. to 86 degrees F.

561 STANDARD: Drug storage and record keeping.

- 562 The facility must keep all drugs and biologicals in a locked cabinet or a locked room except when being prepared for administration. Only the nurse responsible for administering the medication or the individual in charge of the facility shall have access to the keys to the drug storage area. Clients who have been trained to self-administer drugs in accordance with regulation 547 may have access to keys to their individual drug supply.
- 563 The facility must maintain records of the receipt and disposition of all controlled drugs.
- 564 The facility must, on a sample basis, periodically reconcile the receipt and disposition of all controlled drugs in Schedules II - V (drugs subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. 801 et seq., as implemented by 21 CFR Part 308).
- 565 If the facility maintains a licensed pharmacy, the facility must comply with the regulations for controlled drugs.

566 STANDARD: Drug labeling.

- 567 Labeling of drugs and biologicals must:
- 567.1 Be based on currently accepted professional principles and practices.
- 567.2 Include the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable.
- 568 The facility must remove from use:
- 568.1 Outdated drugs.
- 568.2 Drug containers with worn, illegible, or missing labels.
- 569 Drugs and biologicals packaged in containers designated for a particular client must be immediately removed from the client's medication supply if discontinued by the physician.

570 Record of Controlled Drugs

571 A record shall be kept in a bound ledger book with consecutively numbered pages of all controlled drugs procured and administered. This record shall contain on each separate page the following:

571.1 Name, strength, and quantity of drug received.

571.2 Date received.

571.3 Client's name.

571.4 Prescribing physician.

571.5 Name of pharmacy.

571.6 Date and time of dosage given.

571.7 Quantity of drug remaining.

571.8 Signature of person administering the drug.

572 The person responsible for entering the controlled drug into the bound ledger should be the same person who signs for it in the drug ordering and receiving record. This record shall be retained by the facility as a permanent record and be readily available.

573 Controlled Drug Accountability

574 There shall be a weekly count of all Schedule II, III, IV, and V controlled medications. This count shall be made by the person in charge of medications in the facility and witnessed by a non-licensed employee who co-signs as a witness with the person in charge. This count shall be documented. This documentation shall include the date and time of the count, a statement as to whether or not the count was correct, and if it was incorrect, an explanation of the discrepancy.

575 This record shall be retained by the facility as a permanent record and be readily retrievable.

576 When loss, suspected theft, or an error in the administration of controlled drugs occurs, it must be reported to the Administrator and an incident report filled out; also, a copy of the form for reporting theft or loss of controlled substances should be mailed to the Arkansas Department of Health, Division of Drug Control. All documentation must be retained in the facility as a permanent record.

577 Wasting of Controlled Drugs

When a dose of a controlled drug is dropped or broken, two (2) people should make a statement in the bound ledger as to what occurred, and both must sign their names. One of these people shall be a licensed nurse.

578 Disposition of Unused Drugs

578.1 Schedule II, III, IV, and V drugs dispensed by prescription for a client and no longer needed by the client must be delivered in person or by registered mail to: Drug Control Division, Arkansas Department of Health, 4815 West Markham Street, Little Rock, Arkansas 72201, along with Arkansas Department of Health Form (PHA-DC-1) Report of Drugs Surrendered for Disposition According to Law. When unused portions of controlled drugs go with a client who leaves the facility, the controlled drug record shall be signed by the person who assumes responsibility for the client and the person in charge of the medication in the facility. This shall be done only on the written order of the physician and at the time the client is discharged, transferred, or visits home.

578.2 All medications other than Schedule II, III, IV, and V not taken (out of the facility) by the client (with the physician's consent) when he leaves the facility shall be destroyed. All discontinued medications (except controlled drugs) shall be destroyed on the premises of the facility. Destruction shall be made by the consultant pharmacist and a nurse with a record made as to the date, quantity, prescription number, client's name, and strength of medications destroyed. The destruction should be by means of incineration, garbage disposal, or flushing down the commode. This record shall be kept in a bound ledger with consecutively numbered pages. This record shall be retained by the facility as a permanent record and be readily retrievable.

579 STANDARD: Laboratory services.

580 For purposes of this section, "laboratory" means an entity for the microbiological, serological, chemical, hematological, radiobioassay, cytological, immunohematological, pathological, or other examination of material derived from the human body, for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or assessment of a medical condition.

581 If a facility chooses to provide laboratory services, the laboratory must meet state and federal management requirements and provide personnel to direct and conduct the laboratory services.

