IDAPA 16 – IDAHO DEPARTMENT OF HEALTH AND WELFARE

Division of Licensing and Certification

16.03.02 – Skilled Nursing Facilities

Who does this rule apply to?
Skilled nursing facility administrators, non-licensed workers assisting nurses, medical professionals, licensed nursing personnel, health care facilities, food service employees of these facilities, skilled nursing facility patients, families, advocates, and guardians of patients, skilled nursing facility owners, operators.

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

What is the legal authority for the agency to promulgate this rule?
This rule implements the following statutes passed by the Idaho Legislature:

Health and Safety -
Hospital Licenses and Inspection:

- Section 39-1306, Idaho Code – Hospital Licenses and Inspection
- Section 39-1307, Idaho Code – Rules, Regulations, and Enforcement
- Section 39-1307A, Idaho Code – Food Purchasing and Storage
- Section 39-1307B, Idaho Code – Minimum Staffing Requirements

Where can I find information on Administrative Appeals?
Administrative appeals and contested cases are governed by the provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings."

How do I request public records?
Unless exempted, all public records are subject to disclosure by the Department that will comply with Title 74, Chapter 1, Idaho Code, upon requests. Confidential information may be restricted by state or federal law, federal regulation, and IDAPA 16.05.01, "Use and Disclosure of Department Records."

Who do I contact for more information on this rule?

Idaho Department of Health and Welfare
Bureau of Facility Standards – Long Term Care Program
3232 West Elder Street
Boise, ID 83705

P.O. Box 83720
Boise, ID 83720-0009
Phone: (208) 334-6226, option #2
Division of Licensing and Certification: (208) 364-1959
MDS Helpdesk: (800) 263-5339
Fax: (208) 364-1888
Email: fsb@dhw.idaho.gov
Webpages: http://idaholtc.dhw.idaho.gov and http://facilitystandards.idaho.gov

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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 Facility under Sections 39-1306, 39-1307, 39-1307A, and 39-1307B, Idaho Code. (3-20-20)

001. TITLE AND SCOPE.

01. Title. These rules are titled, IDAPA 16, Title 03, Chapter 02, "Skilled Nursing Facilities." (3-20-20)

02. Scope. These rules establish regulations and standards for the provision of adequate care and licensure of Skilled Nursing Facilities in the state of Idaho. These rules are expressly intended for the benefit of all skilled nursing 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. (3-20-20)

002. WRITTEN INTERPRETATIONS.
This agency may have written statements that pertain to the interpretations of the rules of this chapter. (3-20-20)

003. – 008. (RESERVED)

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Criminal History and Background Check. A skilled nursing 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 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. (3-20-20)

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: (3-20-20)

a. Federal Bureau of Investigation (FBI); (3-20-20)

b. Idaho State Police Bureau of Criminal Identification; (3-20-20)

c. Sexual Offender Registry; (3-20-20)

d. Office of Inspector General List of Excluded Individuals and Entities; and (3-20-20)

e. Nurse Aide Registry. (3-20-20)

03. Availability to Work. Any direct resident 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. (3-20-20)

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 their date of hire. (3-20-20)

05. New Criminal History and Background Check. An individual must have a criminal history and background check when: (3-20-20)

a. Accepting employment with a new employer; and (3-20-20)

b. Their last criminal history and background check was completed more than three (3) years prior to their date of hire. (3-20-20)

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: (3-20-20)

a. The individual has received a criminal history and background check within three (3) years of their date of hire; (3-20-20)

b. The employer has documentation of the criminal history and background check findings; (3-20-20)

c. The employer completes a state-only background check of the individual through the Idaho State Police Bureau of Criminal Identification; and (3-20-20)

d. No disqualifying crimes are found. (3-20-20)

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 their date of hire. (3-20-20)

010. 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. Advanced Practice Registered Nurse. A licensed registered 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 licensed registered nurses (R.N.). (3-20-20)

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

04. Change of Ownership. The sale, purchase, exchange, or lease of an existing facility by the present owner or operator to a new owner or operator. (12-31-91)

