

IDAPA 16 – IDAHO DEPARTMENT OF HEALTH AND WELFARE

Division of Licensing and Certification

16.03.02 – Skilled Nursing Facilities

Who does this rule apply to?

Skilled nursing facility administrators, un-licensed assistive personnel, medical professionals, licensed nursing personnel, health care facilities, food service employees of these facilities, skilled nursing facility residents, families, advocates, and guardians of residents, skilled nursing facility owners, operators, contracted personnel, vendors, and students.

What is the purpose of this rule?

These rules establish regulations and standards for the provision of adequate care and licensure of skilled nursing facilities in the state of Idaho. These rules are expressly intended for the benefit of all skilled nursing patients and residents.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statutes passed by the Idaho Legislature:

Health and Safety - Hospital Licenses and Inspection:

- [Section 39-1303A, Idaho Code](#) - Definition of Services and Regulation of Facilities in Preceding Section
- [Section 39-1306, Idaho Code](#) – Denial or Revocation of License - Hearings and Review
- [Section 39-1307, Idaho Code](#) – Rules, Regulations, and Enforcement
- [Section 39-1307A, Idaho Code](#) – Food Purchasing and Storage
- [Section 39-1307B, Idaho Code](#) – Minimum Staffing Requirements

Where can I find information on Administrative Appeals?

Administrative appeals and contested cases are governed by the provisions of IDAPA 16.05.03, “Contested Case Proceedings and Declaratory Rulings.”

How do I request public records?

Unless exempted, all public records are subject to disclosure by the Department that will comply with Title 74, Chapter 1, Idaho Code, upon requests. Confidential information may be restricted by state or federal law, federal regulation, and IDAPA 16.05.01, “Use and Disclosure of Department Records.” The Department will post on the Division of Licensing and Certification’s website, survey reports, and findings of complaint investigations relating to a facility.

Who do I contact for more information on this rule?

Idaho Department of Health and Welfare

Bureau of Facility Standards - Long Term Care Program

Mailing Address:

P.O. Box 83720

Boise, ID 83720-0009

Phone: (208) 334-6226, option #2

Division of Licensing and Certification: (208) 364-1959

MDS Helpdesk: (800) 263-5339

Fax: (208) 364-1888

Email: fsb@dhw.idaho.gov

Webpages: <https://facilitystandards.idaho.gov>

<https://healthandwelfare.idaho.gov/providers/skilled-nursing/skilled-nursing-licensing-certification-and-facility-standards>

Street Address:

450 W. State Street,

Boise, ID 83702

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16.03.02 – SKILLED NURSING FACILITIES

000. LEGAL AUTHORITY.

Sections 39-1303a, 39-1306, 39-1307, 39-1307A, and 39-1307B, Idaho Code, authorize the Board to establish and enforce rules to promote safe and adequate treatment of individuals in Skilled Nursing Facilities. (7-1-24)

001. WRITTEN INTERPRETATIONS.

This agency may have written statements that pertain to the interpretations of these rules. (7-1-24)

002. INCORPORATION BY REFERENCE.

The following are incorporated by reference as provided by Section 67-5229(a), Idaho Code, and are available for public review upon request at the Department, 450 W. State Street, Boise, Idaho, 83702 or online for review as noted below. (7-1-24)

01. Title 42, Chapter IV, Subchapter G, Part 483. Public Health, Centers for Medicare & Medicaid Services, Department of Health and Human Services, Standards and Certification, Requirements for States and Long Term Care Facilities. August 1, 1989. Online at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483?toc=1>. (7-1-24)

02. Guidelines for Design and Construction of Residential Health, Care, and Support Facilities. Facility Guidelines Institute. 2022 Edition, Specific Requirements for Nursing Homes. Available at <https://healthandwelfare.idaho.gov/providers/facility-standards/facility-fire-safety-and-construction> or by registering free at FGI Digital Library <https://shop.fgiguideelines.org/login>. (7-1-24)

003. – 008. (RESERVED)

009. BACKGROUND CHECK REQUIREMENTS.

01. Background Check. A skilled nursing facility (SNF) must complete a background check and receive a clearance on employees, volunteers, and contractors hired, recruited, or contracted with after October 1, 2007, who have direct patient access to residents in the SNF. A Department check conducted under IDAPA 16.05.06, “Criminal History and Background Checks,” satisfies this requirement. Other background checks may be accepted provided they meet criteria in Subsection 009.02 of this rule and the entity conducting the check issues written findings. The entity must provide a copy of these written findings to both the facility and the employee. The following individuals must receive a background check clearance: (7-1-24)