600 STANDARD: Active treatment

601 Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and related services described in this subpart, that is directed toward:

601.1 The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible.

601.2 The prevention or deceleration of regression or loss of current optimal functional status.

602 Active treatment does not include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program.

603 STANDARD: Admissions, transfers, and discharge.

604 Clients who are admitted by the facility must be in need of and receiving active treatment services.

605 Admission decisions must be based on a preliminary evaluation of the client that is conducted or updated by the facility or by outside sources.

606 A preliminary evaluation must contain background information as well as currently valid assessments of functional, developmental, behavioral, social, health, and nutritional status to determine if the facility can provide for the client's needs and if the client is likely to benefit from placement in the facility.

607 If a client is to be either transferred or discharged, the facility must:

607.1 Have documentation in the client's record that the client was transferred or discharged for good cause.

607.2 Provide a reasonable time to prepare the client and his or her parents or guardian for the transfer or discharge (except in emergencies).

608 At the time of the discharge, the facility must:

608.1 Develop a final summary of the client's developmental, behavioral, social, health, and nutritional status and, with the consent of the client, parents (if the client is a minor), or legal guardian, provide a copy to authorized persons and agencies.

608.2 Provide a post-discharge plan of care that will assist the client to adjust to the new living environment.

609 STANDARD: Individual program plan.

610 Each client must have an individual program plan developed by an interdisciplinary team that represents the professions, disciplines, or service areas that are relevant to:

610.1 Identifying the client's needs, as described by the comprehensive functional assessments required in regulations 612-612.5.

610.2 Designing programs that meet the client's needs.

611 Appropriate facility staff must participate in interdisciplinary team meetings. Participation by other agencies serving the client is encouraged. Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless that participation is unobtainable or inappropriate.

612 Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. The comprehensive functional assessment must take into consideration the client's age (for example, child, young adult, elderly person) and the implications for active treatment at each stage, as applicable, and must:

612.1 Identify the presenting problems and disabilities and, where possible, their causes.

612.2 Identify the client's specific developmental strengths.

612.3 Identify the client's specific developmental and behavioral management needs.

612.4 Identify the client's need for services without regard to the actual availability of the services needed.

612.5 Include physical development and health, nutritional status, sensorimotor development, affective development, speech and language development and auditory functioning, cognitive development, social development, adaptive behaviors or independent living skills necessary for the client to be able to function in the community, and, as applicable, vocational skills.

613 Within 30 days after admission, the interdisciplinary team must prepare for each client an individual program plan that states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by regulations 612-612.5, and the planned sequence for dealing with those objectives.

614 These objectives must:

- 614.1 Be stated separately, in terms of a single behavioral outcome.
 - 614.2 Be assigned projected completion dates.
 - 614.3 Be expressed in behavioral terms that provide measurable indices of performance.
 - 614.4 Be organized to reflect a developmental progression appropriate to the individual.
 - 614.5 Be assigned priorities.
- 615 Each written training program designed to implement the objectives in the individual program plan must specify:
- 615.1 The methods to be used.
 - 615.2 The schedule for the use of the method.
 - 615.3 The person responsible for the program.
 - 615.4 The type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives.
 - 615.5 The inappropriate client behavior(s), if applicable.
 - 615.6 Provision for the appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate.
- 616 The individual program plan must also:
- 616.1 Describe relevant interventions to support the individual toward independence.
 - 616.2 Identify the location where progress strategy information (which must be accessible to any person responsible for implementation) can be found.
 - 616.3 Include, for those clients who lack them, training in personal skills.
 - 616.4 Identify mechanical supports, if needed, to achieve proper body position, balance, or alignment. The plan must specify the reason for each support, the situations in which each is to be applied, and a schedule for the use of each support.
 - 616.5 Include opportunities for client choice and self-management.

617 A copy of each client's individual program plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if client is a minor), or legal guardian.

618 STANDARD: Program Implementation

619 As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.

620 The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.

621 Except for those facets of the individual program plan that must be implemented only by licensed personnel, each client's individual program plan must be implemented by all staff who work with the client, including professional, paraprofessional, and nonprofessional staff.

622 STANDARD: Program Documentation

623 Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.

624 The facility must document significant events that are related to the client's individual program plan assessments and that contribute to an overall understanding of the client's ongoing level and quality of functioning.

