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IDAPA 16
TITLE 03
CHAPTER 02

16.03.02 - RULES AND MINIMUM STANDARDS FOR SKILLED NURSING AND INTERMEDIATE CARE FACILITIES

000. LEGAL AUTHORITY.

The Idaho Legislature has delegated to the Board of Health and Welfare the responsibility to establish and enforce rules to promote safe and adequate treatment of individuals within a Skilled Nursing or Intermediate Care Facility under Sections 39-1306, 39-1307, 39-1307A, and 39-1307B, Idaho Code. (3-26-08)

001. TITLE AND SCOPE.

01. Title. These rules are to be cited as Idaho Department of Health and Welfare Rules, IDAPA 16, Title 03, Chapter 02, "Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities." (1-1-88)

02. Scope. These rules establish regulations and standards for the provision of adequate care and licensure of Skilled Nursing and Intermediate Care Facilities in the state of Idaho. These rules are expressly intended for the benefit of all Intermediate Care and Skilled Nursing Patients/Residents. To this end, the Idaho State Board of Health and Welfare may issue variances to these rules under standards and procedures established by the Board. (1-1-88)

002. DEFINITIONS.

For the purposes of these rules the following terms are used, as defined herein: (1-1-88)

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. (12-31-91)

02. Annex. A subsidiary building to the main building located on the same premises. (12-13-91)

03. Auxiliary Personnel. Nonlicensed workers employed to assist the nurse in providing nursing care to patients/residents. This excludes persons employed as housekeepers, dietary and maintenance personnel, occupational and physical therapists, social workers and activity program staff. (12-31-91)

04. Average Occupancy Rate. The total number of patient/resident days in a three (3) month period divided by the number of calendar days in that period. It shall be recalculated on a quarterly basis. (12-31-91)

05. Board. The Idaho State Board of Health and Welfare. (12-31-91)

06. 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. (12-31-91)

07. 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 herself and by any other licensed nurse or auxiliary personnel under her immediate charge. (12-31-91)

08. Chemical Restraints. The use of drugs which prevent the patient/resident from doing what he might do voluntarily on his own. (12-31-91)

09. Day Care. Nonresident daily services and supervision provided by a health-related care facility to individuals who are in need of intermediate or skilled nursing care outside of their personal residence for a portion of the day. Day care services may be provided within the scope of services for which the facility is licensed up to twelve (12) hours during daytime. (1-1-88)

10. Department. The Idaho Department of Health and Welfare. (12-31-91)

11. **Director**. The Director of the Department of Health and Welfare or his designee. (12-31-91)

12. **Existing Facility**. A nursing home currently licensed. (12-31-91)

13. **Food Service Supervisor**. A person who: (12-31-91)

a. Is a qualified dietitian; or (1-1-88)

b. Has a baccalaureate degree with major studies in food and nutrition or food service management; or (1-1-88)

c. Is a graduate of a state approved Food Service Supervisor's (Dietetic Assistant) course, classroom or correspondence; or (1-1-88)

d. Has training and experience in food service management in military service equivalent in content to program in paragraph c. (1-1-88)

14. **Governmental Unit**. The state of Idaho, any county, municipality, or other political subdivision, or any department, division, board or other agency thereof. (12-31-91)

15. **Hospital Licensing Act**. The act set out in Sections 39-1301 through 39-1314, Idaho Code. (12-31-91)

16. **Intermediate Care Facility (ICF Nursing Home)**. A facility that is: (12-31-91)

a. Designed to provide area, space and equipment to meet the restorative, rehabilitative, recreational, intermittent health needs, and daily living needs of two (2) or more individuals who require in-residence care and services for twenty-four (24) or more consecutive hours; and (1-1-88)

b. Designed to provide for regular but less than daily medical and skilled nursing care (Section 39-1301(c), Idaho Code). (1-1-88)

17. **Licensee**. The person or organization to whom a license is issued. (12-31-91)

18. **Licensing Agency**. The Department of Health and Welfare. (12-31-91)

19. **Licensed Nursing Personnel**. A professional registered nurse (R.N.) or licensed practical nurse (L.P.N.) currently licensed by the Idaho State Board of Nursing. (12-31-91)

20. **Licensed Practical Nurse (L.P.N.)**. A person currently licensed by the Idaho State Board of Nursing. (12-31-91)

21. **Mechanical Restraint**. Any apparatus that physically prevents the patient/resident from doing what he might voluntarily do on his own. This includes, but is not limited to, safety belts. Mechanical supports used in normal situations to achieve proper body position shall not be considered restraints. (12-31-91)

22. **New Construction**. (7-1-93)

a. New buildings to be used as a facility. (1-1-88)

b. Additions to existing buildings and/or added bed capacity. (1-1-88)

c. Conversion of existing buildings or portions thereof for use as a facility. (1-1-88)

23. **Nurse Practitioner**. A licensed professional nurse 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 (R.N.). (12-31-91)

24. **On Duty**. Being awake, and actively carrying out assigned duties in the facility. (12-31-91)

25. **Patient/Resident**. An individual requiring and receiving skilled or intermediate nursing care and residing in a facility licensed to provide the level of care required. (12-31-91)

26. **Person**. Any individual, firm, partnership, corporation, company, association, joint stock association, governmental unit, or legal successor thereof. (12-31-91)

27. **Pharmacist**. Any person licensed by the Idaho Board of Pharmacy as a licensed pharmacist. (12-31-91)

28. **Physician**. Any person who holds a license issued by the State 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 shall not be considered physicians (Section 54-1803(3), Idaho Code). (12-31-91)

29. **Provisional License**. A license which is granted to a facility for a period not to exceed six (6) months, which is in substantial compliance with these rules, but temporarily unable to meet all rules, pending the satisfactory correction of all deficiencies. (12-31-91)

30. **Registered Nurse (R.N.)**. A person currently licensed by the Idaho State Board of Nursing as a registered nurse. (12-31-91)

31. **Shall**. Shall used herein indicates a requirement. (1-1-88)

32. **Shelter Home**. One (1) or more buildings or any facility, however named, operated on either a profit or a nonprofit basis, for the purpose of providing a home with continuous protective oversight and necessary personal care services and facilities for three (3) or more persons not related to the owner who are eighteen (18) years of age or older and are unable to care for themselves. There are two (2) types of shelter homes recognized in Idaho: (12-31-91)

a. Those referred to as shelter homes providing continuous protective oversight and twenty-four (24) hour supervision; and (1-1-88)

b. Those referred to as specialized shelter homes providing continuous protective oversight, twenty-four (24) hour supervision, individualized habilitation plans, and not exceeding a licensed capacity of fifteen (15) beds for only one (1) of the following categories of patients/residents: (1-1-88)

i. Developmentally disabled; (1-1-88)

ii. Mentally ill. (1-1-88)

33. **Skilled Nursing Facility (SNF Nursing Home)**. A facility designed to provide area, space, and equipment to meet the health needs of two (2) or more individuals who, at a minimum, 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). (12-31-91)

34. **Substantial Compliance**. A facility is in substantial compliance with these rules, regulations and minimum standards when there are no deficiencies which would endanger the health, safety, or welfare of the patients/residents. (12-31-91)

35. **Supervising Nurse**. The one (1) licensed nurse designated by the Director of Nursing Services to be responsible for the overall direction and control of all nursing services throughout the entire facility during one (1) eight (8) hour shift. (12-31-91)

36. **Temporary License**. A license issued for a period not to exceed six (6) months and issued initially upon application when the Department determines that all application information is acceptable. A temporary license allows the Department time to evaluate the facility's ongoing capability to provide services and to meet these rules. (12-31-91)

37. **Waiver or Variance**. A waiver or variance to these rules and minimum standards in whole or in part that may be granted under the following conditions: (12-31-91)

a. Good cause is shown for such waiver and the health, welfare or safety of patients/residents will not be endangered by granting such a waiver; (1-1-88)

b. Precedent shall not be set by granting of such waiver. The waiver may be renewed annually if sufficient written justification is presented to the Licensing Agency. (1-1-88)

003. LICENSURE.

01. **General Requirements**. Before any person shall either directly or indirectly operate a facility, he shall make an application for and receive a valid license for operation of the facility. No patient/resident shall be admitted or cared for in a facility which is required under Idaho law to be licensed, until a license is obtained. (1-1-88)

a. The facility and all related buildings associated with the operation of the facility, as well as all records required under these rules, shall be accessible at any reasonable time to authorized representatives of the Department for the purpose of inspection, with or without prior notice. (1-1-88)

b. Facilities licensed prior to the effective date of these rules will be given a period of time, not to exceed six (6) months if administrative or procedural changes are required and not to exceed two (2) years if major structural changes are required, to conform to revised or new rules, regulations and minimum standards. In order for this clause to be effective, written plans showing approximate dates when areas of nonconformance will be corrected shall be on file with the Department. Written plans shall be presented to the Department no later than thirty (30) days for administrative or procedural changes and ninety (90) days for structural changes, after the effective date of these rules and minimum standards. (1-1-88)

c. Before any building is constructed or altered for use as a facility, written approval of construction or alteration of plans shall be obtained from the Department. (1-1-88)

d. Buildings designated as annexes of facilities shall conform to all rules, regulations and minimum standards pertaining to the usage of such facilities. (1-1-88)

e. Information received by the licensing agency through filed reports, inspection, or as otherwise authorized under this law, shall not be disclosed publicly in such a manner as to identify individual patients/residents except in a proceeding involving the question of licensure. Public disclosure of information obtained by the licensing agency for the purposes of this law shall be governed by rules, regulations and minimum standards adopted by the Board. (1-1-88)

i. Upon written request, information subject to public disclosure shall be made available upon receipt of a plan of correction from the facility for any deficiencies noted during the survey or within ninety (90) calendar days from the date of survey by the licensing agency whichever comes first. The following information is subject to disclosure: (1-1-88)

(1) The name of the facility, its owner(s), administrator and location and licensed bed capacity. (1-1-88)

(2) The official findings of deficiencies based on survey reports by the licensing agency. (1-1-88)

(3) A plan of correction between the provider and the licensing agency. (1-1-88)

(4) Comments furnished by the provider to the licensing agency. The provider shall have a reasonable opportunity, not to exceed thirty (30) days, to review the licensing agency's findings of deficiency and to comment thereon. (1-1-88)

ii. No identification of an individual patient/resident or individual other than the facility owner(s) and administrator shall be disclosed except as otherwise provided by law. (1-1-88)

02. Application for an Initial License. In addition to obtaining prior approval of plans for construction or alterations, all persons planning the operation of a facility shall apply to the Department for an initial license for the facility on a form provided by the Department. The application shall be submitted to the Department at least three (3) months prior to the planned opening date. (1-1-88)

a. Applicants shall, in addition, provide the following: (1-1-88)

i. Evidence of a request for a determination of applicability for Section 1122 (Social Security Act) regulatory review. (1-1-88)

ii. A copy of the Nursing Home Administrator's license with the application. (1-1-88)

iii. A certificate of occupancy from the local building and fire authority. (1-1-88)

03. Issuance of License. Every facility shall be designated by a distinctive name in applying for a license, and the name shall not be changed without first notifying the Department in writing at least thirty (30) days prior to the date the proposed change in name is to be effective. (1-1-88)

a. Each license shall be issued only for the premises and persons or governmental units named in the application and shall not be transferable or assignable except with the written approval of the Department. (1-1-88)

b. Each license shall specify the maximum allowable number of beds in each facility, which number shall not be exceeded, except on a time-limited emergency basis, and authorized by the Department. (1-1-88)

c. The facility license shall be framed and posted so as to be visible to the general public. (1-1-88)

d. Facilities making an initial application for a license shall be issued a temporary license when the licensing agency determines that all application information is acceptable and that the facility is at least in substantial compliance with these rules and minimum standards. The temporary license provides the Department time to determine the facility's ongoing capability to provide services and to meet these rules. A temporary license may not be issued for a period that exceeds six (6) months. (1-1-88)

04. Expiration and Renewal of License. Each license to operate a facility shall, unless sooner suspended or revoked, expire on the date designated on the license. (1-1-88)

a. Each application for renewal of a license shall be submitted on a form prescribed by the Department. (1-1-88)

b. An annual report shall be submitted on a form prescribed by the Department prior to the renewal of a license. (1-1-88)

c. Facilities which show substantial conformity to these rules and minimum standards but fail to conform in every detail may be issued a provisional license when the failure to conform is not considered significant to the health and safety of the patient/resident and when it is determined that licensing of the facility is in the best interests of the patients/residents involved. Renewal of a license issued on the basis of substantial conformity is contingent upon corrections according to an agreed upon plan. (1-1-88)

05. Denial or Revocation of License. The Director may deny the issuance of a license or revoke any license when persuaded by a preponderance of the evidence that such conditions exist as to endanger the health or

safety of any patient/resident, or that the facility is not in substantial compliance with these rules and minimum standards. (1-1-88)

a. Additional causes for denial of a license may include the following: (1-1-88)

i. The applicant has violated any conditions of a provisional license. (1-1-88)

ii. The applicant has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a license. (1-1-88)

iii. 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 or shelter home. (1-1-88)

iv. The applicant or the person proposed as the administrator of the facility: (1-1-88)

(1) Has been denied or has had revoked any health facility license or shelter care license; or (1-1-88)

(2) Has been convicted of operating any health facility or shelter care facility without a license; or (1-1-88)

(3) Has been enjoined from operating a health facility or shelter care facility; or (1-1-88)

b. Additional causes for revocation of license. (1-1-88)

i. Any act adversely affecting the welfare of patients/residents is being permitted, aided, performed, or abetted by the person or persons in charge of the facility. Such acts may include, but are not limited to, neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights, or exploitation. (1-1-88)

ii. Any condition exists in the facility which endangers the health or safety of any patient/resident. (1-1-88)

iii. The licensee has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a license. (1-1-88)

iv. The applicant or administrator has demonstrated lack of sound judgement in the operation or management of the skilled nursing or intermediate care facility. (1-1-88)

v. The facility has one (1) or more major deficiencies. A major deficiency is defined as: (1-1-88)

(1) Any deficiency that endangers the health or safety or welfare of any patient/resident. (1-1-88)

(2) Repeat violations of any requirement of these rules and minimum standards or of Idaho law. (1-1-88)

(3) An accumulation of minor violations that, taken as a whole, would constitute a major deficiency. (1-1-88)

vi. The facility lacks adequate staff to properly care for the number and type of patients/residents residing at the facility. (1-1-88)

vii. The facility has violated a condition of a provisional license. (1-1-88)

viii. The applicant or administrator of the facility: (1-1-88)

(1) Has been denied or has had revoked any health facility or shelter care license; or (1-1-88)

(2) Has been convicted of operating any health facility or shelter home without a license; or (1-1-88)

(3) Has been enjoined from operating a health facility or shelter home; or (1-1-88)

(4) Is directly under the control or influence of any person who has been subject to the proceedings in Subsection 003.05. (12-31-91)

06. Administrative Hearings. Hearings and appeals shall be governed according to the provisions of Idaho Department of Health and Welfare Rules, IDAPA 16.05.03, Sections 300, et seq., and Section 308, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (12-31-91)

07. Change of Ownership, Operator, or Lessee. When a change of a licensed facility's ownership, operator or lessee is contemplated, the owner/operator shall notify the Department at least thirty (30) days prior to the proposed date of change. A new application must be submitted when there is a change of operator, ownership or lessee. (1-1-88)

08. Penalty for Operating a Facility or Agency Without a License. Any person establishing, conducting, managing, or operating any facility or agency as defined, without a license, under Sections 39-1301 through 39-1314, Idaho Code, shall be guilty of a misdemeanor punishable by imprisonment in a county jail for a period of time not exceeding six (6) months, or by a fine not exceeding three hundred dollars ($300), or by both such fine and imprisonment, and each day of continuing violation shall constitute a separate offense. In the event that the 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 (Section 39-1312, Idaho Code). (12-31-91)

09. Contract Services. Contracts with third parties to perform any services for a facility including, but not limited to, laundry, food, housekeeping and laboratory services, shall contain a clause requiring compliance with all pertinent provisions of these rules and minimum standards. (1-1-88)

004. WRITTEN INTERPRETATIONS.
In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency may have written statements that pertain to the interpretations of the rules of this chapter. These documents are available for public inspection as described in Sections 007 and 008 of these rules. (3-26-08)

005. ADMINISTRATIVE APPEALS.
Administrative appeals are governed by provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (3-26-08)

006. INCORPORATION BY REFERENCE.
No documents are incorporated by reference in this chapter of rules. (3-26-08)

007. OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- TELEPHONE -- WEBSITE.

01. Office Hours. Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the state of Idaho. (3-26-08)

02. Mailing Address. The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (3-26-08)

03. Street Address. The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (3-26-08)

04. Telephone. The telephone number for the Idaho Department of Health and Welfare is (208) 334-5500. (3-26-08)

05. Internet Website. The Department's internet website is http://www.healthandwelfare.idaho.gov. (3-26-08)

06. Division of Licensing and Certification. The Department's Division of Licensing and Certification is located at 3232 Elder Street, Boise, ID 83705; Phone: (208) 334-6626. (3-26-08)

07. Licensing and Survey Agency. The Department's Licensing and Survey Agency is located at 3232 Elder Street, Boise, ID 83705; Phone: 208 334-6626. (3-26-08)

08. Licensing and Survey Agency's website is http://www.facilitystandards.idaho.gov. (3-26-08)

008. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUESTS.