- a. Owners and Corporate Leaders; (7-1-24)
- b. Administrators and Designees; (7-1-24)
- c. Director of Nursing Services (DNS); (7-1-24)
- d. Certified Nursing Assistants (CNA); (7-1-24)
- e. Maintenance Director and Maintenance Personnel; (7-1-24)
- f. Registered Nurses (RN); (7-1-24)
- g. Licensed Practical Nurses (LPN); (7-1-24)
- h. Environmental Services Personnel; (7-1-24)
- i. Activity Director and Activity Assistants; (7-1-24)
- j. Contracted staffing accruing at least twelve (12) hours weekly with direct patient contact; (7-1-24)
- k. Volunteers utilized or credentialed by the facility with direct patient contact; (7-1-24)
- l. Nursing Assistants; (7-1-24)
- m. Hospitality Aides; (7-1-24)
- n. Social Services Personnel; (7-1-24)

- o.** Business Office Personnel; (7-1-24)
- p.** Therapy Services Personnel; (7-1-24)
- q.** Registered Dietitians; (7-1-24)
- r.** Dietary Manager and Dietary Personnel; (7-1-24)
- s.** Laundry Service Personnel; (7-1-24)
- t.** Unlicensed Assistive Personnel (UAP); (7-1-24)

02. Scope of Background Check. The background check must be a fingerprint-based criminal history and background check that may include a search from the following: (7-1-24)

- a.** Federal Bureau of Investigation (FBI); (7-1-24)
- b.** Idaho State Police Bureau of Criminal Identification; (7-1-24)
- c.** Any State Sexual Offender Registry; (7-1-24)
- d.** Any state or federal Child Protection Registry; (7-1-24)
- e.** Any state or federal Adult Protection Registry. (7-1-24)
- f.** Office of Inspector General List of Excluded Individuals and Entities; (7-1-24)
- g.** Idaho Department of Transportation Driving Records; (7-1-24)
- h.** Nurse Aide Registry; and (7-1-24)
- i.** Records and findings from other states and jurisdictions. (7-1-24)

03. Availability to Work. Any direct resident access individual hired, retired or contracted with, on or after October 1, 2007, must self-disclose all arrests and convictions before having access to residents. The individual can only work under supervision until the background check is completed and a clearance received. If a disqualifying crime under IDAPA 16.05.06, "Criminal History and Background Checks," is disclosed, the individual cannot have access to any resident. (7-1-24)

04. Submission of Fingerprints. The individual's fingerprints must be submitted to the entity conducting the background check within twenty-one (21) days of their date of hire, contract, or recruitment. (7-1-24)

05. New Background Check. An individual must have a background check and clearance when: (7-1-24)

- a.** Accepting employment, a contract, or a position with a new employer; and (7-1-24)
- b.** Their last background check was completed more than three (3) years prior to their date of hire, contract, or recruitment. (7-1-24)

06. Use of Background Check Within Three Years of Completion. Any employer may use a previous criminal history and background check obtained under these rules if: (7-1-24)

- a.** The individual has received a background check with clearance within three (3) years preceding their date of hire, contract, or recruitment; (7-1-24)

- b. The employer has documentation of the background check findings; (7-1-24)
- c. The employer completes a state-only background check of the individual through the Idaho State Police Bureau of Criminal Identification; and (7-1-24)
- d. No disqualifying crimes are found. (7-1-24)
- 07. Employer Discretion.** The new employer, at its discretion, may require an individual to complete a background check at any time, even if the individual has received a background check within the three (3) years preceding their date of hire, contract, or recruitment. (7-1-24)

010. DEFINITIONS.

- 01. Administrator.** The person delegated the responsibility for management of a facility by the legal owner, employed as a full-time administrator in each facility, and licensed by the State of Idaho. The administrator and legal owner may be the same individual. (7-1-24)
- 02. Advanced Practice Registered Nurse.** An RN having specialized skills, knowledge and experience who is authorized under the Idaho Board of Nursing rules to provide certain health services in addition to those performed by registered nurses (RN). (7-1-24)
- 03. Board.** The Idaho Board of Health and Welfare. (7-1-24)
- 04. Change of Ownership.** The sale, purchase, exchange, or lease of an existing facility by the present owner or operator to a new owner or operator. (7-1-24)
- 05. Charge Nurse.** One (1) or more licensed nurse(s) who has direct responsibility for nursing services in an operating unit or physical subdivision of a facility during one (1) eight (8)-hour shift, to be provided by themselves and by any other licensed nurse or auxiliary personnel under their immediate charge. (7-1-24)
- 06. Department.** The Idaho Department of Health and Welfare or its designee. (7-1-24)
- 07. Director of Nursing Services (DNS).** An RN currently licensed in Idaho and qualified by training and experience. (7-1-24)
- 08. Existing Facility.** A nursing home currently licensed. (7-1-24)
- 09. Governing Body.** Individuals such as facility owner(s), chief executive officer(s), or other individuals who are legally responsible to establish and implement policies regarding the management and operations of the facility. (7-1-24)
- 10. Governmental Unit.** The State of Idaho, any county, municipality, or other political subdivision, or any department, division, board, or other agency thereof. (7-1-24)
- 11. Hospital Licensing Act.** The Act under Sections 39-1301 through 39-1314, Idaho Code. (7-1-24)
- 12. Licensed Nursing Personnel.** An RN or LPN currently licensed in Idaho. (7-1-24)
- 13. New Construction.** (7-1-24)