625 STANDARD: Program Monitoring & Change

626 The individual program Plan must be reviewed at least by the Qualified Mental Retardation Professional and revised as necessary, including, but not limited to situations in which the client:

626.1 Has successfully completed an objective or objectives identified in the individual program plan.

626.2 Is regressing or losing skills already gained.

626.3 Is failing to progress toward identified objectives after reasonable efforts have been made. Or,

626.4 Is being considered for training towards new objectives.

627 At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed, and the individual program plan must be revised, as appropriate, repeating the process set forth in regulation 609-621.

- 628 The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility to:
- 628.1 Review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.
 - 628.2 Insure that these programs are conducted only with the written informed consent of the client, parent (if client is a minor), or legal guardian.
 - 628.3 Review, monitor, and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.
- 629 The provisions of regulations 628-628.3 may be modified only if, in the judgement of the OLTC, Court decrees, State law or regulations provide for equivalent client protection and consultation.

630 CONDITION OF PARTICIPATION: CLIENT BEHAVIOR AND FACILITY PRACTICES

631 STANDARD: Facility Practices X Conduct Toward Clients.

- 632 The facility must develop and implement written policies and procedures for the management of conduct between staff and clients. These policies must:
- 632.1 Promote the growth, development, and independence of the client.
 - 632.2 Address the extent to which client choice will be accommodated in daily decision-making, emphasizing self-determination and self-management, to the extent possible.
 - 632.3 Specify client conduct to be allowed or not allowed.
 - 632.4 Be available to all staff, clients, parents of minor children, and legal guardians.
- 633 To the extent possible, clients must participate in the formulation of these policies and procedures.
- 634 Clients must not discipline other clients, except as part of an organized system of self-government, as set forth in facility policy.

635 STANDARD: Management of Inappropriate Client Behavior

636 The facility must develop and implement written policies and procedures that govern the management of inappropriate client behavior. These policies and procedures must be consistent with the provisions of regulations 631-634. These procedures must:

636.1 Specify all facility-approved interventions to manage inappropriate client behavior.

636.2 Designate these interventions on a hierarchy to be implemented, ranging from most positive or least intrusive, to least positive or most intrusive.

636.3 Insure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective.

636.4 Address the following:

(a) The use of physical restraints.

(b) The use of drugs to manage inappropriate behavior.

(c) The application of painful or noxious stimuli.

(d) The use of time out.

(e) The staff members who may authorize the use of specified interventions.

(f) A mechanism for monitoring and controlling the use of such interventions.

637 Intervention to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare, and civil and human rights of the clients are adequately protected.

638 Techniques used to manage inappropriate client behavior must never be used for disciplinary purposes, for the convenience of staff, or as a substitute for an active treatment program.

639 The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with regulations 613-615.6.

640 Standing or as needed programs to control inappropriate behavior are not permitted. All behavior programs must be individualized.

641 STANDARD: Physical Restraints

642 The facility may employ physical restraints only:

643 As an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied.

644 As an emergency measure, but only if absolutely necessary to protect the client or others from injury.

645 As a health-related protection prescribed by a physician, but only if absolutely necessary during the conduct of a specific medical or surgical procedure, or only if absolutely necessary for client protection during the time that a medical condition exists.

646 Authorizations to use or extend restraints as an emergency measure must be:

647 In effect no longer than 12 consecutive hours.

648 Obtained as soon as the client is restrained or stable.

649 The facility must not issue orders for restraint on a standing or as needed basis.

650 A client placed in restraint must be checked at least every 30 minutes by staff trained in the use of restraints, released from the restraints as quickly as possible, and a record of these checks and usage must be kept.

651 Restraints must be designed and used so as not to cause physical injury to the client and so as to cause the least possible discomfort.

652 Opportunity for motion and exercise must be provided for a period of not less than 10 minutes for each two-hour period in which restraint is employed, and a record of such activity must be kept.

653 Barred enclosures must not be more than three feet in height and must not have tops.

654 STANDARD: Drug Usage

655 The facility must not use drugs in doses that interfere with the individual client's daily living activities.

656 Drugs used for the control of inappropriate behavior must be approved by the interdisciplinary team and be used only as an integral part of the client's individual

program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.

657 Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs.

658 Drugs used for control of inappropriate behavior must be:

658.1 Monitored closely, in conjunction with the physician and the drug regimen review requirement in regulations 537-542 for desired responses and adverse consequences by facility staff.

658.2 Gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team and attending physician, unless clinical evidence justifies that this is contraindicated.