01. Confidential Records. Any information about an individual covered by these rules and contained in the Department's records must comply with IDAPA 16.05.01, "Use and Disclosure of Department Records." (3-26-08)

02. Public Records. The Department will comply with Title 74, Chapter 1, Idaho Code, when requests for the examination and copying of public records are made. Unless otherwise exempted, all public records in the custody of the Department are subject to disclosure. (3-26-08)

03. Disclosure of Resident Identity. Information received by the Department through filed reports, inspections, or as otherwise authorized under the law, will not be disclosed publicly in such a manner as to identify individual residents except as necessary in a proceeding involving a question of licensure. (3-26-08)

04. Public Availability of Deficiencies. The survey documents relating to a facility will be available to the public upon written request to the Department and posted on the Licensing and Survey Agency Web site. (3-26-08)

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Criminal History and Background Check. A skilled nursing and intermediate care facility must complete a criminal history and background check on employees and contractors hired or contracted with after October 1, 2007, who have direct patient access to residents in the skilled nursing and intermediate care facility. A Department check conducted under IDAPA 16.05.06, "Criminal History and Background Checks," satisfies this requirement. Other criminal history and background checks may be accepted provided they meet the 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. (3-26-08)

02. Scope of a Criminal History and Background Check. The criminal history and background check must, at a minimum, be a fingerprint-based criminal history and background check that includes a search of the following record sources: (3-26-08)

a. Federal Bureau of Investigation (FBI); (3-26-08)

b. Idaho State Police Bureau of Criminal Identification; (3-26-08)

c. Sexual Offender Registry; (3-26-08)

d. Office of Inspector General List of Excluded Individuals and Entities; and (3-26-08)

e. Nurse Aide Registry. (3-26-08)

03. Availability to Work. Any direct patient access individual hired or contracted with on or after October 1, 2007, must self-disclose all arrests and convictions before having access to residents. The individual is allowed to only work under supervision until the criminal history and background check is completed. If a disqualifying crime as described in IDAPA 16.05.06, "Criminal History and Background Checks," is disclosed, the individual cannot have access to any resident. (3-26-08)

04. Submission of Fingerprints. The individual's fingerprints must be submitted to the entity conducting the criminal history and background check within twenty-one (21) days of his date of hire. (3-26-08)

05. New Criminal History and Background Check. An individual must have a criminal history and background check when: (3-26-08)

a. Accepting employment with a new employer; and (3-26-08)

b. His last criminal history and background check was completed more than three (3) years prior to his date of hire. (3-26-08)

06. Use of Criminal History Check Within Three Years of Completion. Any employer may use a previous criminal history and background check obtained under these rules if: (3-26-08)

a. The individual has received a criminal history and background check within three (3) years of his date of hire; (3-26-08)

b. The employer has documentation of the criminal history and background check findings; (3-26-08)

c. The employer completes a state-only background check of the individual through the Idaho State Police Bureau of Criminal Identification, and (3-26-08)

d. No disqualifying crimes are found. (3-26-08)

07. Employer Discretion. The new employer, at its discretion, may require an individual to complete a criminal history and background check at any time, even if the individual has received a criminal history and background check within the three (3) years of his date of hire. (3-26-08)

010. -- 099. (RESERVED)

100. ADMINISTRATION.

01. Governing Body. Each facility shall be organized and administered under one (1) authority which may be a proprietorship, partnership, association, corporation or governmental unit. (1-1-88)

a. If other than a single owner or partnership, the facility shall have a governing board which assumes full legal responsibility for the overall conduct of the facility and for full compliance with these rules and minimum standards. (1-1-88)

b. 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 shall be supplied to the Department at the time of licensure application or preceding any change in ownership. (1-1-88)

c. The names, addresses, and titles of offices held by all members of the facility's governing authority shall be submitted to the Department. (1-1-88)

d. There shall be available for review by the Department a copy of the lease (if a building or buildings are leased to a person or persons 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 minimum standards. Terms of the financial arrangement may be omitted from the copy of the lease available to the Department. (1-1-88)

02. Administrator. The governing body, owner or partnership shall appoint a licensed nursing home administrator for each facility who shall be responsible and accountable for carrying out the policies determined by the governing body. In combined hospital and nursing home facilities, the administrator may serve both the hospital and nursing home provided he is currently licensed as a nursing home administrator. (1-1-88)

a. In the absence of the administrator, an individual who is responsible and accountable and at least

twenty-one (21) years of age shall be authorized, in writing, to act in his behalf to assure administrative direction of the facility. (1-1-88)

b. The administrator shall be 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 and of the operation of its physical plant. The policies and procedures shall further clearly set out any instructions or conditions imposed as a result of religious beliefs of the owner or administrator. The administrator shall see that these policies and procedures are adhered to and shall make them available to authorized representatives of the Department. If a service is provided through arrangements with an outside agency or consultant, a written contract or agreement shall be established outlining the expectations of both parties. (1-1-88)

c. The administrator shall be responsible for the completion, keeping, and submission of such reports and records as may be required by the Department. (7-1-93)

d. The administrator, his relatives or employees, shall not act as or become the legal guardian of or have power of attorney for any patients/residents unless specifically adjudicated as such by appropriate legal order. (1-1-88)

e. The administrator shall provide to the public and the patient/resident an accurate description of the facility services and care. Representation of the facility's services to the public shall not be misleading. (7-1-93)

f. The administrator shall be responsible for providing sufficient and qualified staff to carry out all of the basic services offered by the facility, i.e., food services, housekeeping, maintenance, nursing, laundry, etc. (1-1-88)

g. The administrator, owner and employees of a facility shall be governed by the provisions of Section 15-2-616, Idaho Code, concerning the devise or bequest of a patient's/resident's property by a last will and testament. (1-1-88)

03. Patient/Resident Rights and Responsibilities. The administrator, on behalf of the governing body of the facility, shall establish written policies regarding the rights and responsibilities of patients/residents and responsibility for development of, and adherence to, procedures implementing such policies. (1-1-88)

a. These policies and procedures shall be made available to patients/residents, to any guardians, next of kin, sponsoring agency(ies), and to the public. (1-1-88)

b. The staff of the facility shall be trained and involved in the implementation of these policies and procedures. (1-1-88)

c. These patients'/residents' rights, policies and procedures ensure that, at least, each patient/resident admitted to the facility: (1-1-88)

i. Is fully informed, as evidenced by the patient's/resident's written acknowledgement, prior to or at the time of admission and during his stay, of these rights and of all rules and minimum standards governing patient/resident conduct and responsibilities. Should the patient/resident be medically or legally unable to understand these rights, the patient's/resident's guardian or responsible person (not an employee of the facility) has been informed on the patient's/resident's behalf; (1-1-88)

ii. Is fully informed, prior to or at the time of admission and during stay, of services available in the facility, and of related charges including any charges for services not covered under Titles XVIII or XIX of the Social Security Act, or not covered by the facility's basic per diem rate; (1-1-88)

iii. Is fully informed, by a physician, of his medical condition unless medically contraindicated (as documented, by a physician, in his medical record), and is afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research; (1-1-88)

iv. Is transferred or discharged only for medical reasons, or for his welfare or that of other patients/

residents, or for nonpayment for his stay (except as prohibited by Titles XVIII or XIX of the Social Security Act), and is given reasonable advance notice to ensure orderly transfer or discharge, and such actions are documented in his medical record; (1-1-88)

v. Is encouraged and assisted, throughout his period of stay, to exercise his rights as a patient/resident and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal; (1-1-88)

vi. May manage his personal financial affairs, and should the facility be directed by him, his family, his conservator, or guardian, to maintain a trust account for him, a report as to the status of his account and any expenditures, or access to his trust account records shall be available upon request; (1-1-88)

vii. Is free from mental and physical abuse, and free from chemical and (except in emergencies) physical restraints except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the patient/resident from injury to himself or to others; (1-1-88)

viii. Is assured confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in case of his transfer to another health care facility, or as required by law or third-party payment contract; (1-1-88)

ix. Is treated with consideration, respect and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs; (1-1-88)

x. Is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; (1-1-88)

xi. May associate and communicate privately with persons of his choice, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician in his medical record); (1-1-88)

xii. May meet with, and participate in activities of social, religious, and community groups at his discretion, unless medically contraindicated (as documented by his physician in his medical record); (1-1-88)

xiii. May retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients/residents, and unless medically contraindicated (as documented by his physician in his medical record); and (1-1-88)

xiv. If married, is assured privacy for visits by his/her spouse; if both are patients/residents in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician in the medical record). (1-1-88)

04. Admission Policies. The administrator shall establish written admission policies for all patient/resident admissions. The facility's admission policies shall be available to patients/residents, their relatives, and to the general public. (1-1-88)

a. The administrator shall not accept or keep patients/residents for whom the appropriate care level and services are not provided, or for which the facility is not licensed except in an emergency. (1-1-88)

b. All patients/residents must be admitted by a physician, and all care rendered under his direction. (1-1-88)

c. A history and physical examination shall be recorded within forty-eight (48) hours after admission to the facility, unless the patient/resident is accompanied by a record of a physical examination completed by a physician not more than five (5) days prior to admission. (1-1-88)

d. Information upon admission shall include the results of a tuberculosis skin test or chest x-ray,

medical and/or psycho-social diagnosis, physician's plan of care, the patient's/resident's activity limitation and the rehabilitation potential, and shall be dated and signed by the physician. (1-1-88)

e. No children other than patients/residents shall regularly occupy any portion of the resident living area. (1-1-88)

f. Reasonable precautions shall be taken in all admissions for the safety of other patients/residents. (1-1-88)

g. The facility shall make available a release form to be signed by the patient/resident or his responsible agent when a patient/resident desires to be discharged "against medical advice." (1-1-88)

h. Nothing in these rules and minimum standards should be construed as to require any facility to compel any person to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under such plan for any purpose (other than for the purpose of discovering and preventing the spread of infection or other contagious disease or for the purpose of protecting environmental health), if such person objects (or, in case such person is a child, his parent(s) or guardian(s) objects), thereto on religious grounds. (1-1-88)

05. Humane Use of Restraints. Written policies shall be developed and implemented regarding the humane use of restraints. (1-1-88)

a. Opportunity for motion and exercise, including activities of daily living, shall be provided during normal waking hours to patients/residents in mechanical restraints for a period of not less than ten (10) minutes during each two (2) hours in which restraints are employed. During normal sleeping hours, patients/residents in restraints shall continue to be checked every thirty (30) minutes, with supporting documentation. Circulation and skin integrity shall be assessed, and mechanical restraints loosened for range of motion exercises and turning and repositioning at least every two (2) hours. (1-1-88)

b. No patient/resident shall be restrained except on written order of a physician. If a patient/resident becomes suddenly disturbed and becomes a menace to himself or others, restraint may be temporarily applied by licensed nursing personnel. Where a temporary restraint is applied, a physician must be consulted immediately and approval for continuation of the restraint obtained. The written order signed by the physician shall contain the patient's/resident's name, date, time of order, and reason for restraint, means of restriction, and period of time he is to be restricted. (1-1-88)

c. The patient/resident in mechanical restraints shall be checked at least every thirty (30) minutes by the staff and a record of such checks shall be kept. (1-1-88)

d. The following types of restraints shall not be used under any conditions: canvas jackets, canvas sheets, canvas cuffs, leather belts, leather cuffs, leather hand mitts or restraints requiring a lock and key. (1-1-88)

e. Opportunity for motion and exercise shall be provided to patients/residents in mechanical restraints for a period of not less than ten (10) minutes during each two (2) hours in which restraints are employed. (1-1-88)

f. No patient/resident shall be secluded in any room by locking or fastening a door from the outside. The licensing agency may grant variances on a case-by-case basis where the facility can demonstrate the securing of a half door is in the interest of patient/resident safety, complies with the Life Safety Code, and the facility can demonstrate that provisions have been made to ensure release of the lock in an emergency. (1-1-88)

g. Chemical restraints shall not be used as punishment, for convenience of the staff, or in quantities that interfere with the ongoing normal functions of the patient/resident. They shall be used only to the extent necessary for professionally accepted patient care management and must be ordered in writing by the attending physician. (1-1-88)

06. Transfer Agreement. (7-1-93)

a. Facilities shall have a written agreement with one (1) or more nearby hospitals or other providers of service which agrees to provide the following services to patients/residents of the facility: (1-1-88)

i. Laboratory, x-ray, and other diagnostic services; and (1-1-88)

ii. Hospitalization for acutely ill patients/residents; and (1-1-88)

iii. The agreement shall provide reasonable assurance that there will be an interchange of information; and (1-1-88)

iv. Transfer information including provisional diagnosis, treatment, clinical condition, reason for transfer and destination, and pertinent medical and social information shall accompany the patient/resident if transferred to or from another health care facility and shall become a part of the patient's/resident's medical record. (1-1-88)

b. ICFs shall have written agreements with Skilled Nursing Facilities for the appropriate and orderly transfer of individual patients/residents, including appropriate transfer information as delineated in Subsection 100.05.a.iv. (12-31-91)

07. Census Register. A register shall be kept, listing in chronological order, the names of patients/residents, dates of admission and discharge, and daily census. (1-1-88)

08. Notification of Change in Patient/Resident Status. There shall be written policies and procedures relating to notification of next of kin, or sponsor, in the event of a significant change in a patient's/resident's status. (1-1-88)

a. Patients/residents shall not be transferred or discharged on the attending physician's order without prior notification of next of kin, or sponsor, except in cases of emergency. Patients/residents shall be counselled prior to transfer or discharge. (1-1-88)

b. As changes occur in their physical or intellectual conditions, necessitating services or care not regularly provided by the facility, patients/residents shall be transferred to a facility providing the appropriate level of care. (1-1-88)

c. Every person who dies in a facility shall be pronounced dead according to the provisions of Idaho law. (1-1-88)

09. Record of Patient's/Resident's Personal Valuables. An inventory and proper accounting shall be kept for all valuables entrusted to the facility for safekeeping. The status of the inventory shall be available to the patient/resident, his conservator, guardian, or representative for review upon request. (1-1-88)

10. Visiting Hours. Daily visiting hours shall be established. (1-1-88)

a. Members of the clergy shall be admitted at any hour; (1-1-88)

b. Relatives or guardians shall be allowed to see critically ill patients/residents at any time; and (1-1-88)

c. Privacy shall be available at all times to patients/residents for visits with family, friends, clergy, social workers, and for professional or other business reasons. (1-1-88)

11. Religious Activities. Every patient/resident shall have the freedom of attending the church service of his choice. Attendance at religious services held in the facility shall be on a completely voluntary basis. (1-1-88)

12. Accident or Injury. The administrator shall show evidence of written safety procedures for handling of patients/residents, equipment lifting, and the use of equipment. (1-1-88)

a. Polishes, waxes, and finishes on floors shall provide a nonslip surface. (1-1-88)

b. Throw or scatter rugs shall not be used in the facility. Exception: nonslip mats may be used. (1-1-88)

c. An incident-accident record shall be kept of all incidents or accidents sustained by employees, patients/residents, or visitors in the facility and shall include the following information: (1-1-88)

i. Name and address of employee, patient/resident, or visitor; (1-1-88)

ii. A factual description of the incident or accident; (1-1-88)

iii. Description of the condition of the patient/resident, employee or visitor including any injuries resulting from the accident; and (1-1-88)

iv. Time of notification of physician, if necessary. (1-1-88)

d. The physician shall be immediately notified regarding any patient/resident injury or accident when there are significant changes requiring intervention or assessment. (1-1-88)

e. Medical reports of the attending physician must be filed in accordance with the rules of the Idaho Industrial Accident Board. (1-1-88)

f. Immediate investigation of the cause of the incident or accident shall be instituted by the facility administrator and any corrective measures indicated shall be adopted. (1-1-88)

101. -- 104. (RESERVED)

105. PERSONNEL.

01. Personnel Policies. Personnel policies shall be developed and implemented and shall include: (1-1-88)

a. The recruitment of qualified personnel (including consultants when utilized); (1-1-88)

b. Orientation of all new employees; (1-1-88)

c. Continuing in-service training for all employees which is consistent with patients'/residents' needs and services offered. A minimum of twenty-four (24) hours of training per year shall be provided to nursing staff; (1-1-88)

d. Competent supervision of all staff; (1-1-88)

e. Uniform rules for each classification of employee concerning hours of work, paydays, overtime and other related personnel matters; and (1-1-88)

f. Employee grievance procedures. (1-1-88)

02. Daily Work Schedules. Daily work schedules shall be maintained in writing which reflect: (1-1-88)

a. Personnel on duty at any given time for the previous three (3) months; (1-1-88)

b. The first and last names of each employee, including professional designation (R.N., L.P.N., etc.) and position; and (1-1-88)

c. Any adjustments made to the schedule. (1-1-88)

03. **Job Description**. Job descriptions shall be current, on file and shall: (1-1-88)

a. Include the authority, responsibilities and duties of each classification of personnel; (1-1-88)

b. Be given to each employee consistent with his classification. (1-1-88)

04. **Organizational Chart**. An organizational chart shall be posted or be available to view by all employees, or be in the employee's possession which clearly reflects lines of authority within the facility's organizational structure. (1-1-88)

05. **Applicable Idaho and Federal Laws**. Applicable Idaho and federal laws shall be observed in relation to employment of any individual. (1-1-88)

06. **Age Limitations**. No employee, other than licensed personnel, who is less than eighteen (18) years of age shall provide direct resident care except when the employee may be a student or a graduate of a recognized vocational health care training program. (1-1-88)

07. **Patient/Resident Employment**. Whenever work of economic benefit to the facility is performed by a patient/resident, such work will be subject to the provisions prescribed by law for any employee. (1-1-88)

08. **Employee Health**. Personnel policies relating to employee health shall include: (1-1-88)

a. The facility shall establish, upon hiring a new employee, the current status of a tuberculin skin test. The determination may be based upon a report of the skin test taken prior to employment or within thirty (30) days after employment. If the skin test is positive, either by history or current test, a chest X-ray shall be taken, or a report of the results of a chest X-ray taken within three (3) months preceding employment shall be accepted. The TB Skin Test status shall be known and recorded and a chest X-ray alone is not a substitute. No subsequent chest X-ray or skin test is required for routine surveillance. (1-1-88)

b. A repeat skin test is required if a patient/resident or other staff develop tuberculosis. (1-1-88)

c. The facility shall require that all employees report immediately to their supervisor any signs or symptoms of personal illness. (1-1-88)

d. Personnel who have a communicable disease, infectious wound or other transmittable condition and who provide care or services to patients/residents shall be required to implement protective infection control techniques approved by administration; or be required not to work until the infectious stage is corrected; or be reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent; or seek other remedy to avoid spreading the employee's infection. (1-1-88)

09. **Payroll Records**. Payroll records shall be maintained by the facility which reflect an employee's hours of work, paydays, overtime and other related matters. (1-1-88)

10. **Personnel Files**. Personnel files shall be kept for each employee and each shall contain: (1-1-88)

a. Name, current address and telephone number of the employee; (1-1-88)

b. Social security number; (1-1-88)

c. Qualifications for the position for which the employee is hired, including education and experience; (1-1-88)

d. If Idaho license is required, verification of current license; (1-1-88)

e. Position in facility; (1-1-88)

f. Date of employment; (1-1-88)

g. Date of termination and reason; (1-1-88)

h. Verification of TB skin test upon employment and any subsequent test results; and (1-1-88)

i. Orientation and training documentation reflecting what the employee received when, and the amount of time for each program. (1-1-88)

11. Orientation and Continuing Education. The facility shall provide a formalized, on-going educational program for all personnel which shall commence upon employment and shall include: (1-1-88)

a. A structured orientation program written and designed to meet the training needs of new employees in relation to an employee's responsibilities in the facility. The program shall include, but is not limited to: (1-1-88)

i. All facility policies and procedures relevant to an employee's responsibilities; (1-1-88)

ii. Basic procedures relative to patient/resident care; (1-1-88)

iii. Patient's/resident's rights and responsibilities; (1-1-88)

iv. Confidentiality; (1-1-88)

v. Ethics; (1-1-88)

vi. Use of mechanical/electrical equipment utilized by the employee; (1-1-88)

vii. Fire safety and emergency evacuation; (1-1-88)

viii. Emergency procedures; (1-1-88)

ix. Organizational structure; (1-1-88)

x. Measures to prevent cross infection, including aseptic and isolation techniques; (1-1-88)

xi. Special needs of the population served; and (1-1-88)

xii. Restorative care. (1-1-88)

b. An ongoing, planned continuing educational program which maintains and upgrades the knowledge, skills and abilities of the staff in relation to services provided and employee responsibilities. (1-1-88)

c. Opportunity to attend outside educational programs. (1-1-88)

d. At least twenty-four (24) hours of continuing education annually for all nursing personnel. (1-1-88)