 - a. New buildings to be used as a facility. (7-1-24)
 - b. Additions to existing buildings and/or added bed capacity. (7-1-24)
 - c. Conversion of existing buildings or portions thereof for use as a facility. (7-1-24)
 - d. Unlicensed buildings seeking licensing, federal certification, or both. (7-1-24)

14. Person. Any individual, firm, partnership, corporation, company, association, joint stock association, governmental unit, or legal successor thereof. (7-1-24)

15. Pharmacist. Any person licensed as a pharmacist in Idaho. (7-1-24)

16. Physician. Any person licensed by the Idaho Board of Medicine to practice medicine and surgery, osteopathic medicine and surgery, or osteopathic medicine, provided further, that others authorized by law to practice any of the healing arts will not be considered physicians (Section 54-1803(3), Idaho Code). (7-1-24)

17. Resident. An individual requiring and receiving skilled nursing care and residing in a facility licensed to provide the level of care required. (7-1-24)

18. Skilled Nursing Facility (SNF). A facility designed to provide area, space, and equipment to meet the health needs of two (2) or more individuals who require inpatient care and services for twenty-four (24) or more consecutive hours for unstable chronic health problems requiring daily professional nursing supervision and licensed nursing care on a twenty-four (24) hour basis, restorative, rehabilitative care and assistance in meeting daily living needs. Medical supervision is necessary on a regular, but not daily, basis (Section 39-1301, Idaho Code). (7-1-24)

19. Substantial Compliance. A facility is in substantial compliance with these rules, regulations, and minimum standards when there are no deficiencies that would endanger the health, safety, or welfare of the residents. (7-1-24)

20. Unlicensed Assistive Personnel (UAP). This term designates unlicensed personnel employed to perform nursing care services under the direction and supervision of licensed nurses. The term also includes licensed or credentialed health care workers whose job responsibilities extend to health care services beyond usual and customary roles and which activities are provided under the direction and supervision of licensed nurses. UAPs are prohibited from performing any licensed nurse functions under Section 54-1402, Idaho Code. UAPs may not be delegated procedures involving acts that require nursing assessment or diagnosis, establishment of a plan of care or teaching, the exercise of nursing judgment, or procedures requiring specialized nursing knowledge, skills, or techniques. (7-1-24)

21. Waiver or Variance. May be granted under the following conditions: (7-1-24)

a. Good cause is shown for such waiver and the health, welfare, or safety of residents will not be endangered by granting such a waiver; (7-1-24)

b. Precedent will not be set by granting of such waiver. The waiver may be renewed annually if sufficient written justification is presented to the Department. (7-1-24)

011. – 049. (RESERVED)

050. LICENSURE.

01. General Requirements. Before any person either directly or indirectly operates a facility, they must make an application for and receive a valid license for operation of the facility, and no resident must be admitted or cared for in a facility that is required under Idaho law to be licensed, until a license is obtained. (7-1-24)

a. The facility and all related buildings associated with the operation of the facility, as well as all records required under these rules, must always be accessible to authorized representatives of the Department for the purpose of inspection, with or without prior notice. (7-1-24)

b. Before any building is constructed or altered for use as a facility, written approval of construction or alteration of plans must be obtained from the Department. (7-1-24)

c. Information received by the Department through filed reports, inspection, or as otherwise authorized under this law, must not be disclosed publicly in such a manner as to identify individual residents except in

a proceeding involving the question of licensure. Public disclosure of information obtained by the Department for the purposes of this law must be governed by these rules. (7-1-24)

02. Application for an Initial License. All persons planning the operation of a facility must provide a Department-approved application for an initial facility license at least three (3) months prior to the planned opening date with the following: (7-1-24)

a. Evidence of a request for a determination of applicability for Section 1122 (Social Security Act) regulatory review. (7-1-24)

b. A copy of the nursing home administrator's license. (7-1-24)

c. A certificate of occupancy from the local building and fire authority. (7-1-24)

03. Issuance of License. Every facility must be designated by a distinctive name in applying for a license, and the name must not be changed without first notifying the Department in writing at least thirty (30) days prior to the date the proposed name change is to be effective. (7-1-24)

a. Each license will be issued only for the premises and persons named in the application and will not be transferable. (7-1-24)

b. Each license will specify the maximum allowable number of beds in each facility, which may not be exceeded, except when authorized by the Department on a time-limited emergency basis. (7-1-24)

c. The facility license must be framed and posted to be visible to the general public. (7-1-24)

04. Expiration and Renewal of License. Each license to operate a facility must, unless sooner suspended or revoked, expire on the date designated on the license. Each application for renewal of a license must be submitted on a Department-prescribed form and prior to the expiration date of the current license. (7-1-24)