700 STANDARD: QMRP

701 Each client's active treatment program must be integrated, coordinated, and monitored by a Qualified Mental Retardation Professional.

702 STANDARD: Professional Program Services

703 Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan. Professional program staff must work directly with clients and with paraprofessional, nonprofessional, and other professional program staff who work with clients.

704 The facility must have available enough qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individual program plan.

705 Professional program staff must participate as members of the interdisciplinary team in relevant aspects of the active treatment process.

706 Professional program staff must participate in on-going staff development and training in both formal and informal settings with other professional, paraprofessional, and nonprofessional staff members.

707 Professional program staff must be licensed, certified, or registered, as applicable, to provide professional services by the State in which he or she practices. Those professional program staff who do not fall under jurisdiction of State licensure, certification, or registration requirements must meet qualifications as defined in these regulations in Section 100.

708 If the client's individual program plan is being successfully implemented by facility staff, professional program staff meeting the qualifications of occupational therapist, occupational therapy assistant, physical therapist, physical therapy assistant, psychologist, social worker, speech-language pathologist or audiologist, professional recreation staff member, professional dietitian, and/or human services professional are not required:

708.1 Except for Qualified Mental Retardation Professionals.

708.2 Except for the requirements of regulation 703 concerning the facility's provision of enough qualified professional program staff.

708.3 Unless otherwise specified by State licensure and certification requirements.

709 STANDARD: Facility Staffing

- 710 The facility must not depend on clients or volunteers to perform direct care services for the facility.
- 711 There must be responsible direct care staff on duty and awake on a 24-hour basis, when clients are present, to take prompt, appropriate action in case of injury, illness, fire, or other emergency, in each defined residential living unit housing:
- 711.1 Clients for whom a physician has ordered a medical care plan.
 - 711.2 Clients who are aggressive, assaultive, or security risks.
 - 711.3 Fewer than 15 clients in a multi-unit building.
- 712 There must be a responsible direct care staff person on duty on a 24-hour basis (when clients are present) to respond to injuries and symptoms of illness, and to handle emergencies, in each defined residential living unit housing:
- 712.1 Clients for whom a physician has not ordered a medical care plan.
 - 712.2 Clients who are not aggressive, assaultive, or security risks.
 - 712.3 Fifteen or fewer clients.
- 713 The facility must provide sufficient support staff so that direct care staff are not required to perform support services to the extent that these duties interfere with the exercise of their primary direct care duties.
- 714 STANDARD: Direct Care (Residential Living Unit) Staff**
- 715 The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.
- 716 Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.
- 717 Direct care staff must be provided by the facility in the following minimum ratios of direct care staff to clients:
- 717.1 For each defined residential living unit serving children under the age of 12, severely and profoundly retarded clients, clients with severe physical disabilities, or clients who are aggressive, assaultive, or security risks, or who manifest severely hyperactive or psychotic-like behavior, the staff to client ratio is 1 to 3.2.
 - 717.2 For each defined residential living unit serving moderately retarded clients the staff to client ratio is 1 to 4.

- 717.3 For each defined residential living unit serving clients who function within the range of mild retardation, the staff to client ratio is 1 to 6.4.
- 718 When there are no clients present in the living unit, a responsible staff member must be available by telephone.

719 DIETETIC SERVICES

- 719.1 Hygiene of Staff
- 719.2 All food service employees shall wear appropriate, light-colored clothing including hairnet and shall keep themselves and their clothing clean. (Males may wear caps.)
- 719.3 All persons working as food handlers in facilities shall have in their possession, or on file in the facility in which they are employed, a currently approved health card.
- 719.4 Persons having symptoms of communicable or infectious diseases or lesions shall not be allowed to work in the dietetic services. Food service employees may be assigned duties outside dietetic services, provided such assignment is not in conflict with any regulations of the State Health Department.

720 STANDARD: Food and Nutrition Services

- 720.1 Each client must receive a nourishing, well-balanced diet including modified and specially prescribed diets.
- 720.2 A qualified dietitian must be employed either full-time, part-time, or on a consultant basis at the facility's discretion.
- 720.3 If a qualified dietitian is not employed full-time, the facility must designate a person to serve as the director of food services. The director of food services may be assigned other duties, including food preparation and serving, provided such assignments do not interfere with the responsibilities of the position of director of food services.
- 720.4 The client's interdisciplinary team, including a qualified dietitian and physician, must prescribe all modified and special diets including those used as a part of a program to manage client behavior.
- 720.5 Foods proposed for use as a primary reinforcement of adaptive behavior are evaluated in light of the client's nutritional status and needs.
- 720.6 Unless otherwise specified by medical needs, the diet must be prepared at least in accordance with the latest edition of the recommended dietary allowances of the Food and Nutrition Board of the National Research

Council, National Academy of Sciences, adjusted for age, sex, disability, and activity.