106. FIRE AND LIFE SAFETY.
Buildings on the premises used as facilities shall meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to health care facilities. (1-1-88)

01. General Requirements. General requirements for the fire and life safety standards for a health care facility are: (1-1-88)

a. The facility shall be structurally sound, maintained and equipped to assure the safety of patients/residents, employees and the public. (1-1-88)

b. Where natural or man-made hazards are present on the premises, the facility shall provide suitable

fences, guards, and/or railings to isolate the hazard from the patient's/resident's environment. (1-1-88)

02. Life Safety Code Requirements. The facility shall meet such provisions of the Life Safety Code of the National Fire Protection Association (26th ed., 1985) as are applicable to a health care facility except:(1-1-88)

a. As modified herein, the facility shall comply with the standards for "Health Care Occupancies" contained in Chapters 12 and 13, and applicable provisions of Chapters 1 through 7, Chapter 31, and Appendices A, B, and C of the Life Safety Code; or (1-1-88)

b. Existing facilities licensed prior to the effective date of these rules and minimum standards and in compliance with a previous edition of the Life Safety Code may continue to comply with the edition in force at that time. (1-1-88)

03. Smoking. Because smoking has been acknowledged to be a potential fire hazard, a continuous effort shall be made to reduce such a hazard in the facility. Written rules governing smoking shall be adopted and available to all facility personnel, patients/residents and the public. These rules shall include at least the following: (1-1-88)

a. That smoking is prohibited in any area where flammable liquids, gases or oxygen are in use or stored. These areas shall be posted with "No Smoking" signs. (1-1-88)

b. That patients/residents are not permitted to smoke in bed unless under direct supervision of a staff member. (1-1-88)

c. That unsupervised smoking by patients/residents not mentally or physically responsible is prohibited. This includes patients/residents affected by medication. (1-1-88)

d. That designated areas shall be assigned for employee, patient/resident and public smoking. (1-1-88)

e. That noncombustible ashtrays of a safe design shall be provided in all areas where smoking is permitted. (1-1-88)

f. That metal containers with self-closing, tight-fitting lids, or their equivalent, shall be provided in all areas where smoking is permitted. (1-1-88)

g. Nothing in Section 106 requires that smoking be permitted in facilities whose admission policies prohibit smoking. (12-31-91)

04. Emergency Plans for Protection and Evacuation of Patients/Residents. In cooperation with the local fire authority, the administrator shall develop a written plan for employee response for protection of patients/residents in case of an emergency. The plan shall include at least the following: (1-1-88)

a. Specific procedures to follow in all potential emergencies (i.e., fire, flooding, bomb threat, explosion, natural disasters). (1-1-88)

b. A basic diagram of the building showing the location of emergency protection equipment and exits. The diagram shall be conspicuously posted throughout the facility. (1-1-88)

c. Written evidence of an arrangement for temporary housing of patients/residents who must be moved in the event of an emergency. (1-1-88)

05. Orientation, Training and Drills. All employees shall be instructed in basic fire and life safety procedures. (1-1-88)

a. All new employees shall be instructed in basic facility fire and life safety procedures during their orientation period. Documentation that such orientation has been completed shall be maintained on file in the facility.

(1-1-88)

b. Fire and/or safety classes shall be made available on a quarterly basis. The facility shall make an effort to encourage all staff to attend the classes. Classes shall not be conducted in lieu of drills. (1-1-88)

c. A minimum of one (1) fire drill per shift per quarter shall be held. The drills shall be unannounced, shall include transmission of a fire alarm signal (may be silent during the late night/early morning) and shall be conducted at irregular intervals during the day and night. At least one (1) drill per year shall include at least a partial evacuation of the building. A basic written record of each drill shall be maintained and include at least the following: (1-1-88)

i. Date and time of drill; (1-1-88)

ii. Brief description of the drill, including problems encountered; (1-1-88)

iii. Recommendations for improvement (if any); and (1-1-88)

iv. Signature of employees supervising the drill together with the names of all employees participating in the drill. (1-1-88)

06. Report of Fire. A separate report of each fire incident occurring within the facility shall be submitted to the licensing agency within thirty (30) days of the occurrence. The reporting form "Facility Fire Incident Report" will be issued by the licensing agency to secure specific data concerning date, origin, extent of damage, method of extinguishment and injuries (if any). (1-1-88)

07. Maintenance of Equipment. The facility shall establish routine test, check and maintenance procedures for all equipment. (1-1-88)

a. The use of any defective equipment on the premises of any facility is prohibited. (1-1-88)

b. The administrator shall have all equipment inspected for safe condition and function prior to use by any patient/resident, employee or visitor. (1-1-88)

c. The administrator shall show written evidence of a preventive maintenance program for all equipment directly related to the health and safety of the patient/resident. (1-1-88)

d. The fire alarm system and any smoke detection system shall be test/checked at least monthly by an individual knowledgeable in the system's function and operation. (1-1-88)

e. Automatic fire extinguishing system, where provided, shall be inspected/tested quarterly in accordance with N.F.P.A. Std. 13 (1983 ed.). The inspections shall be conducted by a person knowledgeable in the care and maintenance of sprinkler systems. The applicable inspection report shall be completed and maintained on file. (1-1-88)

f. Portable fire extinguishers shall be maintained/serviced in accordance with the applicable provisions of N.F.P.A. Std. 10 (1981 ed.). All extinguishers shall be checked monthly by a facility employee who will date and initial each tag at the time of each check. (1-1-88)

g. Each pressure vessel shall have a certificate of annual inspection which shall be posted adjacent to the vessel. (1-1-88)

h. All range hoods and filters shall be cleaned at least weekly. (1-1-88)

i. Duct work for ventilation hoods shall be cleaned at least annually. (1-1-88)

08. Medical Gas Storage, Handling, Usage. The handling, storage and usage of all medical gases shall be in accordance with N.F.P.A. Std. 99 (1984 ed.). (1-1-88)

09. Emergency Utility Controls. Responsible employees on each shift shall be instructed in the location and operation of switches, valves and controls in the facility. (1-1-88)

10. Storage, Heating Appliances, Hazardous Substances. (7-1-93)

a. Attics and crawl spaces shall not be used for storage of any materials. (1-1-88)

b. Rooms housing heating appliances shall not be used for storage of combustible materials. (1-1-88)

c. All fuel-fired heating devices shall have an easily accessible, plainly marked, functional remote fuel shut-off valve. (1-1-88)

d. All ranges shall be provided with hoods, mechanical ventilation and removable filters. (1-1-88)

107. DIETARY SERVICE.

01. Dietary Supervision. A qualified food service supervisor shall be designated by the administrator to be in charge of the dietary department. This person shall: (1-1-88)

a. Be responsible for orientation, training, scheduling and supervision of dietary employees on all shifts; (1-1-88)

b. Have sufficient knowledge of food needs to plan adequate menus and modified diets for the patients/residents; (1-1-88)

c. Record current dietary information in the patient's/resident's care plan and in the medical record. Dietary notes in the medical record shall be made at least quarterly for all patients/residents. Dietary notes shall be made monthly or more often in the medical records of patients/residents with eating problems or who have medical problems relating to diets; (1-1-88)

d. Be encouraged to participate in food service workshops, correspondence courses and other training sessions whenever they are available; (1-1-88)

e. Consult on a regularly scheduled basis with a registered dietitian (or a person with at least a bachelor's degree in foods and nutrition if no dietitian is available). The dietitian shall: (1-1-88)

i. Assist the person in charge with the development of menus and modified diets as needed; (1-1-88)

ii. Review and approve menu and diet plans; (1-1-88)

iii. Provide in-service training for all food service employees; (1-1-88)

iv. Provide consultation in all areas of food production and service as needed; and (1-1-88)

v. Act as liaison between the medical staff, nursing staff and the dietary department. (1-1-88)

02. Dietary Personnel. There shall be a sufficient number of food service personnel employed, and their hours shall be scheduled to meet the dietary needs of the patients/residents. (1-1-88)

a. The food service department shall be staffed and operated at least twelve (12) hours each day. (1-1-88)

b. Work and duty schedules shall be available in the dietary department for all food service positions. (1-1-88)

c. If food service workers are assigned duties outside of the dietary department, these duties shall not

interfere with sanitation, safety or time required for dietary work assignments. (1-1-88)

d. No person who has worked in any other area of the facility shall assist with the preparation or serving of food inside of the kitchen without first putting on a clean uniform or gown and a hairnet or cap. Hands must be thoroughly washed. (1-1-88)

e. Dietary personnel engaged in food preparation shall not feed patients/residents in the dining room. (1-1-88)

03. General Diets. (7-1-93)

a. The general menu shall provide for the food and nutritional needs of the patient/resident in accordance with the Recommended Daily Allowances of the Food and Nutritional Board of the National Research Council. A daily guide for adults shall be based on the following allowances: (1-1-88)

i. Milk - one (1) pint or more, as a beverage or in cooking. Cheese and ice cream may be substituted for part of the milk. (12-31-91)

ii. Meat - four (4) to six (6) ounces (cooked, boneless weight) beef, pork, veal, lamb, fish, poultry, eggs or cheese. Dry beans, nuts or dry peas may be used occasionally as substitutes. (12-31-91)

iii. Fruits and Vegetables - four (4) servings. These shall include a vitamin C-rich fruit or vegetable daily and a vitamin A-rich fruit or vegetable at least every other day. (1-1-88)

iv. Breads and Cereals - four (4) servings of enriched restored or whole-grain breads or cereals. (1-1-88)

v. Other Food - such as fats and sugars shall be provided to round out the meal, to satisfy appetites and to provide sufficient calories. (1-1-88)

b. The evening meal shall include at least one (1) to one and one-half (1-1/2) ounces of a protein food (meat, cheese, fish, eggs), vegetable or fruit, dessert and beverage, preferably milk. (12-31-91)

04. Modified or Therapeutic Diets. All diets, including general diets, shall be ordered by the attending physician. Diet orders shall be kept on file in the health care facility, and modified diets shall be reviewed routinely by the physician along with other treatment. (1-1-88)

a. The charge nurse shall send all diet orders to the dietary department in written form. Any additional diet information or changes in the order shall also be transmitted in writing. (1-1-88)

b. Therapeutic diets shall be planned in accordance with the physician's order. To the extent that it is medically possible, it shall be planned from the regular menu and shall meet the patient's/resident's daily need for nutrients. (1-1-88)

c. A written diet plan shall be made for each type of diet unless each patient's/resident's individual diet is written daily. (1-1-88)

d. A current diet manual approved by the Department and the patient's/resident's physician shall be available in the kitchen and at each nursing station (the Idaho Diet Manual is approved by the Department). (1-1-88)

05. Menu Planning and Meal Service. At least three (3) meals or their equivalent shall be served daily at regular times, with not more than a fourteen (14) hour span between a substantial evening meal and breakfast. (1-1-88)

a. Bedtime snacks of nourishing quality shall be offered, and between-meal snacks should be offered. (1-1-88)

b. If the "Four or Five-Meal-A-Day" plan is in effect, meals and snacks shall provide nutritional value equivalent to the daily food requirements and the last meal (snack) shall provide at least one (1) ounce of a protein food exclusive of beverage served. (1-1-88)

c. Menus shall be prepared at least a week in advance. Menus shall be corrected to conform with food actually served. (Items not served shall be deleted and food actually served shall be written in.) The corrected copy of the menu and diet plan shall be dated and kept on file for thirty (30) days. (1-1-88)

d. Menus shall provide a sufficient variety of foods in adequate amounts at each meal. Menus shall be different for the same days each week and adjusted for seasonal changes. (1-1-88)

06. Food Purchasing and Storage. Supplies of staple foods for a minimum of a one (1) week period and of perishable foods for a two (2) day period shall be maintained on the premises. (1-1-88)

a. A current file of food purchase invoices shall be kept at least for the preceding thirty (30) day period. (1-1-88)

b. All processed or canned foods shall be obtained from approved commercial sources. (1-1-88)

c. Food from damaged cans or thawed and refrozen foods shall not be used. (1-1-88)

d. All meat and poultry products shall have been inspected for wholesomeness under an official regulatory program. (1-1-88)

e. Only Grade A pasteurized fluid milk and milk products shall be used or served. Dry milk and milk products may be reconstituted in the facility if they are used for cooking purposes only. (1-1-88)

f. All milk for drinking purposes shall be served in a previously unopened, commercially filled container directly into the drinking glass of the patient/resident, or may be drawn from a commercially filled container stored in a mechanically refrigerated bulk milk dispenser directly into the glass of the patient/resident. Any milk held over in an open container from one (1) meal to another shall be used for cooking only. (6-23-89)

g. Each refrigerator and freezer shall be equipped with a reliable, easily read thermometer. Refrigerators shall be maintained at forty-five degrees Fahrenheit (45F) or below. Freezers shall be maintained at zero degrees Fahrenheit (0F) or below. (12-31-91)

h. Storage areas shall be maintained in a clean, orderly manner. No food shall be stored on the floor. (1-1-88)

i. Only food and food service items shall be stored in the food storage areas. (1-1-88)

07. Food Preparation and Service. Foods shall be prepared by methods that conserve nutritive value, flavor and appearance, and shall be attractively served at proper temperatures. (1-1-88)

a. Hazardous foods shall be kept hot (over one hundred forty degrees Fahrenheit (140F)) or cold (under forty-five degrees Fahrenheit (45F)) except during actual preparation time. (1-1-88)

b. A file of tested recipes, adjusted to appropriate yield, shall be maintained. (1-1-88)

c. Foods shall be served in a form to meet individual patient's/resident's needs: (1-1-88)

i. Food shall be cut, ground, or pureed only for those who require it; (1-1-88)

ii. Special attention shall be given to the food given patients/residents without dentures, with poor dentures, or with poor teeth because of the difficulty these patients/residents have with mastication. (1-1-88)

d. If a patient/resident refuses the food served, appropriate substitutes shall be offered. (1-1-88)

e. Individual patient/resident trays shall be identified with name, diet order, and room number. (1-1-88)

f. Trays provided bedfast patients/residents shall rest on firm supports, such as overbed tables. Sturdy tray stands of proper height shall be provided patients/residents able to be out of bed. (1-1-88)

g. Tray service shall be attractive and provisions made to serve hot foods hot and cold foods cold. (1-1-88)

h. Trays for patients/residents who need to be fed shall be set up only as there is someone available to do the feeding. (1-1-88)

i. Facilities shall provide one (1) or more attractively furnished multipurpose areas of adequate size for patients'/residents' dining, diversional, and social activities. (1-1-88)

i. It is recommended that a separate dining room area be provided when possible. (1-1-88)

ii. Dining room areas shall be well lighted, ventilated, and equipped with tables with hard surfaces, and comfortable chairs. The floors in the dining rooms shall be of easily cleanable construction. (1-1-88)

08. Food Sanitation. The acquisition, preparation, storage, and serving of all food and drink in a facility shall comply with Idaho Department of Health and Welfare Rules, IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments." (12-31-91)

a. Ice shall be manufactured from potable water in a sanitary manner, and shall be handled, stored and transported in such a manner as to prevent its contamination. (1-1-88)

b. A separate sink, granular or liquid soap and paper towels shall be provided in the food preparation area for handwashing. Kitchen sinks shall not be used for handwashing. (1-1-88)

c. Written reports of food service inspections by authorized representatives of district health departments or the Department shall be maintained on file at the facility. Corrections and changes which have been implemented by the facility as a result of such inspections shall be recorded in writing and kept on file. (1-1-88)

d. Adequate facilities, equipment, and utensils shall be provided for the preparation, storage, and serving of food and drink to the patients/residents and personnel. (1-1-88)

108. ENVIRONMENTAL SANITATION.

01. Water Supply. An approved public or municipal water supply shall be used wherever available. (1-1-88)

a. In areas where an approved public or municipal water supply is not available, a private water supply shall be provided, and it shall meet the standards approved by the Department. (1-1-88)

b. If water is from a private supply, water samples shall be submitted to the Department through the district public health laboratory for bacteriological examination at least once every three (3) months. Monthly bacteriological examinations are recommended. Copies of the laboratory reports shall be kept on file in the facility by the administrator. (1-1-88)

c. There shall be a sufficient amount of water under adequate pressure to meet the sanitary requirements of the facility at all times. (1-1-88)

02. Sewage Disposal. All sewage and liquid wastes shall be discharged into a municipal sewerage system where such a system is available. Where a municipal sewerage system is not available, sewage and liquid wastes shall be collected, treated, and disposed of in a manner approved by the Department. (1-1-88)

03. Garbage and Refuse. The premises and all buildings used as facilities shall be kept free from accumulation of weeds, trash and rubbish. Material not directly related to the maintenance and operation of the facility shall not be stored on the premises. (1-1-88)

a. All containers used for storage of garbage and refuse shall be constructed of durable, nonabsorbent material and shall not leak or absorb liquids. Containers shall be provided with tight-fitting lids unless stored in vermin-proof rooms or enclosures, or in a waste refrigerator. (1-1-88)

b. Garbage containers stored outside the facility shall be stored on a concrete slab or on a rack which is at least twelve (12) inches above the ground. Dumpsters are acceptable. (1-1-88)

c. Garbage containers shall be maintained in a sanitary manner. Sufficient containers shall be afforded to hold all garbage and refuse which accumulates between periods of removal from the premises. Storage areas shall be clean and sanitary. (1-1-88)

04. Insect and Rodent Control. A pest control program shall be in effect at all times. This program shall effectively prevent insects, rodents and other pests from entrance to, or infestation of, the facility. (1-1-88)

a. The premises shall also be included in the pest control program to prevent feeding, reproduction, or harborage of pests. (1-1-88)

b. Chemicals (pesticides) used in the control program shall be selected, used, and stored in the following manner: (1-1-88)

i. The chemical shall be selected on the basis of the pest involved and used only in the manner described by the manufacturer, who shall be registered with the Idaho Department of Agriculture. (1-1-88)

ii. All toxic chemicals shall be properly labeled and stored under lock and key. (1-1-88)

iii. No toxic chemicals shall be stored in patient/resident areas, with drugs, or in any area where food is stored, prepared, or served. (1-1-88)

iv. The storage and use of pesticides shall be in accordance with local, state or federal directives. (1-1-88)