05. Charge Nurse. One (1) or more licensed nurse(s) who has direct responsibility for nursing services in an operating unit or physical subdivision of a facility during one (1) eight (8) hour shift, to be provided by herself and by any other licensed nurse or auxiliary personnel under her immediate charge. (12-31-91)

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

07. Director. The Director of the Department of Health and Welfare or designee. (3-20-20)

08. Director of Nursing Services (DNS). A licensed registered nurse currently licensed by the state of Idaho and qualified by training and experience. (3-20-20)

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

10. 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)

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

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

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

14. Licensed Nursing Personnel. A licensed registered nurse (R.N.) or licensed practical nurse

(L.P.N.) currently licensed by the Idaho State Board of Nursing. (12-31-91)

15. **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)

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

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

18. **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 will not be considered physicians (Section 54-1803(3), Idaho Code). (12-31-91)

19. **Resident**. An individual requiring and receiving skilled nursing care and residing in a facility licensed to provide the level of care required. (3-20-20)

20. **Skilled Nursing Facility (SNF)**. A facility designed to provide area, space, and equipment to meet the health needs of two (2) or more individuals who, 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). (3-20-20)

21. **Substantial Compliance**. A facility is in substantial compliance with these rules, regulations and minimum standards when there are no deficiencies that would endanger the health, safety, or welfare of the residents. (3-20-20)

22. **Supervising Nurse**. The one (1) licensed nurse designated by the DNS to be responsible for the overall direction and control of all nursing services throughout the entire facility during one (1) eight (8) hour shift. (3-20-20)

23. **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 residents will not be endangered by granting such a waiver; (3-20-20)

b. Precedent will not be set by granting of such waiver. The waiver may be renewed annually if sufficient written justification is presented to the Licensing Agency. (3-20-20)

011. – 049. (RESERVED)

050. LICENSURE.

01. **General Requirements**. Before any person either directly or indirectly operates a facility, they must make an application for and receive a valid license for operation of the facility, and no resident must be admitted or cared for in a facility that is required under Idaho law to be licensed, until a license is obtained. (3-20-20)

a. The facility and all related buildings associated with the operation of the facility, as well as all

records required under these rules, must be accessible at any reasonable time to authorized representatives of the Department for the purpose of inspection, with or without prior notice. (3-20-20)

b. Before any building is constructed or altered for use as a facility, written approval of construction or alteration of plans must be obtained from the Department. (3-20-20)

c. Information received by the licensing agency through filed reports, inspection, or as otherwise authorized under this law, must not be disclosed publicly in such a manner as to identify individual residents except in a proceeding involving the question of licensure. Public disclosure of information obtained by the licensing agency for the purposes of this law must be governed by rules, regulations, and minimum standards adopted by the Board. (3-20-20)

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 must provide a Department-approved application for an initial facility license at least three (3) months prior to the planned opening date with the following: (3-20-20)

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

b. A copy of the nursing home administrator's license with the application. (1-1-88)

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

03. Issuance of License. Every facility must be designated by a distinctive name in applying for a license, and the name must not be changed without first notifying the Department in writing at least thirty (30) days prior to the date the proposed change in name is to be effective. (3-20-20)

a. Each license will be issued only for the premises and persons or governmental units named in the application and will not be transferable. (3-20-20)

b. Each license will specify the maximum allowable number of beds in each facility, which may not be exceeded, except on a time-limited emergency basis, and authorized by the Department. (3-20-20)

c. The facility license must be framed and posted so as to be visible to the general public. (3-20-20)

04. Expiration and Renewal of License. Each license to operate a facility must, unless sooner suspended or revoked, expire on the date designated on the license. Each application for renewal of a license must be submitted on a form prescribed by the Department and prior to the renewal of the license. (3-20-20)

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 resident, or that the facility is not in substantial compliance with these rules and minimum standards. (3-20-20)

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

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

ii. The applicant of the person proposed as the administrator has been guilty of fraud, gross negligence, abuse, assault, battery, or exploitation in relationship to the operation of a health facility. (3-20-20)

iii. 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 (3-20-20)

(2) Has been convicted of operating any health facility without a license; or (3-20-20)