720.7 A current diet manual approved by an affiliate of the American Dietetic Association such as the Arkansas Diet Manual shall be available in the facility.

720.8 Calculations of calorie controlled diets must be available.

721 STANDARD: Meal Services

721.1 Each client must receive at least three meals daily, at regular times comparable to normal mealtimes in the community with:

721.1.1 Not more than 14 hours between a substantial evening meal and breakfast of the following day, except on weekends and holidays when a nourishing snack is provided at bedtime, 16 hours may elapse between a substantial evening meal and breakfast.

721.1.2 Bedtime snacks of nourishing quality shall be routinely offered to all clients requesting such and whose diets do not prohibit the service of this night feeding. Milk or juices, and cookies, fruit or crackers shall be offered.

721.1.3 Not less than 10 hours between breakfast and the evening meal of the same day, except as provided under paragraph 721. 1. 1.

721.2 Food must be served:

721.2.1 In appropriate quantity.

721.2.2 At appropriate temperature. (Hot foods shall be served at no less than 115 degrees F. Cold foods must be served between 45 and 55 degrees F.)

721.2.3 In a form consistent with the developmental level of the client.

721.2.4 With appropriate utensils.

721.3 Food served to clients individually and uneaten must be discarded.

722 STANDARD: Menus

722.1 Menus shall be planned and written two weeks in advance and posted at least one week in advance. Arrows, etc. are not acceptable.

- 722.2 Menus shall provide a variety of foods at each meal.
- 722.3 Menus shall be different for the same days of each week and adjusted for seasonal changes.
- 722.4 Menus shall include the average portion size for each item detailed on the menu.
- 722.5 Changes shall be recorded on both the regular and therapeutic diet menus.
- 722.6 Menus which have been posted in the kitchen shall not be redated and reused.
- 722.7 Meals served shall correspond essentially with the posted menus and shall be served in sequential order as planned and approved by the dietetic services consultant.
- 722.8 Records of menus served shall be on file and maintained for thirty days.

723 STANDARD: Dining Areas and Service

- 723.1 The facility must:
 - 723.1.1 Serve meals for all clients, including persons with ambulation deficits, in dining areas, unless otherwise specified by the interdisciplinary team or a physician.
 - 723.1.2 Provide table service for all clients who can and will eat at a table, including clients who eat in wheelchairs.
 - 723.1.3 Equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.
 - 723.1.4 Supervise and staff dining rooms adequately to direct self-help dining procedure, to assure that each client receives enough food and to assure that each client eats in a manner consistent with his or her developmental level.
 - 723.1.5 Ensure that each client eats in an upright position, unless otherwise specified by the interdisciplinary team or a physician.

724 Preparations and Storage of Food

- 724.1 An adequately sized storage room shall be provided with adequate shelving. Seamless containers with tight-fitting lids, clearly labeled, shall be provided for bulk storage of dry foods. The storage room shall be of

such construction as to prevent the invasion of rodents and insects, the seepage of dust, water leakage, or any other contamination. The room shall be clean, orderly, well ventilated, and without condensation of moisture on the walls. Food in any form shall not be stored on the floor. The bottom shelf shall be twelve (12) inches above the floor.