05. Incineration or Disposal of Infectious or Potentially Hazardous Material. Adequate incineration facilities shall be provided to dispose of contaminated dressings and other potentially hazardous materials. Incinerators shall be properly maintained and shall comply with all applicable codes and ordinances. (1-1-88)

a. Where sanitary landfills are available and where such operations are in compliance with the Department rules and have been authorized and approved by that agency or its authorized representatives, such contaminated material may be disposed of with garbage provided that such material is properly packaged. (1-1-88)

b. Radioactive pharmaceutical wastes shall be disposed of in accordance with regulations governing radioactive materials. (1-1-88)

06. Linen-Laundry Facilities. (7-1-93)

a. The facility shall have available at all times a quantity of linen essential to the proper care and comfort of patients/residents. Linens shall be handled, processed and stored in a manner that prevents contamination and the transmission of infections. (1-1-88)

i. Adequate facilities and procedures shall be provided for the proper and sanitary washing of linen and other washable goods laundered in the facility. (1-1-88)

ii. The laundry shall be situated in an area separate and apart from any facility or room where food is stored, prepared, or served. (1-1-88)

iii. The laundry shall be well lighted and ventilated, adequate in size for the needs of the facility, maintained in a sanitary manner, and kept in good repair. (1-1-88)

iv. If other laundry facilities are utilized, they must meet the requirements set forth in these rules. (1-1-88)

b. Handling of Soiled Linen. (7-1-93)

i. Soiled linen shall not be transported through patient/resident rooms, kitchens, food preparation or storage areas. Soiled linen shall not be sorted, processed, or stored in these areas. (1-1-88)

ii. All soiled linen shall be collected and transported to the laundry in covered, washable containers in a sanitary manner. (1-1-88)

iii. Soiled linen shall be handled and stored in such a manner as to prevent contamination of clean linen. (1-1-88)

iv. Facilities used to collect, transport, and store soiled linen shall be stored in separate, ventilated areas and shall not be permitted to accumulate in the facility. Soiled linen and clothing shall be collected separately in suitable bags or containers. (1-1-88)

c. Handling of Clean Linen. (7-1-93)

i. Clean linen to be stored, dried, ironed, or sorted shall be handled in a sanitary manner. Clean linen and clothing shall be stored in a clean, dry, dust-free area easily accessible to the residential living area. (1-1-88)

ii. Clean linen shall be transported, stored, and distributed in a sanitary manner. (1-1-88)

iii. Closets conveniently located shall be provided on each floor or wing for the storage of clean linen and shall not be used for any other purpose. (1-1-88)

d. Personal Laundry. Patients'/residents' and employees' laundry shall be collected, transported, sorted, washed, and dried in a sanitary manner and shall not be washed with bed linens. Patients'/residents' clothing shall be labeled to ensure proper return to the owner. (1-1-88)

07. Housekeeping Services and Equipment. Sufficient housekeeping and maintenance personnel and equipment shall be provided to maintain the interior and exterior of the facility in a safe, clean, orderly and attractive manner. (1-1-88)

a. Floors, walls, ceilings, and other interior surfaces, equipment and furnishing shall be kept clean, and shall be cleaned in a sanitary manner. (1-1-88)

b. Procedures for cleaning of surfaces and equipment shall be written, explained, and posted for all housekeeping personnel. (1-1-88)

i. Mopping, vacuuming, and dusting shall be done in a manner which is most likely to prevent the transmission of infection. (1-1-88)

ii. After discharge of a patient/resident, the room shall be thoroughly cleaned, including the bed, bedding, and furnishings. (1-1-88)

iii. Deodorizers shall not be used to cover odors caused by poor housekeeping or unsanitary conditions. (1-1-88)

iv. Storage areas, attics, basements, and grounds shall be kept free from refuse, litter, weeds, or other items detrimental to the health, safety or welfare of the patients/residents. (1-1-88)

v. All housekeeping equipment shall be in good repair and maintained in a clean and sanitary manner. (1-1-88)

08. General Care and Cleaning of Equipment. Bedpans, urinals, and commodes shall be emptied promptly and thoroughly cleaned after each use and shall be kept covered at all times when not in use. (1-1-88)

a. Following the discharge of any patient/resident, all equipment shall be thoroughly cleansed and disinfected. (1-1-88)

b. Utensils such as bedpans, urinals, washbasins, emesis basins, soap basins, etc., shall be sterilized or disinfected by one (1) of the following methods: (1-1-88)

i. Submersion of utensil in boiling water and boiling for twenty (20) minutes after it has been thoroughly cleansed; (1-1-88)

ii. Autoclaving at fifteen (15) pounds at two hundred fifty degrees Fahrenheit (250F) for fifteen (15) to twenty (20) minutes in an approved autoclave; or (1-1-88)

iii. After thorough cleaning, the item of equipment shall be submerged in a solution containing an approved germicide, in such strength and for such time as recommended by the manufacturer. Quarternary ammonium compounds are not approved as germicides for this purpose. (1-1-88)

c. Thermometers shall be thoroughly cleansed with liquid soap or detergent and water. This procedure shall be repeated with clean washing solution. After thorough rinsing, the thermometer shall be placed in a solution of seventy percent (70%) alcohol for at least ten (10) minutes unless a barrier sheath was covering the thermometer during use. (1-1-88)

109. -- 119. (RESERVED)

120. EXISTING BUILDINGS.
These standards shall be applied to all currently licensed health care facilities. Any minor alterations, repairs, and maintenance shall meet these standards. In the event of a change in ownership of a facility, the entire facility shall meet these standards prior to issuance of a new license. (1-1-88)

01. Codes and Standards. Construction features of all existing facilities shall be in accordance with applicable local, state, and national codes, standards, and regulations in effect at the time of adoption of these rules. (1-1-88)

a. In the event of a conflict of requirement between the codes, the most restrictive shall apply. (1-1-88)

b. In addition, existing facilities shall comply with applicable fire and life safety codes and standards as set forth in Section 106. (12-31-91)

02. Site Requirements. The location of an existing facility is controlled by the following criteria: (1-1-88)

a. It shall be served by an all-weather road, kept open to motor vehicles at all times of the year. (1-1-88)

b. It shall be accessible to physician and medical services. (1-1-88)

c. It shall be remote from railroads, factories, airports and similar noise, odor, smoke, dust and other nuisances. (1-1-88)

d. It shall be accessible to public utilities. (1-1-88)

e. It shall be in a lawfully constituted fire district. (1-1-88)

f. It shall provide off-street motor vehicle parking at the rate of one (1) space for every three (3) licensed beds. (1-1-88)

03. General Building Requirements. An existing facility shall be of such character to be suitable for use as a facility. The facility will be subject to approval by the Department. Other requirements are as follows: (1-1-88)

a. The building and all equipment shall be in good repair. (1-1-88)

b. All stairways shall be provided with sturdy handrails on both sides of the stairs. All stairways shall be provided with nonskid tread coverings. (1-1-88)

c. All open porches and verandas shall be protected by sturdy guardrails of a height specified in the Life Safety Code. (1-1-88)

d. Handrails of sturdy construction shall be provided on both sides of all corridors used by patients/residents. (1-1-88)

e. No facility shall be maintained in an apartment house or other multiple dwelling. (1-1-88)

f. Roomers and/or boarders shall not be accepted for lodging in any facility. (1-1-88)

04. Resident/Staff Communication. Requirements governing communication are as follows: (1-1-88)

a. Each building shall have a telephone for resident use so located as to provide wheelchair access for personal, private telephone communications. A telephone with amplifying equipment shall be available for the hearing impaired. (1-1-88)

b. A staff calling system shall be installed at each patient/resident bed and in each patient/resident toilet, bath and shower room. The staff call in the toilet, bath or shower room shall be an emergency call. All calls shall register at the staff station and shall actuate a visible signal in the corridor at the patient's/resident's door. The activating mechanism within the patient's/resident's sleeping room shall be so located as to be readily accessible to the patient/resident at all times. (1-1-88)

05. Patient/Resident Accommodations. Accommodations for the patients/residents of the facility shall include the following: (1-1-88)

a. Each patient/resident room shall be an outside room. (1-1-88)

b. Not more than four (4) patients/residents can be housed in any multi-bed sleeping room. (1-1-88)

c. Every patient/resident sleeping room shall be provided with a window as follows: (1-1-88)

i. It shall be equal to at least one-eighth (1/8) of the floor area. (1-1-88)

ii. It shall be openable to obtain fresh air. (1-1-88)

iii. It shall be provided with curtains, drapes or shades. (1-1-88)

iv. It shall be so located as to permit the patient/resident a view from a sitting position. (1-1-88)

v. It shall have screening. (1-1-88)

d. No patient/resident room can be located: (1-1-88)

i. In such a way that its outside walls are below grade. (1-1-88)

ii. In an attic, trailer house or in any room other than an approved room. (1-1-88)

iii. So it can be reached only by passing through another individual's room, a utility room or any other room. (1-1-88)

iv. So it opens into any room in which food is prepared or stored. (1-1-88)

e. Patient/resident rooms shall be of sufficient size to allow not less than eighty (80) square feet of usable floor space per patient/resident in multiple-bed rooms. Private rooms shall have not less than one hundred (100) square feet of usable floor space. (1-1-88)

f. Patient/resident beds shall not be placed in hallways or in any location commonly used for other than bedroom purposes. (1-1-88)

g. Rooms shall be of dimensions which allow not less than three (3) feet between beds and two (2) feet of space between the bed and side wall. (1-1-88)

h. Ceiling heights in patients/resident rooms shall be a minimum of seven (7) feet, six (6) inches. (1-1-88)

i. Closet space in each sleeping room shall be twenty (20) inches by twenty-two (22) inches per patient/resident. Common closets utilized by two (2) or more patients/residents shall be provided with substantial dividers for separation of each patient's/resident's clothing for prevention of cross contamination. All closets shall be equipped with doors. Freestanding closets shall be deducted from the square footage in the sleeping room. (1-1-88)

j. Every health care facility shall provide a living room or recreation room for the sole use of the patients/residents. Under no circumstances may these rooms be used as bedrooms by patients/residents or personnel. A hall or entry is not acceptable as a living room or recreation room. (1-1-88)

k. All patient/resident rooms shall be numbered. All other rooms shall be numbered or identified as to purpose. (1-1-88)

l. A drinking fountain connected to cold running water and which is accessible to both wheelchair and nonwheelchair patients/residents shall be located in each nursing or staff unit. (1-1-88)

m. Patients/residents of the opposite sex shall not be housed in the same bedroom or ward, except in cases of husband and wife. (1-1-88)

n. Drinking fountains, telephone booths, vending machines and similar accessory equipment shall not be located so that they project into corridors and constitute a hazard or impede easy passage. (1-1-88)

o. Gardens, yards or portions of yards shall be secure for outdoor use by all patients/residents and shall be bounded by a substantial enclosure if intended for unsupervised use by patients/residents who may wander away from the facility. (1-1-88)

p. Toilet rooms, tub/shower rooms and handwashing facilities shall be constructed as follows: (1-1-88)

i. Toilet rooms and bathrooms for patients/residents and personnel shall not open directly into any room in which food, drink, or utensils are handled or stored. (1-1-88)

ii. Toilet and bathrooms shall be separated from all other rooms by solid walls or partitions. (1-1-88)

iii. On floors where wheelchair patients/residents are housed, there shall be at least one (1) toilet and one (1) bathing facility large enough to accommodate wheelchairs. (1-1-88)

iv. All inside bathrooms and toilet rooms shall have forced ventilation to the outside. (1-1-88)

v. Toilet rooms for patient/resident use shall be so arranged that it is not necessary for an individual to pass through or into another patient's/resident's room to reach the toilet facilities. (1-1-88)

vi. Handrails and/or grab bars shall be provided in patient/resident toilet rooms and bathrooms and shall be located so as to be functionally adequate. (1-1-88)

vii. On each patient/resident floor or nursing unit there shall be 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 shall be connected to hot and cold running water. (1-1-88)

06. Dining/Recreation Facilities. Facilities shall provide one (1) or more attractively furnished, multipurpose areas for dining/recreation purposes. (1-1-88)

a. A minimum of twenty-five (25) square feet per licensed bed shall be provided. Any facility not in compliance on the effective date of this rule will not be required to comply until the number of licensed beds is increased or until there is a change of ownership of the facility. Provided, however, that a facility not in compliance may not reduce the number of licensed beds and reduce its present dining/recreation space until at least twenty-five (25) square feet per licensed bed is provided. (1-1-88)

b. It shall be for the sole use of the patients/residents, and a hall or entry is not acceptable. (1-1-88)

07. Isolation Units (Temporary). Each health care facility shall have available a room with private toilet, lavatory and other accessory facilities for temporary isolation of a patient/resident with a communicable or infectious disease. (1-1-88)

08. Utility Areas. A utility room with a separate entrance and physically partitioned from any toilet and/or bathing facility shall be provided for the preparation, cleansing, sterilization and storing of nursing supplies and equipment. A utility room shall be provided on each floor in each nursing or staff unit of the facility. Provisions shall be made for the separation of clean and soiled activities. Food and/or ice shall not be stored or handled in a utility room. Soiled utility rooms shall be provided with forced mechanical ventilation to the outside. (1-1-88)

09. Storage Space. The facility shall provide general storage areas and medical storage areas as follows: (1-1-88)

a. General storage at the rate of ten (10) square feet per licensed bed shall be provided, in addition to suitable storage provided in the patient's/resident's sleeping room. (1-1-88)

b. The facility shall provide safe and adequate storage space for medical supplies and equipment and a space appropriate for the preparation of medications. (1-1-88)

10. Electrical and Lighting. All electrical and lighting installation shall be in accordance with the National Electrical Code (1984 ed.) and as follows: (1-1-88)

a. All electrical equipment intended to be grounded shall be grounded. (1-1-88)

b. Frayed cords, broken plugs, and the like shall be repaired or replaced. (1-1-88)

c. Plug adaptors and multiple outlets are prohibited. (1-1-88)

d. Extension cords shall be U.L. approved, adequate in size (wire gauge), and limited to temporary usage. Also, only one (1) line-operated electrical appliance can be connected to an extension cord. (1-1-88)

e. All patient/resident personal electrical appliances shall be inspected and approved by the facility engineer and/or administrator. (1-1-88)

f. All patient/resident rooms shall have a minimum of thirty (30) foot candles of light delivered to reading surfaces and ten (10) foot candles of light in the rest of the room. (1-1-88)

g. All hallways, storerooms, stairways, inclines, ramps, exits and entrances shall have a minimum of five (5) foot candles of light measured in the darkest corner. (1-1-88)

11. **Ventilation**. The facility shall be ventilated and precautions shall be taken to eliminate offensive odors in the facility. (1-1-88)

12. **Heating**. A heating system shall be provided for the facility that is capable of maintaining a temperature of seventy-five degrees (75F) to eighty degrees (80F) Fahrenheit in all weather conditions. (1-1-88)

a. Oil space heaters, recessed gas wall heaters and floor furnaces cannot be used as heating systems for health care facilities. (1-1-88)

b. Portable comfort heating devices shall not be used. (1-1-88)

13. **Plumbing**. Plumbing at the facility shall be as follows: (1-1-88)

a. All plumbing shall comply with applicable local and state codes. (1-1-88)

b. Vacuum breakers shall be installed where necessary to prevent backsiphonage. (1-1-88)

c. The temperature of hot water at plumbing fixtures used by patients/residents shall be between one hundred five degrees (105F) and one hundred twenty degrees (120F) Fahrenheit. (1-1-88)

121. NEW CONSTRUCTION STANDARDS.

01. **Applicability**. These rules apply to: (1-1-88)

a. All new construction of a health care facility. (1-1-88)

b. Conversion of any existing building (not licensed) for use as a health facility or part thereof. (1-1-88)

c. Construction additions to existing licensed health care facilities, e.g., added beds, wings, services, etc. (1-1-88)

d. Any major alterations to a licensed facility. (1-1-88)

e. Modernization and remodeling: (1-1-88)

i. Design and standards of new construction shall be applicable to modernization and remodeling, except that when existing conditions make changes impractical to accomplish, minor deviations from functional requirements (not fire safety and other safety equipments) may be permitted if the intent of the rules is met and if the care and safety of the patients/residents will not be jeopardized. (1-1-88)

ii. When it is not feasible to modernize the entire structure in accordance with these new construction standards, approval may be given for renovations of less than the entire structure if the operation of the facility or the safety of the patients/residents is not jeopardized by the remaining nonconforming section. (1-1-88)

02. **Plans, Specifications, and Inspections**. New facility construction or any addition, conversion or renovation of an existing facility is governed by the following rules: (1-1-88)

a. Prior to commencing work pertaining to construction of new buildings or any additions or structural changes to existing facilities, or conversion of buildings to be used as a facility, plans and specifications shall be submitted to, and approved by, the Department to assure compliance with the applicable construction standards, codes, rules and regulations. (1-1-88)

b. The plans and specifications shall be prepared by, or executed under, the immediate supervision of a licensed architect registered in the state of Idaho. The employment of an architect may be waived by the Department in certain minor alterations. (1-1-88)

c. Preliminary plans shall be submitted and shall include at least the following: (1-1-88)

i. The assignment of all spaces, size of areas and rooms, and indicated in outline the fixed and movable equipment and furniture. (1-1-88)

ii. The plans shall be 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'). (1-1-88)

iii. The drawings shall include a plan for each floor, including the basement or ground floor; approach or site plan, showing roads, parking areas, sidewalks, etc. (1-1-88)

iv. The total floor area and number of beds shall be computed and noted on the drawings. (1-1-88)

v. Outline specifications shall provide a general description of the construction, including interior finishes; acoustical material, its extent and type and heating, electrical and ventilation systems. (1-1-88)

d. Before commencing construction, the working drawings shall be developed in close cooperation with, and approved by, the Department and other appropriate agencies. (1-1-88)

i. Working drawings and specifications shall be well prepared so that clear, distinct prints may be obtained, accurately dimensioned, and shall include all necessary explanatory notes, schedules, legends, and stamped with the licensed architect's seal. (1-1-88)

ii. Working drawings shall be complete and adequate for contract purposes. Separate drawings shall be prepared for each of the following branches of work: architectural, mechanical and electrical. (1-1-88)

e. Prior to occupancy, the facility shall be inspected and approved by the licensing agency. The agency shall be notified at least two (2) weeks prior to completion in order to schedule a final inspection. (1-1-88)

03. Codes and Standards. New construction features shall be in accordance with applicable local, state and national standards, codes and regulations in effect at the time of the construction, addition, remodeling or renovation. (1-1-88)

a. In the event of a conflict of requirements between codes, the most restrictive shall apply. (1-1-88)

b. Compliance with the applicable provisions of the following codes and standards will be required by, and reviewed for, by this agency: (1-1-88)

i. The Life Safety Code, 1985 edition, and referenced publications (see Section 106). (12-31-91)

ii. American National Standard Specifications for Making Buildings and Facilities Accessible to and Usable by Physically Handicapped People (ANSI A117.1-1980). (1-1-88)

iii. Idaho Department of Health and Welfare Rules, IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments." (12-31-91)