05. Denial or Revocation of License. The Department may deny the issuance of a license or revoke any license when persuaded by a preponderance of the evidence that conditions exist that endanger the health or safety of any resident, or that the facility is not in substantial compliance with these rules. (7-1-24)

a. Additional causes for denial of a license: (7-1-24)

i. The applicant has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a license. (7-1-24)

ii. The applicant of the person proposed as the administrator has been guilty of fraud, gross negligence, abuse, assault, battery, or exploitation in relationship to the operation of a health facility. (7-1-24)

iii. The applicant or the person proposed as the administrator of the facility: (7-1-24)

(1) Has been denied or has had revoked any health facility license; (7-1-24)

(2) Has been convicted of operating any health facility without a license; or (7-1-24)

(3) Has been prohibited from operating a health facility or shelter home. (7-1-24)

(4) Is directly under the control or influence of any person who has been the subject of any proceeding, or the actor in any circumstance, described in Subsection 050.05 of this rule. (7-1-24)

b. Additional causes for revocation of license: (7-1-24)

i. Any act adversely affecting the welfare of residents is being permitted, aided, performed, or abetted by the person(s) in charge of the facility. Acts include, but are not limited to, neglect, physical abuse, mental abuse,

emotional abuse, violation of civil rights, or exploitation. (7-1-24)

ii. Any condition exists in the facility that endangers the health or safety of any resident. (7-1-24)

iii. The licensee has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a license. (7-1-24)

iv. The licensee or administrator has demonstrated lack of sound judgment in the operation or management of the SNF. (7-1-24)

v. The licensee or administrator of the facility: (7-1-24)

(1) Has been denied or has had revoked any health facility license; (7-1-24)

(2) Has been convicted of operating any health facility without a license; (7-1-24)

(3) Has been prohibited from operating a health facility or shelter home; or (7-1-24)

(4) Is directly under the control or influence of any person who has been the subject of any proceeding, or the actor in any circumstance, described in Subsection 050.05 of this rule. (7-1-24)

06. Change of Facility Ownership, Operator, or Lessee. When a change is contemplated, the owner/operator must notify the Department and provide a new application at least thirty (30) days prior to the proposed date of change. (7-1-24)

07. Penalty for Operating a Facility Without a License. Any person establishing, conducting, managing, or operating any facility without a license, under Sections 39-1301 through 39-1314, Idaho Code, is guilty of a misdemeanor punishable by imprisonment in a county jail for a period not exceeding six (6) months, or by a fine not exceeding three hundred dollars (\$300), or both. Each day of continuing violation constitutes a separate offense. If the county prosecuting attorney in the county where the alleged violation occurred fails or refuses to act within sixty (60) days of notification of the violation, the attorney general is authorized to prosecute any violations under Section 39-1312, Idaho Code. (7-1-24)

051. -- 099. (RESERVED)

100. ADMINISTRATION.

01. Governing Body. The following requirements must be met: (7-1-24)

a. The true name and current address for each person or business entity having a five percent (5%) or more direct, or indirect, ownership interest in the facility is supplied to the Department at the time of licensure application or preceding any change in ownership. (7-1-24)

b. The names, addresses, and titles of offices held by all members of the facility's governing authority are submitted to the Department. (7-1-24)

c. A copy of the lease (if a building or buildings are leased to a person(s) to operate as a facility) showing clearly in the context which party to the agreement is to be held responsible for the maintenance and upkeep of the property to meet standards is available for review by the Department. Terms of the financial arrangement may be omitted from the copy of the lease available to the Department. (7-1-24)

02. Administrator. The governing body, owner, or partnership must appoint an Idaho-licensed nursing home administrator for each facility who is responsible and accountable for carrying out the policies determined by the governing body. The following requirements must be met: (7-1-24)

a. Each facility must employ an administrator on a full-time basis for day-to-day operations. (7-1-24)

b. In the administrator's absence, an individual who is responsible, accountable, and at least twenty-one (21) years of age is to be authorized, in writing, to act in their behalf to assure administrative direction of the facility. (7-1-24)

c. The administrator is responsible for establishing and assuring the implementation of written policies and procedures for each service offered by the facility or through arrangements with an outside service. (7-1-24)

d. The administrator, their relatives, or employees, are not to act as, the legal guardian of, or have power of attorney for, any residents unless specifically adjudicated by appropriate legal order. (7-1-24)

e. The administrator is to provide to the public and the resident an accurate description of the facility services and care. Representation of the facility's services to the public is not to be misleading. (7-1-24)

f. The administrator, owner, and employees of a facility are governed under Section 15-2-616, Idaho Code, concerning the devise or bequest of a resident's property by a last will and testament. (7-1-24)

g. The facility will notify the Department within seventy-two (72) hours when there is a change in the administrator because of resignation, transfer, personal/medical emergency, or redundancy. The notification will include the name, contact information, and Idaho license number of the new administrator. (7-1-24)

03. Admission Policies. The facility must establish written admission policies for all resident admissions and make a copy available to residents, their relatives, and to the public. (7-1-24)