- 724.2 All food prepared in the ICF/MR shall be clean, wholesome, free from spoilage, and so prepared as to be safe for human consumption. All food stored in the refrigerators shall be stored in covered containers. Leftover foods shall be labeled and dated with the date of preparation. Foods stored in freezers shall be wrapped in airtight packages, labeled and dated.
- 724.3 Fresh fruits and vegetables shall be thoroughly washed in clean safe water before use. Vegetables subject to dehydration during storage shall be wrapped or bagged in plastic.
- 724.4 All readily perishable foods, including eggs or fluids, shall be stored at or below forty-five (45) degrees F. A reliable and visible thermometer shall be kept in the refrigerator.
- 724.5 All frozen foods shall be stored at zero (0) degrees F. or below. A reliable and visible thermometer shall be kept in the freezer. Frozen foods which have been thawed shall not be refrozen.
- 724.6 Potentially hazardous frozen foods shall be thawed at refrigerator temperatures of forty-five (45) degrees F. or below.
- 724.7 Eggs shall be stored below all other foods. Whole fresh eggs shall not be cracked more than two (2) hours before use.
- 724.8 All toxic compounds shall be used with extreme caution and shall be stored in an area separate from food preparation, storage, and service areas.
- 724.9 Work areas and equipment shall be adequate for the efficient preparation and service of foods.
- 724.10 The use of tobacco of any form is prohibited where food or drink is prepared, stored, cooked, or where dishes or pots and pans are washed or stored.
- 724.11 Foods shall be cut, chopped, ground, or pureed to meet the individual needs of the client.
- 724.12 If a client refuses foods served, substitutes of similar nutritive value shall be prepared and served.

725 Sanitary Conditions

- 725.1 Food shall be procured from sources approved or considered satisfactory by Federal, State, and Local authorities.
- 725.2 Floors shall be cleaned after each meal.
- 725.3 Dishes, silverware, and glasses shall be free of breaks, tarnish, stain, cracks, and chips. There shall be ample supply to serve all clients. Clients will be furnished knives, forks, and spoons unless there is documentation to indicate the client is incapable of using these implements.
- 725.4 Vessels used in preparing, serving or storing food shall be made of seamless metal or a nonabsorbent material which can be easily cleaned and shall be used for no other purpose. Enamelware shall not be used.
- 725.5 Rags from client bedding, clothing, or bath shall not be used in dietetic services for any purpose.
- 725.6 Dishes, knives, forks, spoons, and other utensils used in the preparation and serving of foods must be stored in such a manner as to be protected from rodents, flies or other insects, dust, dirt, or other contamination. Silverware shall be stored in a clean container that can be thoroughly washed and sanitized.
- 725.7 Paper or loose covering shall not be used on shelves, cabinets, cabinet drawers, refrigerators, or stoves. Storage cabinets shall be kept clean. Cardboard boxes shall not be saved and used for the storage of food or articles which were not packed in that original box.
- 725.8 Hand-washing facilities shall be equipped with blade-action controls and hot and cold water. Soap and towel dispensers and a step-on trashcan shall be located conveniently to the lavatory. The kitchen lavatory shall be equipped with a goosenecked spout.

726 Dietetic Services Staffing

- 726.1 Staffing will be correlated to the size of the facility and the total client meals served. Staffing will be adequate to provide sufficient staff for the number of meals served. Clients whose individual program plans provide for habilitative training may assist in food preparation and service. Direct care staff may assist in food preparation and service as a part of habilitative training.
- 726.2 If deficiencies are found that directly relate to shortage of personnel, additional personnel will be required.

727 Infection Control

728 Written policies and procedures shall be established for investigating, controlling, and preventing infections. Procedures shall be reviewed annually and revised as necessary for effectiveness and improvement. The policies and procedures shall include as a minimum:

728.1 Aseptic and isolation techniques.

728.2 Proper disposal techniques for infected dressing, disposable syringes, needles, etc.

728.3 Prohibiting the use of the common towel, common bath and hand soap, and the common drinking cup or glass.

728.4 Proper reporting of communicable disease.

729 STANDARD: Infection Control

729.1 The facility must provide a sanitary environment to avoid sources and transmission of infections. There must be an active program for the prevention, control and investigation of infection and communicable diseases.

729.2 The facility must implement successful corrective action in affected problem areas.

729.3 The facility must maintain a record of incidents and corrective actions related to infections.

729.4 The facility must prohibit employees with symptoms or signs of a communicable disease from direct contact with clients and their food.

730 STANDARD: Client Living Environment

731 The facility must not house clients of grossly different ages, developmental levels, and social needs in close physical or social proximity unless the housing is planned to promote the growth and development of all those housed together.

732 The facility must not segregate clients solely on the basis of their physical disabilities. It must integrate clients who have ambulation deficits or who are deaf, blind, or have seizure disorders, etc., with others of comparable social and intellectual development.

733 COMMUNICATION AIDS

The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.

734 TRANSPORTATION OF CLIENTS

The facility shall establish a written policy regarding transportation of clients, when necessary, to the hospital, medical clinics, and dentist offices. The facility shall also establish a written policy regarding transportation which shall be necessary to implement the individual program of each client.