04. Site Requirements. The location of all new facilities or conversion of existing buildings is

controlled by the following criteria: (1-1-88)

a. It shall be adjacent to an all-weather road(s). (1-1-88)

b. It shall be accessible to physician's services and medical facilities. (1-1-88)

c. It shall be accessible to public utilities. (1-1-88)

d. It shall be in a lawfully constituted fire district. (1-1-88)

e. Each facility shall have parking space to satisfy the minimum needs of patients/residents, employees, staff and visitors. In the absence of a local requirement, each facility shall provide not less than one (1) space for each day shift staff member and employee, plus one (1) space for each five (5) patient/resident beds. This ratio may be reduced in areas convenient to a public transportation system or to public parking facilities provided that approval of any reduction is obtained from the appropriate state agency. Space shall be provided for emergency and delivery vehicles. (1-1-88)

05. Patient/Resident Care Unit. Each patient/resident care unit shall be in compliance with the following: (1-1-88)

a. The number of beds in a unit shall not exceed sixty (60); (1-1-88)

b. At least eighty percent (80%) of the beds shall be located in rooms designed for one (1) or two (2) patients/residents; (1-1-88)

c. At least one (1) room in each facility shall be available for single occupancy for isolation of disease or for privacy in personality conflict or disruptive patient/resident situations. Each isolation room shall meet the following requirements: (1-1-88)

i. All features of regular patient/resident rooms, as described in Subsection 121.05.d.; (12-31-91)

ii. Supply an entry area which is adequate for gowning; (1-1-88)

iii. Supply a handwashing lavatory in or directly adjacent to the patient/resident room entry; (1-1-88)

iv. Provide a private toilet; (1-1-88)

v. Have finishes easily cleanable; and (1-1-88)

vi. Not be carpeted; (1-1-88)

d. Each patient/resident room shall meet the following requirements: (1-1-88)

i. Maximum room capacity of four (4) patients/residents; (1-1-88)

ii. Minimum room area, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules shall be one hundred (100) square feet in single-bed rooms and eighty (80) square feet in multiple bed rooms per patient/resident; (1-1-88)

iii. Multiple bed rooms shall be designed to permit no more than two (2) beds side by side, parallel to the window wall; (1-1-88)

iv. Beds in all rooms shall be placed so that they are three (3) feet apart; two (2) feet away from the side wall parallel with beds and three (3) feet, six (6) inches from the end of the bed to the opposite wall, or other obstructions; (1-1-88)

v. A lavatory shall be provided in each patient/resident room. The lavatory may be omitted from a

single-bed or two (2) bed room when a lavatory is located in an adjoining toilet room which serves that room only; (1-1-88)

vi. Each patient/resident shall have access to a toilet room without entering the general corridor area. One (1) toilet room shall serve no more than four (4) beds, and no more than two (2) patient/resident rooms. The toilet room shall contain a water closet and a lavatory. The lavatory may be omitted from a toilet room if each patient/resident room served by that toilet room contains a lavatory; (1-1-88)

vii. Each patient/resident shall be provided, within the room, a wardrobe, locker or closet with a minimum of four (4) square feet. Common closets are not permitted. An adjustable clothes rod and adjustable shelf shall be provided; (1-1-88)

viii. Each patient/resident room cannot be located more than one hundred twenty (120) feet from the soiled workroom or the soiled holding room; (1-1-88)

ix. Each room shall have a window which can be opened without the use of tools. The window sill must not be higher than three (3) feet above the floor and shall be above grade. The window shall be at least one-eighth (1/8) of the floor area and shall be provided with shades or drapes; (1-1-88)

x. Cubicle curtains of fire retardant material, capable of enclosing the bed shall be provided in multiple-bed rooms to insure privacy for the patients/residents. Alternatives to this arrangement may be allowed if the alternative provides the same assurance of privacy; (1-1-88)

xi. Mirror(s) shall be arranged for convenient use by patients/residents in wheelchairs, as well as by patients/residents in standing position; (1-1-88)

xii. A staff calling system shall be installed at each patient/resident bed and in each patient/resident toilet, bath and shower room. The staff call in the toilet, bath and shower room shall be an emergency call. All calls shall register at the staff station and shall activate a visible signal in the corridor at the patient's/resident's door. The emergency call system shall be designed so that a signal light activated at the patient's/resident's station will remain lit until turned off at the patient's/resident's calling station; (1-1-88)

xiii. All patient/resident rooms shall be visible to a staffed nurse's station; (1-1-88)

xiv. Each patient/resident room shall be an outside room; (1-1-88)

xv. Patients/residents cannot be cared for or housed in any attic story, trailer house or in any room other than an approved patient/resident room; (1-1-88)

xvi. Patient/resident beds shall not be placed in hallways or any location commonly used for other than bedroom purposes; (1-1-88)

xvii. Ceiling heights in patient/resident rooms shall be a minimum of eight (8) feet; (1-1-88)

xviii. No room can be used for a patient/resident room which can only be reached by passing through another patient/resident room, utility room or any other room. All patient/resident rooms shall have direct access to an exit corridor; (1-1-88)

xix. Patient/resident rooms shall not open into any room in which food is prepared, served or stored; and (1-1-88)

xx. All patient/resident rooms shall be numbered. All other rooms shall be numbered or identified as to purpose. (1-1-88)

e. Service Areas. The following service areas shall be located in, or readily available to, each patient/resident care unit. The size and disposition of each service will depend upon the number and types of beds to be served. Although identifiable spaces are required to be provided for each of the indicated functions, consideration

will be given to design solutions which would accommodate some functions without specific designation of areas or rooms. Details of such proposals shall be submitted for prior approval. Each service area may be arranged and located to serve more than one (1) patient/resident care unit, but at least (1) such service area shall be provided on each patient/resident floor and as follows: (1-1-88)

i. Staff station with space for charting and storage for administrative supplies. It shall also be convenient to handwashing facilities; (1-1-88)

ii. Lounge and toilet room(s) for staff (toilet room may be unisex); (1-1-88)

iii. Individual closets or compartments for the safekeeping of coats and personal effects of personnel. These shall be located convenient to the duty station of personnel or in a central location; (1-1-88)

iv. Clean workroom or clean holding room. If the room is used for work, it shall contain a counter and handwashing facilities. When the room is used only for storage as part of a system for distributing clean and sterile supplies, the work counter and handwashing facilities may be omitted; (1-1-88)

v. Soiled workroom or soiled holding room. The soiled workroom shall contain a clinical sink or equivalent flushing rim fixture sink for handwashing, work counter, waste receptacle, and soiled linen receptacle. When the room is used only for temporary holding of soiled materials, the work counter may be omitted; (1-1-88)

vi. Drug distribution station. Provision shall be made for secure, convenient and prompt twenty-four (24) hour availability of medicine to patients/residents. A secure medicine preparation area shall be available and under the nursing staff's visual control and contain a work counter, refrigerator, and locked storage for controlled drugs, and shall have a minimum area of fifty (50) square feet. A medicine dispensing unit may be located at the nurse's station, in the clean workroom, or in an alcove or other space convenient to staff for staff control; (1-1-88)

vii. Clean linen storage. A separate closet or a designated area within the clean workroom shall be provided. If a closed cart system is used, storage may be in an alcove; (1-1-88)

viii. Nourishment station. The station shall contain a sink equipped for handwashing, equipment for serving nourishment between scheduled meals, refrigerator, and storage cabinets. Ice for patients'/residents' service and treatment shall be provided only by icemaker-dispenser units; (1-1-88)

ix. Equipment storage room(s). Room(s) shall be available for storage of equipment such as I.V. stands, inhalators, air mattresses, and walkers; (1-1-88)

x. Parking for stretchers and wheelchairs. Parking for stretchers and wheelchairs shall be located out of the path of normal traffic; (1-1-88)

xi. Patient bathing facilities. A minimum of one (1) bathtub or shower shall be provided for each ten (10) beds not otherwise served by bathing facilities at patient rooms. Patients shall have access to at least one (1) bathtub in each nursing unit. Each tub or shower shall be in an individual room or enclosure which provides space for private use of the bathing fixture, for drying and dressing, and for a wheelchair and attendant. At least one (1) shower in each central bathing facility shall be a minimum of four (4) feet square without curbs and be designed for use by a wheelchair patient. (1-1-88)

f. Patient/Resident Toilet Facilities. Each patient/resident toilet room shall meet the following criteria: (1-1-88)

i. The minimum dimensions of a room containing only a water closet shall be three (3) feet by six (6) feet. Additional space shall be provided if a lavatory is located within the same room. Water closets shall be accessible for use by wheelchair patients/residents. (1-1-88)

ii. At least one (1) room on each floor shall be appropriate for toilet training. It shall be accessible from the corridor. A clearance of three (3) feet shall be provided at the front and at each side of the water closet and the room shall contain a lavatory. (1-1-88)

iii. A toilet room shall be accessible to each central bathing area without having to go through the general corridor. This may be arranged to serve as the required toilet training facility. (1-1-88)

g. Sterilizing Facilities. A system for the sterilization of equipment and supplies shall be provided. (1-1-88)

06. Patient/Resident Dining and Recreation Areas. The following minimum requirements apply to dining/recreation areas. (1-1-88)

a. Area Requirement. The total area set aside for these purposes shall be at least thirty (30) square feet per bed with a minimum, total area of at least two hundred twenty-five (225) square feet. For facilities with more than one hundred (100) beds, the minimum area may be reduced to twenty-five (25) square feet per bed. If day care programs are offered, additional space shall be provided as needed to accommodate for day care patients/residents needing naps or for dining and activities. (1-1-88)

b. Storage. Storage space shall be provided for recreational equipment and supplies. (1-1-88)

07. Rehabilitation Therapy Facilities. Each facility shall include provisions for physical and occupational therapy for rehabilitation of long term care patients/residents. Areas and equipment shall be as necessary to meet the intent of the program. As a minimum, the following shall be located on-site, convenient for use to the nursing unit: (1-1-88)

a. Space for files, records and administrative activities. (1-1-88)

b. Storage for supplies and equipment. (1-1-88)

c. Storage for clean and soiled linen. (1-1-88)

d. Handwashing facilities within the therapy unit. (1-1-88)

e. Space and equipment for carrying out each of the types of therapy that may be prescribed. (1-1-88)

f. Provisions for patient privacy. (1-1-88)

g. Janitor closets, in or near unit. (1-1-88)

h. If the program includes outpatient treatment, additional provisions include: (1-1-88)

i. Convenient access from exterior for use by the handicapped. (1-1-88)

ii. Lockers for secure storage of patients'/residents' clothing and personal effects. (1-1-88)

iii. Outpatient facilities for dressing and changing. (1-1-88)

iv. Showers for patient/resident use. (1-1-88)

i. Waiting area with provision for wheelchair outpatients. (1-1-88)

08. Personal Care Unit. A separate room shall be provided with equipment for hair care and grooming needs of the patients/residents. (1-1-88)

09. Dietary Facilities. The food service facilities and equipment shall comply with Idaho Department of Health and Welfare Rules, IDAPA 16.02.19, "Food Safety and Sanitation Standards for Food Establishments," and additional requirements as follows. Food service facilities shall be designed and equipped to meet the requirements of the facility. These may consist of an on-site conventional food preparation system, a convenience food service system, or an appropriate combination thereof. (12-31-91)

a. Functional Elements. The following facilities shall be provided in such size as required to implement the type of food service system selected: (1-1-88)

i. Control station for receiving food supplies. (1-1-88)

ii. Storage space to accommodate a one (1) week supply of staple foods and a two (2) day supply of perishable foods. (1-1-88)

iii. Food preparation facilities as required by the program. Conventional food preparation systems require space and equipment for preparing, cooking and baking. Convenience food service systems such as frozen prepared meals, bulk packaged entrees, individually packaged portions, or systems using contractual commissary services will require space and equipment for thawing, portioning, cooking, and/or baking. (1-1-88)

iv. Handwashing facility(ies) in the food preparation area. (1-1-88)

v. Patient/resident meal service space including facilities for tray assembly and distribution. (1-1-88)

vi. Warewashing in a room or an alcove separate from food preparation and serving areas. This shall include commercial type dishwashing equipment. Space shall also be provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the using area. Handwashing facilities shall be conveniently available. (1-1-88)

vii. Potwashing facilities. (1-1-88)

viii. Waste storage facilities which are easily accessible for direct pickup or disposal. (1-1-88)

ix. Office or suitable work space for the dietitian or food service supervisor. (1-1-88)

x. Toilets for dietary staff with handwashing facility immediately available. (1-1-88)

xi. Janitor's closet located within the dietary department. The closet shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. (1-1-88)

10. Administration and Public Areas. The following shall be provided: (1-1-88)

a. Entrance at grade level, sheltered from the weather and able to accommodate wheelchairs. (1-1-88)

b. Lobby space, including: (1-1-88)

i. Storage space for wheelchairs. (1-1-88)

ii. Reception and information counter or desk. (1-1-88)

iii. Waiting space(s). (1-1-88)

iv. Public toilet facilities. (1-1-88)

v. Public telephone(s). (1-1-88)

vi. Drinking fountain(s). (1-1-88)

c. General or individual office(s) assuring privacy for interviews, business transactions, medical and financial records, and administrative and professional staff. (1-1-88)

d. Multipurpose room for conferences, meetings, and health education purposes. (1-1-88)

e. Storage for office equipment and supplies. (1-1-88)

11. **Linen Services**. The following shall apply: (1-1-88)

a. If linen is to be processed on site, the following shall be provided: (1-1-88)

i. Laundry processing room with commercial type equipment with which a seven (7) days' need can be processed within a regularly scheduled work week. Handwashing facilities shall be provided; (1-1-88)

ii. Soiled linen receiving, holding, and sorting room with handwashing facilities. (1-1-88)

iii. Storage for laundry supplies. (1-1-88)

iv. Clean linen inspection and mending room or area. (1-1-88)

v. Clean linen storage, issuing, and holding room or area. (1-1-88)

vi. Janitor's closet containing a floor receptor or service sink and storage space for housekeeping equipment and supplies. (1-1-88)

b. If linen is processed off the site, the following shall be provided: (1-1-88)

i. Soiled linen holding room. (1-1-88)

ii. Clean linen receiving, holding, inspection and storage room(s). (1-1-88)

iii. Storage area for carts. (1-1-88)

12. **Central Stores**. General storage room(s) shall have a total area of not less than ten (10) square feet per bed and shall generally be concentrated in one (1) area. (1-1-88)

13. **Janitors' Closets**. In addition to the janitors' closets called for in certain departments, sufficient janitor's closets shall be provided throughout the facility to maintain a clean and sanitary environment. These shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. (1-1-88)

14. **Engineering Services and Equipment Areas**. The following shall be provided: (1-1-88)

a. Equipment room(s) or separate building(s) for boilers, mechanical equipment and electrical equipment. (1-1-88)

b. Office or suitable desk space for the engineer. (1-1-88)

c. Maintenance shop(s). (1-1-88)

d. Storage room(s) for building maintenance supplies. (1-1-88)

e. Yard equipment storage consisting of a separate room or building for yard maintenance equipment and supplies if ground maintenance is provided by the facility. (1-1-88)

15. **Details and Finishes**. A high degree of safety for the patients/residents shall be provided to minimize the incidence of accidents with special consideration for patients/residents who will be ambulatory to assist them in self-care. Hazards such as sharp corners shall be avoided. All details and finishes for modernization projects as well as for new construction shall comply with the following requirements: (1-1-88)

a. Details: (1-1-88)

i. Items such as drinking fountains, telephone booths, vending machines, and portable equipment

shall be located so as not to restrict corridor traffic or reduce the corridor width below the required minimum. (1-1-88)

ii. All rooms containing bathtubs, sitz baths, showers and water closets subject to occupancy by patients/residents shall be equipped with doors and hardware which will permit access from the outside of the rooms in an emergency. When such rooms have only one (1) opening or are small, the doors must open outwards or be designed to be opened without the need to push against a patient/resident who may have collapsed within the room. (1-1-88)

iii. The minimum width of all doors to rooms needing access for beds or stretchers shall be three (3) feet, eight (8) inches. Doors to patient/resident toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of two (2) feet, ten (10) inches. (1-1-88)

iv. Windows and outer doors which may be frequently left in an open position shall be provided with insect screens. (1-1-88)

v. Doors, except doors to spaces such as small closets which are not subject to occupancy, shall not swing into corridors in a manner that might obstruct traffic flow or reduce the required corridor width. Large walk-in type closets are considered as occupiable space. (1-1-88)

vi. Doors, sidelights, borrowed lights, and windows in which the glazing extends down to within eighteen (18) inches of the floor (thereby creating a possibility for accidental breakage by pedestrian traffic) shall be glazed with safety glass, wire glass, or plastic glazing material that will resist breaking and will not create dangerous cutting edges when broken. Similar materials shall be used in wall openings of recreation rooms and exercise rooms unless required otherwise for safety. Safety glass or plastic glazing materials as noted above shall be used for shower doors and bath enclosures. (1-1-88)

vii. Dumbwaiters, conveyors and material handling systems shall not open directly into a corridor or exitway. (1-1-88)

viii. Thresholds and expansion joint covers shall be made flush with the floor surface to facilitate use of wheelchair and carts. (1-1-88)

ix. Grab bars shall be provided at all patient/resident toilets, showers, tubs and sitz baths. The bars shall have one and one-half (1-1/2) inches clearance to walls and shall have sufficient strength and anchorage to sustain a concentrated load of two hundred fifty (250) pounds. (1-1-88)

x. Recessed soap dishes shall be provided in showers and bathrooms. (1-1-88)

xi. Handrails shall be provided on both sides of corridors used by patients/residents. A clear distance of one and one-half (1-1/2) inches shall be provided between the handrail and the wall. Ends shall be returned to the wall. (1-1-88)

xii. The arrangement of handwashing facilities shall provide sufficient clearance for blade-type operating handles and shall be installed to permit use by wheelchair patients/residents. (1-1-88)

xiii. Lavatories and handwashing facilities shall be securely anchored to withstand an applied vertical load of not less than two hundred fifty (250) pounds on the front of the fixture. (1-1-88)

xiv. Mirrors shall be arranged for convenient use by patients/residents in wheelchairs as well as by patients/residents in a standing position. (1-1-88)

xv. Paper towel dispensers and waste receptacles shall be provided at all handwashing fixtures. (1-1-88)

xvi. Ceiling heights shall be as follows: (1-1-88)

(1) Boiler rooms shall have ceiling clearances not less than two (2) feet, six (6) inches above the main boiler header and connecting piping. (1-1-88)

(2) Rooms containing ceiling-mounted equipment shall have height required to accommodate the equipment. (1-1-88)