04. Accident or Injury. The facility must show evidence of written safety procedures for handling of residents, equipment lifting, and the use of equipment. The following must be met: An incident-accident record needs to be kept of all incidents or accidents sustained by employees, residents, or visitors in the facility that includes the following: (7-1-24)

a. Name of employee, resident, or visitor; (7-1-24)

b. A factual description of the incident or accident; (7-1-24)

c. Description of the condition of the resident, employee, or visitor including any injuries resulting from the accident; and (7-1-24)

d. Time and date of notification to physician, if necessary. (7-1-24)

101. -- 104. (RESERVED)

105. PERSONNEL.

01. Job Description. Must be current, on file, and: (7-1-24)

a. Include the authority, responsibilities, and duties of each classification of personnel; and (7-1-24)

b. Be given to each employee consistent with their classification. (7-1-24)

02. Age Limitations. Employees, other than licensed personnel, who are less than eighteen (18) years old may not provide direct resident care except when employees are students or graduates of a recognized vocational health care training program. (7-1-24)

03. Personnel Files. Must be kept for each employee containing: (7-1-24)

a. Name, current address, and telephone number; (7-1-24)

b. Social security number; (7-1-24)

- c. Qualifications for the position for which they are hired, including education and experience; (7-1-24)
- d. If an Idaho license is required, verification of current active and unencumbered license; (7-1-24)
- e. Position in facility; (7-1-24)
- f. Date of employment; (7-1-24)
- g. Date of termination and reason; and (7-1-24)
- h. Verification of a negative TB test. (7-1-24)

106. FIRE AND LIFE SAFETY.

All facilities must be maintained, in good repair, structurally sound, equipped to assure safety of residents, employees the public and meet requirements for the fire and life safety standards for a health care facility as follows: (7-1-24)

01. General Requirements for Fire and Life Standards for a Health Care Facility. Where natural or man-made hazards are present, the facility must provide suitable fences, guards, and/or railings to isolate the hazard from the resident's environment. (7-1-24)

02. Smoking. Because smoking has been acknowledged to be a potential fire hazard, a continuous effort must be made to reduce this hazard in the facility to include adopting written rules available to all facility personnel, residents, and the public with the following: (7-1-24)

- a. Smoking is prohibited in any area where flammable liquids, gases, or oxygen are in use or stored and any other areas posted with "No Smoking" signs. (7-1-24)
- b. Residents are not permitted to smoke in bed. (7-1-24)
- c. Unsupervised smoking by residents not mentally or physically responsible is prohibited. This includes residents affected by medication. (7-1-24)
- d. Designated areas are assigned for employee, resident, and public smoking. (7-1-24)
- e. Nothing in this rule requires that smoking be permitted in facilities whose admission policies prohibit smoking. (7-1-24)

03. Report of Fire. A separate report of each fire incident occurring within the facility must be submitted to the Department within thirty (30) days of the occurrence. The reporting form "Facility Fire Incident Report" will be issued by the Department to secure specific data concerning date, origin, extent of damage, method of extinguishment, and injuries (if any). (7-1-24)

04. Storage, Heating Appliances, Hazardous Substances. The following requirements must be met: (7-1-24)

- a. Attics and crawl spaces are not used for storage of any materials. (7-1-24)
- b. Rooms housing heating appliances are not used for storage of combustible materials. (7-1-24)

107. (RESERVED)

108. WATER SUPPLY.

The following requirements must be met: (7-1-24)

- 01. Water Supply.** An approved public or municipal water supply must be used wherever available.

(7-1-24)

02. Private Water Supply.

(7-1-24)

a. In areas where an approved public or municipal water supply is not available, a private water supply is provided, and meets the standards approved by the Department. (7-1-24)

b. If water is from a private supply, water samples are submitted to the Department through the district public health laboratory for bacteriological examination at least once every three (3) months. Copies of the laboratory reports are kept on file in the facility by the administrator. (7-1-24)

03. Sufficient Supply of Water. Always provide sufficient amount of water under adequate pressure to meet the sanitary requirements of the facility. (7-1-24)

109. -- 119. (RESERVED)

120. EXISTING CONSTRUCTION STANDARDS.

All existing buildings must meet the requirements in this rule, and also the standards, guidelines, and requirements contained in the sources incorporated by reference in Section 002 of these rules. In the event of a change in ownership of a facility, the facility must meet all requirements prior to issuance of a new license. (7-1-24)

01. Site Requirements. The location of an existing facility must be:

(7-1-24)

a. Served by an all-weather road, always kept open and accessible to motor vehicles. (7-1-24)

b. Accessible to public utilities. (7-1-24)

c. In a lawfully constituted fire district. (7-1-24)

d. Providing off-street motor vehicle parking at the rate of one (1) space for every three (3) licensed beds. (7-1-24)