(3) All other rooms shall have not less than eight (8) foot ceilings except that corridors, storage rooms, toilet rooms, and other minor rooms may not have less than seven (7) feet, eight (8) inches. Suspended tracks, rails and pipes located in the path of normal traffic shall not be less than six (6) feet, eight (8) inches above the floor. (1-1-88)

xvii. Recreation rooms, exercise rooms and similar spaces where impact noises may be generated shall not be located directly over patient/resident bed areas unless special provisions are made to minimize the noise. (1-1-88)

xviii. Rooms containing heat producing equipment, such as boiler or heating rooms and laundries, shall be insulated and ventilated to prevent any floor surface located above such rooms from exceeding a temperature of ten degrees (10) Fahrenheit above the ambient room temperature. (1-1-88)

b. Finishes: (1-1-88)

i. Floor materials shall be easily cleaned and have wear resistance appropriate for the location involved. Floors in areas used for food preparation or food assembly shall be water resistant and grease proof. Joints in tile and similar materials in such areas shall be resistant to food acids. In all areas frequently subject to wet cleaning methods or spillage, floor materials shall not be physically affected by germicidal and cleaning solutions. Floors that are subject to traffic while wet (such as shower and bath areas, kitchens, and similar work areas) shall have an impervious nonslip surface. Vinyl asbestos tile is not acceptable for such areas. (1-1-88)

ii. Wall bases in kitchens, soiled workrooms, and other areas which are frequently subject to wet cleaning methods shall be made integral and coved with the floor, tightly sealed within the wall, and constructed without voids that can harbor insects. (1-1-88)

iii. Wall finishes shall be washable and in the immediate area of plumbing fixtures shall be smooth and moisture resistant. Finish, trim and wall and floor construction in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects. (1-1-88)

iv. Floor and wall penetrations by pipes, ducts and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed. (1-1-88)

v. Ceilings throughout the facility shall be easily cleanable. Ceilings in the dietary and food preparation areas shall have a finished ceiling covering all overhead piping and duct work. Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas and similar spaces, unless required for fire resistance purposes. (1-1-88)

16. Construction Features. The facility shall be designed and constructed to sustain dead and live loads in accordance with local building codes. All construction shall comply with applicable provisions of the codes and standards as listed in Subsection 121.03 and as follows: (12-31-91)

a. Elevators. All buildings having patient/resident use areas on more than one (1) floor shall have at least one (1) electrical or electrohydraulic elevator. (1-1-88)

b. Mechanical standards. All mechanical installations shall comply with applicable codes and the following: (1-1-88)

i. General. Prior to completion, all mechanical systems shall be tested, balanced, and operated to demonstrate to the owner or representative that the installation and operation conform to the plans and specifications. (1-1-88)

ii. Heating and cooling ventilating systems. (1-1-88)

(1) For normal comfort the design temperature for all occupied areas shall provide a minimum of sixty-eight degrees (68) and a maximum of eighty degrees (80) Fahrenheit. (1-1-88)

(2) All air supply and air exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. (1-1-88)

c. Outdoor air intakes shall be located as far as practical but not less than twenty-five (25) feet from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vent stacks, or from areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical but not less than six (6) feet above ground level or, if installed above the roof, three (3) feet above roof level. (1-1-88)

d. The bottom of ventilation opening shall not be less than three (3) inches above the floor of any room. (1-1-88)

e. All central ventilation or air-conditioning systems shall be equipped with filters having efficiencies no less than: (1-1-88)

i. Eighty percent (80%) for patient/resident care, treatment, diagnostic, and related areas which may be reduced to thirty-five (35%) for all outdoor air systems. (1-1-88)

ii. Eighty percent (80%) for food preparation areas and laundries. (1-1-88)

iii. Twenty-five percent (25%) for all administrative, bulk storage, and sorted holding areas. (1-1-88)

f. Plumbing standards. All plumbing systems shall be designed to met the following: (1-1-88)

i. Shower bases and tubs shall be provided with nonslip surfaces. (1-1-88)

ii. The water supply system shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods. (1-1-88)

iii. Vacuum breakers shall be installed on hose bibs, janitors' sinks, bedpan flushing attachments, and on all other fixtures to which hoses or tubing can be attached. (1-1-88)

iv. Water distribution systems shall be arranged to provide hot water at each hot water outlet at all times. Hot water at shower, bathing and handwashing facilities shall not exceed one hundred twenty degrees (120) Fahrenheit. (1-1-88)

v. Hot water heating equipment shall have sufficient capacity to supply water at the temperature and amounts as follows: (1-1-88)

(1) Clinical. Six and one-half (6 1/2) gallons per hour per bed at one hundred twenty degrees (120) Fahrenheit. (1-1-88)

(2) Dietary. Four (4) gallons per hour per bed at one hundred eighty degrees (180) Fahrenheit. (1-1-88)

(3) Laundry. Four and one-half (4 1/2) gallons per hour per bed at one hundred sixty-five degrees (165) Fahrenheit. (1-1-88)

vi. If installed, nonflammable medical gas systems shall comply with the applicable requirements of NFPA Standard 99 and fifty-six degrees Fahrenheit (56 F). (1-1-88)

g. Electrical standards. All electrical installations shall comply with applicable codes and the

following: (1-1-88)

i. General. Prior to completion, all electrical installations and systems shall be tested to show that the equipment is installed and operating as planned or specified. (1-1-88)

ii. Switchboards and power panels shall be located in a separate enclosure accessible only to authorized personnel. (1-1-88)

iii. Panel boards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. (1-1-88)

iv. Lighting: (1-1-88)

(1) All spaces occupied by people, machinery and equipment within buildings, approaches to buildings and parking lots shall have lighting. (1-1-88)

(2) Patients/residents shall have general lighting and night lighting. A reading light shall be provided for each patient/resident. At least one (1) light fixture for night lighting shall be switched at the entrance to each patient/resident room. All switches for control of lighting in patient/resident areas shall be of the quiet operating type. (1-1-88)

v. Receptacles (convenience outlets): (1-1-88)

(1) Patient/resident rooms. Each patient/resident room shall have duplex ground type receptacles as follows: One (1) on each side of the head of each bed; one (1) for television if used; and one (1) on another wall. (1-1-88)

(2) Corridors. Duplex receptacles for general use shall be installed approximately fifty (50) feet apart in all corridors and within twenty-five (25) feet of ends in corridors. (1-1-88)

vi. Equipment installation in special areas. The electrical circuit(s) to fixed or portable equipment in hydrotherapy units shall be provided with five (5) milliampere ground fault interrupters. (1-1-88)

vii. Nurse/staff calling system. A nurse/staff calling system shall be provided as specified in Subsection 121.05.d.xii. (12-31-91)

viii. Emergency electrical services. An emergency electrical system shall be provided and installed in accordance with the applicable requirements as specified in the National Electrical Code, 1984 Edition, and NFPA 99, 1984 Edition. The source of supply shall be an on-site fuel-fired generating set. (1-1-88)

122. FURNISHINGS AND EQUIPMENT.

01. Furnishings -- Patient/Resident Living Rooms and Bedrooms. Living rooms for patients'/residents' use shall be provided with a sufficient number of reading lamps, tables, chairs, or sofas of satisfactory design for age and condition of the patients/residents. (1-1-88)

a. Each patient/resident shall be provided with his own bed which shall be at least thirty-six (36) inches wide, have a head and a footboard, be substantially constructed, and in good repair. Bedrails shall be provided when needed. Roll-away type beds, cots, folding beds, double beds, or hollywood-type beds shall not be used. Adjustable-height beds are recommended. (1-1-88)

b. Each bed shall be 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. (12-31-91)

c. Each patient/resident shall be provided with an individual rack with towel and washcloth. (1-1-88)

d. In addition to basic patient/resident care equipment, each patient/resident shall be provided an individual reading light, bedside cabinet with drawer, comfortable chair, and storage space for clothing and other possessions. (1-1-88)

e. Each patient/resident shall be provided with a cup and a covered pitcher of fresh water (or the equivalent) at the bedside if the patient/resident needs assistance to ambulate but is able to drink without assistance. (1-1-88)

02. General Requirements. Equipment and supplies shall be provided to satisfactorily meet the individualized needs of the patients/residents of the facility. Equipment and supplies will vary according to the size of the facility and the type of patients/residents. An authorized representative of the Department shall make the final determination as to the adequacy and suitability of equipment and supplies. (1-1-88)

a. Cubicle curtains of fire-retardant material which are designed to enclose the bed shall be provided in multiple-bed rooms to ensure privacy for the patients/residents. Alternatives may be provided if equivalent privacy is allowed. (1-1-88)

b. All furniture and equipment shall be maintained in a sanitary manner, kept in good repair, and shall be located for convenient use. (1-1-88)

c. There shall be an adequate supply of clean linen in good repair to keep the patient/resident clean, odor-free, and to insure the comfort of the patient/resident. (1-1-88)

d. Equipment and supplies shall be stored in a designated area specific for equipment and supplies. Utensils not in use shall be sterilized prior to being stored. Those which cannot be sterilized shall be thoroughly cleansed in accordance with procedures approved by the Department. (1-1-88)

e. All utensils shall be kept in good condition. Chipped and otherwise damaged utensils shall not be used. (1-1-88)

f. Any single-use or disposable equipment and supplies shall not be reused. (1-1-88)

123. -- 149. (RESERVED)

150. INFECTION CONTROL.

01. Policies and Procedures. Policies and procedures shall be written which govern the prevention, control and investigation of infections. They shall include at least: (1-1-88)

a. Methods of maintaining sanitary conditions in the facility such as: (1-1-88)

i. Handwashing techniques. (1-1-88)

ii. Care of equipment. (1-1-88)

iii. Housekeeping. (1-1-88)

iv. Sterile supply storage areas. (1-1-88)

v. Preparation and storage of food. (1-1-88)

vi. Vermin control. (1-1-88)

vii. Resident care practices, i.e., catheter care, dressings, decubitus care, isolation procedures. (1-1-88)

viii. Needle and syringe management. (1-1-88)

b. Employee infection surveillance and actions. (1-1-88)

c. Isolation procedures. (1-1-88)

d. Specifics for monitoring the course of infections which shall include at a minimum a prepared written quarterly report by the designated surveillance person describing the status of each infection. The report shall include: (1-1-88)

i. Diagnosis. (1-1-88)

ii. Description of the infection. (1-1-88)

iii. Causative organism, if identified. (1-1-88)

iv. Date of onset. (1-1-88)

v. Treatment and date initiated. (1-1-88)

vi. Patient's/resident's progress. (1-1-88)

vii. Control techniques utilized. (1-1-88)

viii. Diagnostic tests employed. (1-1-88)

02. Infection Control Committee. An Infection Control Committee shall be appointed by the administrator which shall: (1-1-88)

a. Include the facility medical director, administrator, pharmacist, dietary services supervisor, director of nursing services, housekeeping services representative, and maintenance services representative. (1-1-88)

b. Be responsible for development and implementation of infection control policies and procedures including the designation of a facility employee to monitor practices within the facility. (1-1-88)

c. Meet as a group no less often than quarterly with documented minutes of meetings maintained showing members present, business addressed and signed and dated by the chairperson. (1-1-88)

d. Review policies and procedures as needed but no less often than annually. (1-1-88)

e. Review the quarterly report of infections prepared by the designated surveillance officer. (1-1-88)

03. Patient/Resident Protection. There is evidence of infection control, prevention and surveillance in the outcome of care for all patients/residents as demonstrated by: (1-1-88)

a. Applied aseptic or isolation techniques by staff. (1-1-88)

b. Proper handling of dressings, linens and food, etc., by staff. (1-1-88)

c. Exhibited knowledge by staff in controlling transmission of disease. (1-1-88)

d. Minimal infection rate in facility. (1-1-88)

151. ACTIVITIES PROGRAM.

01. Organized Program. There shall be an organized and supervised activity program appropriate to the needs and interests of each patient/resident. The program shall be designed to include a variety of processes and services which are designed to stimulate patients/residents to greater self-sufficiency, resumption of normal activities and maintenance of an optimal level of psychosocial functioning. It shall include recreation, therapeutic, leisure and

religious activities. (1-1-88)

02. **Policies and Procedures**. Policies and procedures shall be developed which reflect the purpose of the program and how it is to be accomplished. (1-1-88)

03. **Coordinator**. The facility shall designate an Activities Program Coordinator who shall: (1-1-88)

a. Coordinate and supervise the program. (1-1-88)

b. Devote sufficient time to the program to achieve an effective result meeting the individual needs of the patients/residents. (1-1-88)

c. Make or cause to be made an assessment of each individual's interests and needs. (1-1-88)

d. Develop and implement an individual activity plan for each patient/resident which reflects the interests and needs of the patient/resident. (1-1-88)

e. Provide active and continuing encouragement of patients/residents to participate in individual or group activities. (1-1-88)

f. Work with a variety of people and groups such as volunteers to achieve an effective program. (1-1-88)

g. Plan and schedule activities in advance and inform patients/residents of scheduling plans. (1-1-88)

h. Maintain appropriate records of patients'/residents' individual participation and progress. (1-1-88)

i. Plan group activities which shall be noted on a calendar of events, posted and large enough for the vision impaired to read. (1-1-88)

04. **Records**. The individual patient's/resident's medical record shall contain: (1-1-88)

a. An assessment of his needs and interests which is: (1-1-88)

i. Signed and dated by the person making the assessment. (1-1-88)

ii. Reviewed periodically but at least annually. (1-1-88)

b. An activity plan designed to meet the interest and needs of the patient/resident and which: (1-1-88)

i. Has been approved by the patient's/resident's attending physician as not being in conflict with the patient's/resident's overall plan of care. Approval may be accomplished by signing the activity plan or by indicating activity plan approval on the physician's orders for care of the patient/resident. If the physician verifies approval on his orders he must initially provide the date of the plan which he approved. (1-1-88)

ii. Shall be updated as necessary due to changing interests or physical condition of the patient/resident. The plan shall be updated at least annually. (1-1-88)

c. Progress notes which reflect the patient's/resident's response to the activity program. Progress notes shall be made by the activity coordinator or his designee at least quarterly. (1-1-88)

05. **Physical Requirements**. (7-1-93)

a. Supplies and equipment shall be provided in sufficient quantities to support the activities program and shall include items necessary to meet identified patient/resident needs and interests. (1-1-88)

b. Location of activities shall not be limited to the facility and the grounds of the facility. (1-1-88)

06. Patient/Resident Participation. The patient/resident has the right to refuse participation in an activity program. If a patient/resident refuses to participate in his individualized program the coordinator shall document his refusal, the attempts made to encourage the patient/resident and alternate means employed to keep the patient/resident active physically, mentally and socially. (1-1-88)

07. Budget. The facility shall provide adequate funding for the activity program. Patients/residents shall not be required to support the funding. (1-1-88)

152. SOCIAL SERVICES.
The facility shall provide for the identification of the social and emotional needs of the patients/residents either directly or through arrangements with an outside resource and shall provide means to meet the needs identified. The program shall be accomplished by: (1-1-88)

01. Programs. (7-1-93)

a. Written assessment of the patient's/resident's social and emotional background, i.e., prior living situation, relationships with family and friends or other significant relationships, feelings about admission, financial needs and other issues pertinent to the present admission. (1-1-88)

b. Written plan to meet the patient's/resident's social and emotional needs. (1-1-88)

c. The assessment and plan may be incorporated in other facility assessments and plans; however, goals to be accomplished and methods of achieving those goals must be incorporated into the patient's/resident's overall plan of care. (1-1-88)

02. Policies and Procedures. There shall be policies and procedures describing the program, its goals and how the program shall be accomplished. If an outside resource provides the direct social services, procedures shall be established which clearly define the methods by which referrals are made, the facility designee responsible for making referrals and the expectations for the referral agency to facility patient's/resident's. The policies shall include provision for maintaining confidentiality of social information as necessary. (1-1-88)

03. Staff. Sufficient staff shall be provided to implement the program as follows: (1-1-88)

a. If the facility provides social services directly, there shall be a staff member designated in writing who is responsible for the program who: (1-1-88)

i. Is a social worker licensed by the state of Idaho as a social worker or who receives regular consultation from such a qualified social worker. (1-1-88)

ii. Has a written job description outlining the expectations, duties, responsibilities and authority of the job. (1-1-88)

iii. Provides the leadership and direction of the program including the maintenance of any required records. (1-1-88)

b. If the facility does not provide the services directly but arranges with an outside resource to provide the services, there shall be a facility staff member designated in writing as a liaison person who: (1-1-88)

i. Is responsible for identifying patient's/resident's in need of social services. (1-1-88)

ii. Conducts initial and ongoing assessments of needs to support the referrals. (1-1-88)

iii. Has a written job description outlining the expectations, duties, responsibilities and authority of the job. (1-1-88)

iv. Ensures that identification of needs, implementation of programs to meet the needs and appropriate

record keeping is accomplished. (1-1-88)

04. **Records**. Shall be maintained to reflect the facility's implementation of a social service program and shall include: (1-1-88)

a. Evidence on the patient's/resident's medical record that social information has been obtained through individual assessments. (1-1-88)

b. A plan to meet the individual needs of the patient/resident which is incorporated in the patient's/resident's overall plan of care. (1-1-88)

c. Evidence that referrals have been made where appropriate. (1-1-88)

d. Signatures of staff providing information to the record and date of entry. (1-1-88)

05. **Physical Requirements**. There shall be adequate facilities and space for social services personnel to accomplish private interviews with patients/residents, staff, relatives, friends and other individuals as necessary. (1-1-88)

153. DENTAL SERVICES.

The facility shall develop and implement written policies and procedures which reflect the satisfactory arrangement for assisting patients/residents to maintain good oral health and hygiene. (1-1-88)

01. **Advisory Dentist**. The facility shall identify, in writing, the dentist(s) utilized to provide advice and guidance to the facility regarding policies and procedures, training of staff in dental and oral care and who is available for emergencies. (1-1-88)

02. **Accessing Dental Services**. The facility shall assist the patient/resident in accessing dental services on a routine or emergency basis by arranging for transportation to and from the dentist's office, by identifying needs and if the patient/resident has not identified a personal preference for a dentist, providing the patient/resident with a list of licensed dentists practicing within reasonable travel distance of the facility. (1-1-88)

03. **Oral Care and Hygiene**. The facility shall ensure that patients/residents receive care in the facility which promotes a healthy mouth through: (1-1-88)

a. Regular oral care. (1-1-88)

b. Identification of malfunctioning or ill-fitting dentures with subsequent actions to correct the problem. (1-1-88)

c. In-service training for staff regarding oral hygiene. (1-1-88)

d. Provision of diet consistent with individual dental/oral limitations. (1-1-88)

04. **Records**. The patient's/resident's medical record shall reflect: (1-1-88)

a. The identification of dental/oral problems, where applicable, and actions taken to resolve the problems. (1-1-88)

b. Dates of visits to the dentist or visits by the dentist or dental hygienist to the patient/resident. (1-1-88)

c. Orders or notes regarding the care of the patient/resident which are issued by the dentist. (1-1-88)

05. **Provision of Dental Services Not Required**. Nothing in the provisions of this section shall require a facility to provide at facility expense direct dental or dental services for its patients/residents. (1-1-88)

154. MEDICAL DIRECTION.

01. Medical Director. The administrator of a SNF or ICF shall arrange for a physician to provide medical direction of the care functions of the facility as follows: (1-1-88)

a. Assist in defining scope, characteristics, and standards for services provided; (1-1-88)

b. Consult and assist in the monitoring of quality of the services provided; (1-1-88)

c. Consult and assist in the overall management and delivery of patient care services. (1-1-88)

02. Physician Supervision. (7-1-93)

a. Each patient/resident shall be under the direct and continuing supervision of a physician of his own choice licensed by the Idaho Board of Medicine. (1-1-88)

b. Each skilled nursing patient shall be seen by the attending physician at least once every thirty (30) days for the first ninety (90) days following admission. Thereafter, an alternative schedule may be adopted for patient/resident visits based on physician's determination of need, and so justified in the patient's/resident's medical record. At no time may visits exceed ninety (90) day intervals. All physicians' visits shall be recorded in the patient's/resident's medical record, with a physician's progress note. (1-1-88)

c. Each intermediate care patient shall be seen by the attending physician at least once every sixty (60) days unless justified otherwise in the patient's/resident's medical record by the attending physician. All physician visits shall be recorded in the patient's/resident's medical record with a physician's progress note. (1-1-88)

d. The physician shall provide the facility with medical information necessary to care for the patient/resident which includes at least a current history and physical or medical findings completed made no longer than five (5) days prior to admission or within forty-eight (48) hours after admission. The information shall include diagnosis, medical findings, activity limitations, and rehabilitation potential. (1-1-88)

e. A physician's plan of care shall be provided to the facility upon admission of the patient/resident which reflects medication orders, treatments, diet orders, activity level approved, and any other directives to the facility for the care of the patient/resident. (1-1-88)

f. The physician's plan of care for the patient/resident shall be reviewed by the physician: (1-1-88)

i. Every thirty (30) to sixty (60) days for skilled care patients/residents depending upon the visit schedule authorized. (1-1-88)

ii. At least every ninety (90) days for intermediate care patients/residents. (1-1-88)

iii. The plan of care shall be reordered with any changes included by the physician and signed and dated by the physician at the time of the review. (1-1-88)

03. Emergency Physician. Arrangements shall be made for a physician to be available for emergency calls at all times, and his name, address, and telephone number shall be readily available. (1-1-88)

04. Emergency Transfer. In the event that neither the patient's/resident's attending physician nor the emergency physician can be contacted, the patient/resident in an emergent situation may be transferred to the emergency department of a nearby hospital. (1-1-88)

155. -- 199. (RESERVED)

200. NURSING SERVICES.

01. Director of Nursing Services. A registered nurse currently licensed by the state of Idaho and

qualified by training and experience shall be designated Director of Nursing Services in each SNF and ICF and shall be responsible and accountable for: (1-1-88)

a. Participating with the administrator in planning and budgeting for nursing care; (1-1-88)

b. Participating in the development and implementation of patient/resident care policies; (1-1-88)

c. Developing and/or maintaining goals and objectives of nursing service, standards of nursing practice, and nursing policy and procedures manuals; (1-1-88)

d. Assisting in the screening and selection of prospective patients/residents in terms of their needs, and the services available in the facility; (1-1-88)

e. Observing and evaluating the condition of each patient/resident and developing a written, individualized patient care plan which shall be based upon an assessment of the needs of each patient/resident, and which shall be kept current through review and revision; (1-1-88)

f. Recommending to the administrator the numbers and categories of nursing and auxiliary personnel to be employed and participating in their recruitment, selection, training, supervision, evaluation, counseling, discipline, and termination when necessary. Developing written job descriptions for all nursing and auxiliary personnel; (1-1-88)

g. Planning and coordinating orientation programs for new nursing and auxiliary personnel, as well as a formal, coordinated in-service education program for all nursing personnel; (1-1-88)

h. Making daily rounds of nursing units, assessing each patient/resident, reviewing clinical records, patient/resident care plans, medications, staff assignments and, whenever possible, accompanying physicians when they visit the facility; (1-1-88)

i. Preparing daily work schedule for nursing and auxiliary personnel which includes names of employees, professional designation, hours worked, and daily patient census; (1-1-88)

j. Coordinating the nursing service with related patient/resident care services; (1-1-88)

k. Establishing procedures for general nursing care for the cleanliness, comfort, and welfare of the patients/residents; (1-1-88)

l. Instructing all personnel in the proper isolation techniques to prevent infection to themselves and the patients/residents; (1-1-88)

m. Delegation of any or all of the Director of Nursing Services duties as appropriate. (1-1-88)

02. Minimum Staffing Requirements. (7-1-93)

a. A Director of Nursing Services (D.N.S.) shall work full time on the day shift but the shift may be varied for management purposes. If the Director of Nursing Services is temporarily responsible for administration of the facility, there shall be a registered nurse (RN) assistant to direct patient care. The Director of Nursing Services is required for all facilities five (5) days per week. (1-1-88)

i. The D.N.S. in facilities with an average occupancy rate of sixty (60) patients/residents or more shall have strictly nursing administrative duties. (1-1-88)

ii. The D.N.S. in facilities with an average occupancy rate of fifty-nine (59) patients/residents or less may, in addition to administrative responsibilities, serve as the supervising nurse. (1-1-88)

b. A supervising nurse, or registered professional nurse currently licensed by the state of Idaho, or a licensed practical nurse currently licensed by the state of Idaho, and who meets the requirements designated by the

Idaho Board of Nursing to assume responsibilities as a charge nurse and meets the definition in Subsection 002.35. (12-31-91)

c. A charge nurse, a registered professional nurse currently licensed by the state of Idaho or a licensed practical nurse currently licensed by the state of Idaho and who meets the requirements designated by the Idaho Board of Nursing to assume responsibilities as a charge nurse in accordance with the definition in Subsection 002.07. A charge nurse shall be on duty as follows: (12-31-91)

i. In SNFs with an average occupancy rate of fifty-nine (59) patients/residents or less a registered professional nurse shall be on duty eight (8) hours of each day and no less than a licensed practical nurse shall be on duty for each of the other two (2) shifts. (1-1-88)

ii. In SNFs with an average occupancy rate of sixty (60) to eighty-nine (89) patients/residents a registered professional nurse shall be on duty for each a.m. shift (approximately 7:00 a.m. - 3:00 p.m.) and p.m. shift (approximately 3:00 p.m. to 11:00 p.m.) and no less than a licensed practical nurse on the night shift. (1-1-88)

iii. In SNFs with an average occupancy rate of ninety (90) or more patients/residents a registered professional nurse shall be on duty at all times. (1-1-88)

iv. In facilities licensed exclusively as an ICF and accepting only intermediate care patients/residents a registered professional nurse or a licensed practical nurse shall be on duty at all times as charge nurse. (1-1-88)

v. In those facilities authorized to utilize a licensed practical nurse as charge nurse, the facility must make documented arrangements for a registered professional nurse to be on call for these shifts to provide professional nursing support. (1-1-88)

vi. Facilities licensed for both skilled and intermediate care shall meet the charge nurse requirements for a SNF. (1-1-88)

d. Nursing hours per patient/resident per day shall be provided to meet the total needs of the patients/residents. The minimum staffing shall be as follows: (1-1-88)

i. Skilled Nursing Facilities with a census of fifty-nine (59) or less patients/residents shall provide two and four-tenths (2.4) hours per patient/resident per day. Hours shall not include the Director of Nursing Services but the supervising nurse on each shift may be counted in the calculations of the two and four-tenths (2.4) hours per patient/resident per day. (11-20-89)

ii. Skilled Nursing Facilities with a census of sixty (60) or more patients/residents shall provide two and four-tenths (2.4) hours per patient/resident per day. Hours shall not include the Director of Nursing Services or supervising nurse. (11-20-89)

iii. ICFs that admit only intermediate care patients/residents shall provide one and eight-tenths (1.8) hours per patient/resident per day. Hours may include the Director of Nursing Services, supervising nurse and charge nurses. (11-20-89)

iv. Nursing hours per patient/resident per day are required seven (7) days a week with provision for relief personnel. (11-20-89)

v. Skilled and Intermediate Nursing Facilities shall be considered in compliance with the minimum staffing ratios if, on Monday of each week, the total hours worked by nursing personnel for the previous seven (7) days equal or exceed the minimum, staffing ratio for the same period when averaged on a daily basis and the facility has received prior approval from the Licensing Agency to calculate nursing hours in this manner. (11-20-89)

e. Combined Hospital and Skilled Nursing Facility. In a combined facility the DNS may serve both the hospital and long term care unit with supervising and charge nurses as required under Subsection 200.02.b. and 200.02.c. In a combined facility of less than forty-one (41) beds, the supervising or charge nurse may be an LPN. Combined beds (forty-one (41) or less) shall represent the total number of acute care (hospital) and long term care

(nursing home) beds. (12-31-91)

f. Waiver of Registered Nurse as Supervising or Charge Nurse. In the event that a facility is unable to hire registered nursing personnel to meet these regulation requirements, a licensed practical nurse will satisfy the requirements so long as: (1-1-88)

i. The facility continues to seek a registered nurse at a compensation level at least equal to that prevailing in the community; (1-1-88)

ii. A documented record of efforts to secure employment of registered nursing personnel is maintained in the facility; (1-1-88)

iii. The facility shall maintain at least forty (40) hours a week R.N. coverage. (1-1-88)

g. There shall be at least two (2) nursing personnel on duty on each shift to ensure patient safety in the event of accidents, fires, or other disasters. (1-1-88)

h. Nursing care shall be given only by licensed staff, nursing personnel and auxiliary nursing personnel. (1-1-88)

03. Patient/Resident Care. (7-1-93)

a. A patient/resident plan of care shall be developed in writing upon admission of the patient/resident, which shall be: (1-1-88)

i. Developed from a nursing assessment of the patient's/resident's needs, strengths and weaknesses; (1-1-88)

ii. Developed in coordination with other patient/resident care services provided to the patient/resident; (1-1-88)

iii. Written to include care to be given, goals to be accomplished, actions necessary to attain the goals and which service is responsible for each element of care; (1-1-88)

iv. Reviewed and revised as needed to reflect the current needs of patients/residents and current goals to be accomplished; (1-1-88)

v. Available for use by all personnel caring for the patient/resident. (1-1-88)

b. Patient/resident needs shall be recognized by nursing staff and nursing services shall be provided to assure that each patient/resident receives care necessary to meet his total needs. Care shall include, but is not limited to: (1-1-88)

i. Good grooming and cleanliness of body, skin, nails, hair, eyes, ears, and face, including the removal or shaving of hair in accordance with patient/resident wishes or as necessitated to prevent infection; (1-1-88)

ii. Good body alignment and adequate exercises and range of motion; (1-1-88)

iii. Adequate fluid and nutritional intake, including provisions for self-help eating devices as needed; (1-1-88)

iv. Delivery of medications, diet and treatments as ordered by the attending physician, dentist or nurse practitioner; (1-1-88)

v. Prevention of decubitus ulcers or deformities or treatment thereof, if needed, including, but not limited to, changing position every two (2) hours when confined to bed or wheelchair and opportunity for exercise to

promote circulation; (1-1-88)

vi. Protection from accident or injury; (1-1-88)

vii. Oral hygiene; (1-1-88)

viii. Maintenance of a comfortable environment free from soiled linens, beds or clothing, inappropriate application of restraints and any other factors which interfere with the proper care of the patients/residents; (1-1-88)

ix. Encouragement and assistance to participate in individual and group activities; (1-1-88)

x. Treatment of patients/residents with kindness and respect; (1-1-88)

xi. Bowel and bladder evacuation and bowel and bladder retraining programs as indicated; (1-1-88)

xii. Rehabilitative nursing current with acceptable professional practices to assist the patient/resident in promoting or maintaining his physical functioning. (1-1-88)

c. Nursing staff shall document on the patient/resident medical record, any assessments of the patient/resident, any interventions taken, effect of interventions, significant changes and observations and the administration of medications, treatments and any other services provided. Entries shall be made at the time the action occurs and shall be signed by the person making the entry and shall provide the time and date of the occurrence. At a minimum, a monthly summary of the patient's/resident's condition and reactions to care shall be written by a licensed nursing staff person. (1-1-88)

04. Medication Administration. Medications shall be provided to patients/residents by licensed nursing staff in accordance with established written procedures which shall include at least the following: (1-1-88)

a. Administered in accordance with physician's dentist's or nurse practitioner's written orders; (1-1-88)

b. The patient/resident is identified prior to administering the medication; (1-1-88)

c. Medications are administered as soon as possible after preparation; (1-1-88)

d. Medications are administered only if properly identified; (1-1-88)

e. Medications are administered by the person preparing the medication for delivery to the patient (exception: Unit dose); (1-1-88)

f. Patients/residents are observed for reactions to medications and if a reaction occurs, it is immediately reported to the charge nurse and attending physician; (1-1-88)

g. Each patient's/resident's medication is properly recorded on his individual medication record by the person administering the medication. The record shall include: (1-1-88)

i. Method of administration; (1-1-88)

ii. Name and dosage of the medication; (1-1-88)

iii. Date and time of administration; (1-1-88)

iv. Site of injections; (1-1-88)

v. Name or initial (which has elsewhere been identified) of person administering the medication; (1-1-88)

vi. Medications omitted; (1-1-88)

vii. Medication errors (which shall be reported to the charge nurse and attending physician. (1-1-88)

05. Tuberculosis Control. In order to assure the control of tuberculosis in the facility, there shall be a planned, organized program of prevention through written and implemented procedures which are consistent with current accepted practices and shall include: (1-1-88)

a. The results of a T.B. skin test shall be established for each patient/resident upon admission. If the status is not known upon admission, a T.B. skin test shall be done as soon as possible, but no longer than thirty (30) days after admission. (1-1-88)

b. If the T.B. skin test is negative, the test does not have to be repeated. (1-1-88)

c. If the T.B. skin test is positive, if determined upon admission or following the test conducted after admission, the patient/resident shall have a chest x-ray. A chest x-ray conducted thirty (30) days prior to admission is acceptable. (1-1-88)

d. When a chest x-ray is indicated and the patient's/resident's condition presents a transportation problem to the x-ray machine, a Sputum culture for m.tuberculosis is acceptable instead of a chest x-ray until the patient's/resident's next visit for any purpose to a place where x-ray is available. (1-1-88)

e. Annual T.B. skin testing and/or chest x-rays are not required. (1-1-88)

f. If a case of T.B. is found in the facility, all patients/residents and employees shall be retested. (1-1-88)

201. PHARMACY SERVICES.

01. Pharmacy Service. Each SNF and ICF shall have a written agreement with a pharmacist licensed by the state of Idaho to direct, supervise and be responsible for pharmacy service in the facility. He shall be responsible for: (1-1-88)

a. Reviewing the medication profile for each individual patient at least every thirty (30) days. The attending physician shall be advised of drug therapy duplication, incompatibilities or contraindications. (1-1-88)

b. Reviewing all medications in the facility for expiration dates and shall be responsible for the removal of discontinued or expired drugs from use as indicated at least every ninety (90) days. (1-1-88)

c. Reviewing the facility for proper storage of medications and dangerous chemicals at least every thirty (30) days and notifying the administrator of the facility of any nonconformance. (1-1-88)

d. Reviewing the narcotic and dangerous drug records at least every thirty (30) days and certifying to the administrator that this inventory is correct. (1-1-88)

e. Participating in the formulation of pharmacy service policies and procedures in conjunction with the administrator, director of nursing service, and the physicians(s) responsible for the medical direction of the facility. (1-1-88)

f. Coordinating services when more than one (1) supplier of medications is utilized by the facility. (1-1-88)

g. Providing the administrator, on a quarterly basis, a written report of services and activities given by him at the facility and shall include any recommendations. (1-1-88)

02. Care of General Medications. The care and handling of medications shall be conducted in the following manner: (1-1-88)

a. Medications shall be administered to patients of the SNF or ICF only on the order of a person authorized by law in Idaho to prescribe medications. This order shall be recorded on the patient's/resident's medical record, dated and signed by the ordering physician, dentist or nurse practitioner. (1-1-88)

b. All telephone and verbal orders shall be taken by licensed nurses, pharmacists and physicians only, and shall be recorded on the patient's/resident's clinical record, dated and signed by the person taking the order. Telephone and verbal orders shall be countersigned by the ordering physician, dentist or nurse practitioner within seven (7) days. (1-1-88)

c. No person other than licensed nursing personnel and physicians shall administer medications. This does not include execution of duties of inhalation therapists as ordered by the attending physician. (1-1-88)

d. Nursing service personnel shall not package or repackage, bottle or label any medication, in whole or in part. (1-1-88)

e. Prescription medication shall be administered only to the patient whose name appears on the prescription legend. (1-1-88)

f. All medications shall be labeled with the original prescription legend including the name and address of the pharmacy, patient's/resident's name, physician's name, prescription number, original date and refill date, dosage unit, number of dosage units, and instructions for use and drug name. (Exception: See Unit Dose System.) (1-1-88)

g. No alteration or replacement of original prescription legend shall be allowed. (1-1-88)

h. Prescription renewal or refill shall be made only under physician's, dentist's or nurse practitioner's authorization. (1-1-88)

i. No medication shall be in the possession of the patient/resident unless specifically ordered by the physician on the patient's/resident's medical record, and in no case shall exceed two (2) units of dosage. All such medications shall be individually packaged by the pharmacist in units of dose, labeled with the patient's/resident's name, unit of dose, and date of distribution. The charge nurse shall maintain an inventory of these drugs on the patient's/resident's medical record. (1-1-88)

j. Medication containers which are poorly labeled or bear worn labels shall not be used. (1-1-88)

k. Drugs dispensed shall meet the standards established by the United States Pharmacopeia, the National Formulary, New Drugs, the Idaho Board of Pharmacy, and the U.S. Food and Drug Administration.(1-1-88)

l. All medications in the facility shall be maintained in a locked cabinet located at, or convenient to, the nurses' station. Such cabinet shall be of adequate size, and locked when not in use. The key for the lock of this cabinet shall be carried only by licensed nursing personnel and/or the pharmacist. (1-1-88)

m. An adequate lighting system shall be provided in the drug storage area. (1-1-88)

n. Poisons and toxic chemicals shall be stored in separate locked areas apart from medications. (1-1-88)

o. External-use-only medications shall be stored only in a separate, locked area apart from internal use medications. (1-1-88)

p. All bleaches, detergents, and disinfectants shall be kept in locked utility storage, separate and apart from medicines, drugs, and food. (1-1-88)

q. Biologicals and other medications requiring cold storage shall be refrigerated. A covered container in a home refrigerator is considered satisfactory storage space if the temperature is maintained at thirty-six degrees