02. General Building Requirements. An existing facility must be of such character to be suitable for use as a facility. The facility is subject to approval by the Department. Other requirements are below: (7-1-24)

a. No facility is maintained in an apartment house or other multiple dwelling. (7-1-24)

b. Roomers or boarders are not accepted for lodging in any facility. (7-1-24)

c. Each building has a telephone for resident use so located as to provide wheelchair access for personal, private telephone communications. A telephone with amplifying equipment is available for the hearing impaired. (7-1-24)

d. A staff calling system is installed at each resident bed and in each resident toilet, bath, and shower room. The staff call in the toilet, bath, or shower room must be an emergency call. All calls are to register at the staff station and actuate a visible signal in the corridor at the resident's door. The activating mechanism within the resident's sleeping room is to be located as readily accessible to the resident at all times. (7-1-24)

03. Resident Accommodations. Must include the following:

(7-1-24)

a. Each resident room is an outside room. (7-1-24)

b. Every resident sleeping room is provided with a window as follows: (7-1-24)

i. Equal to at least one-eighth (1/8) of the floor area. (7-1-24)

ii. Operable to obtain fresh air. (7-1-24)

- iii. Provided with curtains, drapes, or shades. (7-1-24)
- iv. Located to permit the resident a view from a sitting position. (7-1-24)
- v. Has screens. (7-1-24)
- c. No resident room can be located: (7-1-24)
 - i. So it can be reached only by passing through another individual's room, a utility room, or any other room. (7-1-24)
 - ii. So it opens into any room in which food is prepared or stored. (7-1-24)
- d. Resident beds are not placed in hallways or in any location commonly used for other than bedroom purposes. (7-1-24)
- e. Ceiling heights in resident rooms are a minimum of seven (7) feet, six (6) inches. (7-1-24)
- f. All resident rooms are numbered and all other rooms numbered or identified as to purpose. (7-1-24)
- g. Gardens, yards, or portions of yards are secure for outdoor use by all residents and bounded by a substantial enclosure if intended for unsupervised use by residents who may wander away from the facility. (7-1-24)
- h. Toilet rooms, tub/shower rooms, and handwashing facilities are constructed as follows: (7-1-24)
 - i. Toilet rooms and bathrooms for residents and personnel are not to open directly into any room in which food, drink, or utensils are handled or stored. (7-1-24)
 - ii. Toilet and bathroom are separated from all other rooms by solid walls or partitions. (7-1-24)
 - iii. On floors where wheelchair residents are housed, there is at least one (1) toilet and one (1) bathing facility large enough to accommodate wheelchairs. (7-1-24)
 - iv. All inside bathrooms and toilet rooms have forced ventilation to the outside. (7-1-24)
 - v. Toilet rooms are situated such that an individual need not pass through or into another resident's room to reach the toilet facilities. (7-1-24)
 - vi. Handrails and/or grab bars are provided in resident toilet rooms and bathrooms and are located to be functionally adequate. (7-1-24)
 - vii. Each resident floor or nursing unit has at least one (1) tub or shower for every twelve (12) licensed beds; one (1) toilet for every eight (8) licensed beds; and one (1) lavatory with mirror for every eight (8) licensed beds. Tubs, showers, and lavatories are connected to hot and cold running water. (7-1-24)

04. Dining, Recreation Facilities, and Activity Areas. The location of these areas must encourage residents, participants, and visitor use. The space needed for dining, recreation, and activities must meet the needs of the residents and have adequate space for adaptive equipment and mobility aids. (7-1-24)

05. Isolation Units (Temporary). Each facility must have available a room with private toilet, lavatory, and other accessory facilities for temporary isolation of a resident with a communicable or infectious disease. (7-1-24)

06. Utility Areas and Clean and Soiled Areas. A room with a separate entrance and physically partitioned from any facility for toilet, bathing, or both, must be provided for the preparation, cleansing, sterilization,

and storing of nursing supplies and equipment. A room must be provided on each floor in each nursing or staff unit of the facility. Provisions must be made for the separation of clean and soiled activities. Food and/or ice must not be stored or handled in this room. Soiled utility rooms must be provided with mechanical exhaust ventilation to the outside. (7-1-24)

07. Storage Space. The facility must provide general storage areas and medical storage areas as follows: (7-1-24)

a. General storage at the rate of ten (10) square feet per licensed bed, in addition to suitable storage provided in the resident's sleeping room. (7-1-24)

b. Safe and adequate storage space for medical supplies and equipment and a space appropriate for the preparation of medications. (7-1-24)

08. Electrical and Lighting. All electrical and lighting installation and equipment must adhere to applicable local and state regulations, and the standards, guidelines, and requirements contained in the sources incorporated by reference in Section 002 of these rules, and as follows: (7-1-24)

a. All resident personal electrical appliances are inspected and approved by the facility engineer, administrator, or both. (7-1-24)

b. All resident rooms have adequate lighting for the rooms and for reading surfaces. (7-1-24)

09. Heating, Ventilation, and Air Conditioning (HVAC). The system must be capable of maintaining a temperature of seventy degrees (70°F) to eighty-five degrees (85°F) Fahrenheit in all weather conditions. (7-1-24)

a. Facility must be ventilated, and take precautions to eliminate offensive odors in the facility. (7-1-24)

b. Oil space heaters, recessed gas wall heaters, and floor furnaces cannot be used as heating systems for facilities. (7-1-24)