Fahrenheit (36F) to forty-five degrees Fahrenheit (45F). The temperature shall be monitored daily. (1-1-88)

r. An up-to-date medication reference index and sources of information such as the American Hospital Formulary Service of the American Society of Hospital Pharmacists, or other suitable and acceptable references, shall be provided in each unit. (1-1-88)

s. Hypodermic syringes and needles (except sterile disposables) shall be autoclaved before each use. (1-1-88)

t. Equipment for the administration of medications shall be thoroughly cleaned and suitably stored after each use. (1-1-88)

03. Care of Schedule II Drugs. Schedule II drugs shall be maintained as follows (see alternate method - "Unit Dose Pharmacy"): (1-1-88)

a. A separate schedule II drug inventory sheet shall be maintained for each patient/resident listing the patient's/resident's name, date the medication was received from the pharmacist, medication dose unit and number of dose units received. (1-1-88)

b. On a monthly basis or upon refill of the prescription, the charge nurse shall inventory the remaining number of dose units against the units administered to the patient/resident from the patient's/resident's chart medication record and certify by the nurse's signature that the inventory is correct. (1-1-88)

c. The pharmacist shall review this inventory and certification at least every thirty (30) days. (1-1-88)

d. The schedule II drug record shall be maintained as a permanent record in the patient's/resident's chart. (1-1-88)

e. Schedule II drugs shall be stored in a separate, locked section of the medication storage area or cabinet. (Alternate allowed under Unit Dose Pharmacy and emergency drug kit provisions.) (1-1-88)

f. All schedule II drugs which are discontinued or which are left over after the discharge or death of a patient/resident shall be handled or returned according to applicable regulations of the Idaho Board of Pharmacy. It shall be noted in the patient's/resident's medical record when schedule II drugs are returned. (1-1-88)

g. If there is a loss or wastage of unused portions of a prescribed schedule II drug, a notation to that effect shall be made in the nursing notes and signed by the person responsible and attested to by the Director of Nursing Services. (1-1-88)

04. Record of Medications. (7-1-93)

a. An accurate and complete record of all medication given, both prescription and nonprescription, shall be recorded in the patient's/resident's chart. The record shall also include the time given, the medication given, date, dosage, method of administration, and the name and professional designation (R.N., L.P.N.) of the person preparing and administering the medication. The first and last name initials may be used if identified fully elsewhere in the medical record. (1-1-88)

b. Entries shall be made on the patient's/resident's medication record whenever medications are started or discontinued. (1-1-88)

c. Reasons for administration of a PRN medication and the patient's/resident's response to the medication shall be documented in the nurse's notes. (1-1-88)

05. Unit Dose Pharmacy. A unit dose pharmacy system may be provided in a SNF or ICF as the drug distribution system under the following rules and regulations. (1-1-88)

a. All patients/residents of the facility shall be served by the unit dose system. (1-1-88)

b. All medications distributed to the patients/residents shall be under the unit dose system, if they are prepared and available in unit dose. (1-1-88)

c. The unit dose system shall be on a signed, written agreement basis between the facility and the pharmacist. If the facility employs a pharmacist to operate its own in-house pharmacy, a signed, written agreement is not necessary. (1-1-88)

d. All medications shall be packaged by individual unit dose, and labeled with drug (proprietary and/ or generic) name, unit of dose, and lot identification number or date packaged, and such other rules that may be promulgated by the Board of Pharmacy. The pharmacist shall maintain a log identifying the drug lot number by date packaged. (1-1-88)

e. The pharmacist (or the facility) shall provide suitable drug-distribution cabinets which can be locked, or in lieu of a locked cabinet, medications shall be stored in a room which can be locked. Safe, orderly transport of the drug distribution cabinets shall be assured by the pharmacist. (1-1-88)

f. A direct copy of all medication orders from the patient's/resident's chart shall be supplied to the pharmacist in a timely manner so that he can maintain each individual patient's/resident's medication profile in the pharmacy from which he fills each patient's/resident's twenty-four (24) hour medication orders. (1-1-88)

g. The pharmacist shall be responsible to see that each individual patient's/resident's medication drawer is filled from the drug distribution cabinet each twenty-four (24) hours from the patient's/resident's medication profile; shall record individual doses not administered from returned sets of drawers; shall indicate the reason the medication was not administered; and shall record medications supplied for the next twenty-four (24) hour period. (1-1-88)

h. Designated nursing staff shall check each patient's/resident's medication drawer contents against his medication profile prior to distribution to the patient/resident. (1-1-88)

i. The unit dose system is an alternate to packaging and labeling requirements and does not preclude the facility from meeting all other requirements of Section 201. (12-31-91)

06. Customized Medication Packaging. The packaging of medications commonly referred to as "blister paks," "punch cards" and "bingo cards" may be utilized by the facility provided that measures of accountability, safety and sanitation are employed. Customized packaging is not to be interpreted to mean a unit dose system. All other requirements of Section 201 shall apply except for alternate packaging systems. (12-31-91)

07. Emergency Medication Supply. (1-1-88)

a. Certain emergency medications shall be available within the facility for occasional use where the pharmacy source is not immediately available. (1-1-88)

b. All medications included in the emergency supply shall be listed in an emergency medication formulary for the facility and reviewed and approved by the physician(s) responsible for the medical direction of the facility, director of nurses, and the administrator. (1-1-88)

c. All medication supplies of this category shall be stored apart from other prescription drugs in a separate, locked and convenient location near the nursing station. Control and access to these medications shall be limited to the nurse in charge of each shift and the pharmacist. (1-1-88)

d. Medications shall be withdrawn and administered to patients/residents from this supply on direct physician, dentist or nurse practitioner order and shall be signed by the physician, dentist or nurse practitioner on the patient's/resident's medical record no later than seven (7) days from the withdrawal, and a copy of the order forwarded to the pharmacist. The pharmacist shall be responsible for replacing drugs which have been withdrawn. (1-1-88)

e. All medication inventories contained within this emergency medication supply are the property and responsibility of the pharmacist, and he shall be responsible for maintenance of records for these medications. (1-1-88)

202. PET THERAPY.

01. Policies and Procedures. Policies and procedures shall be developed by the facility concerning the admission of pets through a visitation program or on a permanent basis. (1-1-88)

02. Type of Pet Allowed. Types of pets allowed shall be as follows: (1-1-88)

a. Only domesticated household pets (dogs, cats, birds, fish, hamsters, etc.) are permitted. Exotic pets and wild animals, even though trained, shall not be permitted due to the high potential for spread of disease and injury to patients/residents or staff. These include, but are not limited to, iguanas, snakes and other reptiles, monkeys, racoons and skunks. Turtles are not permitted in the facility. (1-1-88)

b. If animals that are prohibited as designated in Subsection 202.02.a. of these rules are brought in for visitation, they shall be kept on a leash and under the control of the trainer at all times. (1-1-88)

03. Examination of Pets. Pets shall receive an examination by a veterinarian prior to admission to the facility. Appropriate vaccinations shall be given. Birds subject to transmission of psittacosis are included. (1-1-88)

04. Enclosures. Small animals such as hamsters and birds shall be kept in enclosures. (1-1-88)

05. Permitted Areas. Pets shall not be allowed in food preparation or storage areas or any other area if their presence would pose a significant risk to patients/residents, staff or visitors. (1-1-88)

06. Interference. The presence of pets shall not 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. (1-1-88)

203. PATIENT/RESIDENT RECORDS.
The facility maintains medical records for all patients/residents in accordance with accepted professional standards and practices. (1-1-88)

01. Responsible Staff. The administrator shall designate a staff member the responsibility for the accurate maintenance of medical records. If this person is not a Registered Health Information Administrator (RHIA) or a Registered Health Information Technician (RHIT), consultation from such a qualified individual shall be provided periodically to the designated staff person. (1-1-88)

02. Individual Medical Record. An individual medical record shall be maintained for each admission with all entries kept current, dated and signed. All records shall be either typewritten or recorded legibly in ink, and shall contain the following: (1-1-88)

a. Patient's/resident's name and date of admission; previous address; home telephone; sex; date of birth; place of birth; racial group; marital status; religious preference; usual occupation; Social Security number; branch and dates of military service (if applicable); name, address and telephone number of nearest relative or responsible person or agency; place admitted from; attending physician; date and time of admission; and date and time of discharge. Final diagnosis or cause of death (when applicable), condition on discharge, and disposition, signed by the attending physician, shall be part of the medical record. (1-1-88)

b. Medical history and physical examination, including both diagnosis and rehabilitative potential, signed by the attending physician. (1-1-88)

c. Transfer or referral report, where applicable. (1-1-88)

d. Special reports dated and signed by the person making the report, i.e., laboratory, X-ray, physical

therapy, social services, consultation, and other special reports. (1-1-88)

e. Physician's order record containing the physician's authorization for required medications, tests, treatments, and diet. Each entry shall be dated and signed, or countersigned, by the physician. (1-1-88)

f. Progress notes by physicians, nurses, physical therapists, social worker, dietitian, and other health care personnel shall be recorded indicating observations to provide a full descriptive, chronological picture of the patient/resident during his stay in the facility. The writer shall date and sign each entry stating his specialty. (1-1-88)

g. Nurses' entries shall include the following information: (1-1-88)

i. Date, time and mode of admission; documentation of the patient's/resident's general physical and skin condition as well as mental attitude upon admission. (1-1-88)

ii. Medication administration record. (1-1-88)

iii. Date and times of all treatments and dressings. (1-1-88)

iv. Any change in the patient's/resident's physical or mental status. (1-1-88)

v. Any incident or accident occurring while the patient/resident is in the facility. (1-1-88)

vi. Date of each physician's visit. (1-1-88)

vii. Observations by licensed nursing personnel on labile, terminal, or acutely-ill patients/residents shall be recorded daily on each shift. (1-1-88)

viii. Observations by qualified nursing personnel on all other patients/residents shall be summarized and recorded at least monthly. (1-1-88)

h. Miscellaneous. Releases, consents, mortician's receipt. (1-1-88)

i. The signature of the charge nurse for each shift indicating the assumption of responsibility for all entries made by nonprofessional nursing personnel. (1-1-88)

03. Discharged Patients'/Residents' Records. (7-1-93)

a. Following the discharge or death of a patient/resident, the records clerk shall place the chart in chronological order and review the entire record for completeness. (1-1-88)

b. If incomplete, the chart shall be returned to the proper person for prompt completion. No chart shall be permanently filed until all portions are complete. (1-1-88)

04. Retention. (7-1-93)

a. There shall be adequate filing equipment and space to store closed charts and facilitate retrieval. (1-1-88)

b. Records shall be preserved in a safe location protected from fire, theft, and water damage for a period of time not less than seven (7) years. If the patient/resident is a minor, the record shall be preserved for a period of not less than seven (7) years following his eighteenth birthday. (1-1-88)

05. Confidentiality. The facility shall safeguard medical record information against loss, destruction, and unauthorized use. (1-1-88)

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

shall not interfere with the regular services to facility patients/residents. (1-1-88)

01. **Day Care Coordinator**. There shall be a staff member designated to supervise and coordinate day care services. (1-1-88)

02. **Services Provided**. (7-1-93)

a. Day care participants shall be served meals at the regular dining hours. (1-1-88)

b. Special diets for participants shall be prearranged with the facility dietary service. (1-1-88)

c. Participants shall be encouraged to participate in the activities programs of the facility for its patients/residents. (1-1-88)

d. The day care coordinator shall develop an individual plan of services for each participant based upon his needs and capabilities. (1-1-88)

e. Medications administered or treatments given shall be authorized by the participant's physician. (1-1-88)

03. **Staffing**. The facility shall provide additional staff depending upon the number of day care participants which shall: (1-1-88)

a. Assure that in-house facility patients/residents are provided the nursing hours per patient/resident per day as described in Subsection 200.02.c. (12-31-91)

b. Assure that the day care participants receive the services necessary to meet their needs. (1-1-88)

04. **Records**. A day care participant record shall be maintained for each individual which includes: (1-1-88)

a. Admission identification information, including responsible party and physician; (1-1-88)

b. Physical evaluation summary, including any activities limitations and/or special care, i.e., dietary or treatments that must be arranged for; (1-1-88)

c. Individual plan of services as developed by the day care coordinator; (1-1-88)

d. Participation record of each individual in the day care services provided. (1-1-88)

05. **Space and Supplies**. Facilities accepting day care participants shall provide such space and supplies as necessary to comfortably and efficiently meet the needs of both in-house patients/residents and day care participants. Factors necessary to meet this requirement include but, are not limited to the following: (1-1-88)

a. Rest area for day care participants that is not an in-house patient's/resident's personal space. (1-1-88)

b. A comfortable bed for rest or naps for day care participants. (1-1-88)

c. Additional activity supplies as needed. (1-1-88)

d. Additional areas for dining and activities as necessary to avoid overcrowding or limitations to programs for both in-house patients/residents and day care participants. (1-1-88)

205. CHILD CARE CENTERS.

01. **Policies and Procedures**. Any facility that permits a child care center adjacent to or attached to the

skilled nursing or intermediate care facility shall establish well-defined written and implemented policies and procedures pertaining to the relationship between the child care center and the SNF or ICF. These shall include, but are not limited to: (1-1-88)

a. Safety measures. (1-1-88)

b. Infection control and prevention of disease transmission. (1-1-88)

c. Access by SNF or ICF patients/residents to the child care center and access by the child care center participants to the SNF or ICF. (1-1-88)

d. Rights and limitations of both child care center participants and patients/residents of the SNF or ICF. (1-1-88)

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 39-1117, Idaho Code, either attached as a distinct part or as a separate facility on the premises of the SNF or ICF facility shall be licensed separately by the appropriate state or local licensing agency. (1-1-88)

03. Day Care Compliance. Every child day care home or center shall comply with the Idaho Department of Health and Welfare Rules, IDAPA 16.02.10, "Idaho Reportable Diseases." (1-1-88)

04. Day Care Staff. Each child day care home or center shall be staffed appropriately to meet the needs of the children cared for as a completely separate staff from those employees of the SNF or ICF facility. (1-1-88)

05. Visitation Hours. Regular visitation hours shall be provided as well as complete supervision of the SNF or ICF patients/residents and the children during periods of mutual access. (1-1-88)

06. Sanitation. All individuals moving between the SNF or ICF and the child day care facility shall wash their hands thoroughly, using appropriate soap solution. (1-1-88)

07. Abuse Prohibited. The children and their families shall be assured of freedom from all types of abuse: emotional, physical, verbal, or sexual. (1-1-88)

08. Staff Education. The staff of day care facilities shall give evidence of participating in at least annual education pertinent to child day care management and supervision. (1-1-88)

206. -- 300. (RESERVED)

301. RESPITE CARE SERVICES.
If the SNF or ICF offers respite care to relieve families or other individuals, there shall be policies and procedures written and implemented regarding the program. (1-1-88)

01. Admissions. Respite care patients/residents shall be admitted to the facility in the same manner as any other admission which includes, but is not limited to: (1-1-88)

a. Authorization by a physician. (1-1-88)

b. Current medical and other information sufficient to allow the facility to safely care for the patient/resident. (1-1-88)

c. Medication and treatment orders signed and dated by the patient's/resident's attending physician. (1-1-88)

02. Limitations. No patient/resident shall be considered as respite care when the stay at the facility is not for purposes of relief for other care givers or families and which exceeds a four (4) week period of time. Variances may be granted by the Department on a case-by-case basis. (1-1-88)

03. **Records**. Records shall be maintained for all respite care patients/residents which shall include at least the following: (1-1-88)

a. Medical information sufficient to care for the patient/resident submitted by the attending physician. (1-1-88)

b. Signed and dated physician's orders for care, including diet, medications, treatments and any physical activity limitations. (1-1-88)

c. Nursing and other notes by staff caring for the patient/resident. (1-1-88)

d. Medication administration record. (1-1-88)

e. Pertinent patient/resident data information such as name, address, next of kin, who to call in an emergency, name of physician, etc. (1-1-88)

04. **Exceptions**. Due to the short length of stay, certain documents and actions provided to and required for other in-house nonrespite care patients/residents are not required for respite care patients/residents. Allowances to be considered are as follows: (1-1-88)

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 patient/resident. (1-1-88)

b. Physician visits are required only if the patient/resident needs such a visit due to illness or injury or if the patient/resident exceeds the definition of respite care and remains in the facility beyond a four (4) week period of time. (1-1-88)

c. The patient/resident care plan may be limited to include care and services to be provided during his stay and short and long term goals are not necessary. (1-1-88)

d. Activity assessments and plans are not necessary so long as any activity limitations are known and recorded on the patient's/resident's plan of care. (1-1-88)

302. SPECIALIZED REHABILITATIVE SERVICES.
In addition to rehabilitative nursing, the facility provides for or arranges for, under written agreement, specialized rehabilitative services by qualified personnel (i.e., physical therapy, occupational therapy, speech pathology, and audiology) as needed by patients to improve and maintain functioning. (1-1-88)

01. **Policies and Procedures**. Written policies and procedures shall be developed which include, but are not limited to: (1-1-88)

a. Types of services offered; (1-1-88)

b. Responsibilities of attending physicians; (1-1-88)

c. Responsibilities of therapists; (1-1-88)

d. Care and maintenance of equipment; (1-1-88)

e. Provision that no patient shall be admitted or retained in the facility who needs a rehabilitative service if the facility cannot offer the service or arrange for the service. (1-1-88)

02. **Staffing**. Services are provided, in accordance with accepted professional practices, by qualified therapists or by qualified assistants or other supportive personnel under the supervision of qualified therapists. (1-1-88)

03. Plan of Care. Services are provided under a written plan of care which is initiated by the attending physician through a signed and dated order. (1-1-88)

a. A report of the patient's progress is communicated to the physician within two (2) weeks of the initiation of the service; (1-1-88)

b. The patient's progress is reviewed regularly and reevaluated, as necessary, but at least every thirty (30) days by the physician and therapist(s). (1-1-88)

04. Documentation of Services. The physician's orders, the plan of rehabilitative care, services rendered, evaluation of progress, and other pertinent information are recorded in the patient's medical record, and are dated and signed by the physician ordering the service and the person who provided the service. (1-1-88)

303. OTHER SERVICES.
If a SNF or ICF offers home health, hospice or other services from the facility, the needs and requirements for the delivery of those services shall in no way interfere with the ongoing operation of the SNF or ICF. This includes, but is not limited to, the use of SNF or ICF staff which shall not reduce the required nursing hours per patient/resident per day in the SNF or ICF. (1-1-88)

304. -- 999. (RESERVED)

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