10. Plumbing. In the absence of local plumbing codes, all plumbing systems must comply with requirements under IDAPA 24.39.20, "Rules Governing Plumbing," and the following: (7-1-24)

a. Vacuum breakers are installed where necessary to prevent backsiphonage. (7-1-24)

b. The temperature of hot water at plumbing fixtures used by residents is between one hundred degrees (100F) and one hundred twenty degrees (120F) Fahrenheit. (7-1-24)

121. NEW CONSTRUCTION STANDARDS.

All new buildings must meet the following requirements and the standards, guidelines, and requirements contained in the sources incorporated by reference in Section 002 in these rules. Where there are conflicts between the requirements, the most restrictive condition will apply. All new construction, plans, and specifications must be submitted to, and approved by, the Department to assure compliance with applicable standards, codes, rules, and regulations. All plans must be submitted electronically. (7-1-24)

01. Plans, Specifications, and Inspections. All new construction, plans, and specifications must be submitted to, and approved, by the Department to assure compliance with applicable standards, codes, rules, and regulations. All plans must be submitted electronically. (7-1-24)

a. A full set of architecture plans must be prepared, signed, stamped, and dated by an Idaho-licensed architect or engineer. A variance of this requirement may be granted by the Department when the project does not necessitate involvement of an architect or engineer. This must include all the following: (7-1-24)

i. The assignment of all spaces, size of areas and rooms, and indicated in outline the fixed and

movable equipment and furniture. (7-1-24)

ii. The plans are drawn at a scale sufficiently large to clearly present the proposed design, but not less than a scale of one-eighth inch (1/8") equals one foot (1'). (7-1-24)

iii. The drawings include a plan for each floor, including the basement or ground floor with approach or site plan, showing roads, parking areas, sidewalks, etc. (7-1-24)

iv. The total floor area and number of beds are computed and noted on the drawings. (7-1-24)

v. Outline specifications provide a general description of the construction, including interior finishes, acoustical material, its extent and type and heating, electrical, and ventilation systems. (7-1-24)

vi. A physical address approved by the city or county. (7-1-24)

vii. Life safety plans. (7-1-24)

viii. Fire alarm shop drawings and specifications submitted by a qualified fire alarm contractor. (7-1-24)

ix. Sprinkler shop drawings and specifications submitted by an Idaho-licensed fire sprinkler contractor. (7-1-24)

b. Prior to occupancy, the facility must be inspected and approved by the Department. The facility will notify the Department at least two (2) weeks prior to completion to schedule a final inspection. (7-1-24)

122. FURNISHINGS AND EQUIPMENT.

For furnishings, resident rooms, and bedrooms the following must be met: (7-1-24)

01. Each resident is provided with their own bed that is at least thirty-six (36) inches wide, has a headboard and a footboard, is substantially constructed, and in good repair. Roll-away type beds, cots, folding beds, double beds, or Hollywood-type beds are not to be used. (7-1-24)

02. Each bed is provided with satisfactory type springs in good repair and a clean, comfortable mattress at least five (5) inches thick, (four (4) inches if of foam rubber construction and four and one-half (4-1/2) inches if of innerspring type) and standard in size for the bed. (7-1-24)

03. Each resident is provided with an individual rack with towel and washcloth. (7-1-24)

04. Each resident is provided with a cup and a covered pitcher of fresh water (or the equivalent) at the bedside within reach of resident. (7-1-24)

123. -- 199. (RESERVED)

200. TUBERCULOSIS (TB) CONTROL.

All facilities must meet the standards, guidelines, and requirements contained in the sources incorporated by reference in Section 002 of these rules. The following requirements must also be met: (7-1-24)

01. Tuberculosis Control. To assure the control of tuberculosis in the facility, there is a planned, organized program of prevention through written and implemented procedures that are consistent with current accepted practices and included as part of the facility's Infection Control Program. Facilities will remain current with screening and testing of TB for healthcare personnel based on the recommendations and guidelines from the Centers for Disease Control and Prevention and the National Tuberculosis Controllers Association. (7-1-24)

02. If Case of Tuberculosis is Found in the Facility. The facility must notify their local public health district following State reporting requirements in IDAPA 16.02.10, "Idaho Reportable Diseases" and follow their recommendations and guidance. (7-1-24)

201. PHARMACY SERVICES.

Medications must be provided to residents by licensed nursing staff or certified medication assistants (MA-C) per established written procedures which follow state and federal regulations, and professional standards of practice for medication administration and documentation. All facilities must also meet the standards, guidelines, and requirements contained in the sources incorporated by reference in Section 002 of these rules. (7-1-24)

202. PET THERAPY.

The following requirements must be met: (7-1-24)

01. Policies and Procedures. Are developed by the facility concerning the admission of pets through a visitation program or on a permanent basis. (7-1-24)

02. Type of Pet Allowed. The types of pets allowed are as follows: (7-1-24)

a. Only domesticated household pets (dogs, cats, birds, fish, hamsters, etc.) are permitted, with the exception under Subsection 202.02.b of this rule. (7-1-24)

b. Exotic pets and wild animals, even though trained, are not be permitted due to the high potential for spread of disease and injury to residents or staff, unless they are brought in for visitation, they are always kept on a leash and under the control of the trainer. (7-1-24)

03. Examination of Pets. Pets are to receive an examination by a veterinarian prior to admission to the facility. Appropriate vaccinations are to be given. Birds subject to transmission of psittacosis are included. This applies to both ownership and visitation. (7-1-24)

04. Enclosures. Small animals such as hamsters and birds are to be kept in enclosures. (7-1-24)

05. Permitted Areas. Pets are not to be allowed in food preparation or storage areas. They are also not to be allowed in any other area if their presence would pose a significant risk to residents, staff, or visitors. (7-1-24)

06. Interference. The presence of pets cannot interfere with the health and rights of other individuals, i.e., noise, odor, allergies, and interference with the free movement of individuals about the facility. (7-1-24)

203. (RESERVED)

204. DAY CARE SERVICES.

Day care services may be provided for up to twelve (12) hours per day as determined by facility policy. If provided, it cannot interfere with the regular services to facility residents. The following requirements must be met: (7-1-24)

01. Staffing. The facility is to provide additional staff depending upon the number of day care participants and assure that the day care participants receive the services necessary to meet their needs. (7-1-24)

02. Records. A day care participant record is to be maintained. (7-1-24)

03. Space and Supplies. That Facilities accepting day care participants are to provide such space and supplies as necessary to comfortably and efficiently meet the needs of both in-house residents and day care participants. (7-1-24)

205. CHILD CARE CENTERS.

The following requirements must be met: (7-1-24)

01. Policies and Procedures. Any facility that permits a child care center adjacent to or attached to the SNF is to establish well-defined written and implemented policies and procedures pertaining to the relationship between the child care center and the SNF. These include, but are not limited to infection control and prevention of disease transmission. (7-1-24)

02. Day Care Licensure. Any day care home or day care center for children, as defined under Basic

Day Care License Act, Sections 39-1101 through 39-1120, Idaho Code, either attached as a distinct part or as a separate facility on the premises of the SNF facility is to be licensed separately by the appropriate state or local licensing agency. (7-1-24)

03. Day Care Compliance. Every child day care home or center is to comply with IDAPA 16.02.10, "Idaho Reportable Diseases." (7-1-24)

04. Day Care Staff. Each child day care home or center is to be staffed appropriately to meet the needs of the children cared for, with a separate staff from the employees of the SNF facility. (7-1-24)

206. -- 300. (RESERVED)

301. RESPITE CARE SERVICES.

If the SNF offers respite care to relieve families or other individuals, there must be policies and procedures written and implemented regarding the program. The following requirements must be met: (7-1-24)

01. Admissions. Respite care residents are to be admitted to the facility in the same manner as any other admission that includes: (7-1-24)

- a.** Authorization by a physician. (7-1-24)
- b.** Current medical and other information sufficient to allow the facility to safely care for the resident. (7-1-24)
- c.** Medication and treatment orders signed and dated by the resident's attending physician. (7-1-24)

02. Limitations. No resident is to be considered as respite care when the stay at the facility is not for purposes of relief for other care givers or families and the stay exceeds a four (4) week period of time. Variances may be granted by the Department on a case-by-case basis. (7-1-24)

03. Records. Are to be maintained for all respite care residents that include at least the following: (7-1-24)

- a.** Medical information sufficient to care for the resident submitted by the attending physician. (7-1-24)
- b.** Signed and dated physician's orders for care, including diet, medications, treatments, and any physical activity limitations. (7-1-24)
- c.** Nursing and other notes by staff caring for the resident. (7-1-24)
- d.** Medication administration record. (7-1-24)
- e.** Pertinent resident data information such as name, address, next of kin, who to call in an emergency, name of physician, etc. (7-1-24)

04. Exceptions. Due to the short length of stay, certain documents and actions provided to and required for other in-house nonrespite care residents are not required for respite care residents. Exceptions to be considered at the discretion of the facility are as follows: (7-1-24)

- a.** A complete history and physical examination by the physician is not required so long as he provides the facility with sufficient information to care for the resident. (7-1-24)
- b.** Physician visits are required only if the resident needs such a visit due to illness or injury or if the resident exceeds the definition of respite care and remains in the facility beyond a four (4) week period. (7-1-24)
- c.** The resident care plan may be limited to include care and services to be provided during their stay

and short-and long-term goals are not necessary.

(7-1-24)

d. Activity assessments and plans are not necessary so long as any activity limitations are known and recorded on the resident's plan of care.

(7-1-24)

302. -- 999. (RESERVED)