(3) Has been enjoined from operating a health facility; or (3-20-20)

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

i. Any act adversely affecting the welfare of 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. (3-20-20)

ii. Any condition exists in the facility that endangers the health or safety of any resident. (3-20-20)

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 judgment in the operation or management of the skilled nursing facility. (3-20-20)

v. The facility lacks adequate staff to properly care for the number and type of residents residing at the facility. (3-20-20)

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

(1) Has been denied or has had revoked any health facility license; or (3-20-20)

(2) Has been convicted of operating any health facility without a license; or (3-20-20)

(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 050.05. (12-31-91)

06. Change of Ownership, Operator, or Lessee. When a change of a licensed facility's ownership, operator, or lessee is contemplated, the owner/operator must notify the Department at least thirty (30) days prior to the proposed date of change and new application submitted when there is a change of operator, ownership, or lessee. (3-20-20)

07. 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, is 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 constitutes 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). (3-20-20)

051. -- 099. (RESERVED)

100. ADMINISTRATION.

01. Governing Body. Each facility must be organized and administered under one (1) authority which may be a proprietorship, partnership, association, corporation, or governmental unit. The following requirements must be met: (3-20-20)

a. That the true name and current address for each person or business entity having a five percent (5%) or more direct, or indirect, ownership interest in the facility is supplied to the Department at the time of licensure application or preceding any change in ownership. (3-20-20)

b. That the names, addresses, and titles of offices held by all members of the facility's governing authority are submitted to the Department. (3-20-20)

c. That 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 is available for review by the Department. Terms of the financial arrangement may be omitted from the copy of the lease available to the Department. (3-20-20)

02. Administrator. The governing body, owner, or partnership must appoint a licensed nursing home administrator for each facility who is 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 they are currently licensed as a nursing home administrator. The following requirements must be met: (3-20-20)

a. In the absence of the administrator, an individual who is responsible and accountable and at least twenty-one (21) years of age is to be authorized, in writing, to act in their behalf to assure administrative direction of the facility. (3-20-20)

b. The administrator is responsible for establishing and assuring the implementation of written policies and procedures for each service offered by the facility, or through arrangements with an outside service. (3-20-20)

c. The administrator, their relatives, or employees, are not to act as, the legal guardian of, or have power of attorney for any residents unless specifically adjudicated as such by appropriate legal order. (3-20-20)

d. The administrator is to provide to the public and the resident an accurate description of the facility services and care. Representation of the facility's services to the public is not to be misleading. (3-20-20)

e. The administrator is responsible for providing sufficient and qualified staff to carry out all of the basic services offered by the facility. (3-20-20)

f. The administrator, owner, and employees of a facility are governed by the provisions of Section 15-2-616, Idaho Code, concerning the devise or bequest of a resident's property by a last will and testament. (3-20-20)

03. Admission Policies. The administrator must establish written admission policies for all resident admissions and be available to residents, their relatives, and to the general public. The following requirements must be met: (3-20-20)

a. A history and physical examination is recorded within forty-eight (48) hours after admission to the facility, unless the resident is accompanied by a record of a physical examination completed by a physician not more than five (5) days prior to admission. (3-20-20)

b. Information upon admission includes the results of a tuberculosis skin test, chest x-ray, medical and/or psycho-social diagnosis, physician's plan of care, the resident's activity limitation, and the rehabilitation potential, and are to be dated and signed by the physician. (3-20-20)

c. No children other than residents are to regularly occupy any portion of the resident living area. (3-20-20)

d. Reasonable precautions are taken in all admissions for the safety of other residents. (3-20-20)

e. 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, their parent or guardian objects), thereto on religious

grounds. (3-20-20)

04. **Use of Restraints**. The following types of restraints must 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. (3-20-20)

05. **Record of Resident's Personal Valuables**. An inventory and proper accounting must be kept for all valuables entrusted to the facility for safekeeping and the status of the inventory is to be available to the resident, their conservator, guardian, or representative for review upon request. (3-20-20)

06. **Accident or Injury**. The administrator must show evidence of written safety procedures for handling of residents, equipment lifting, and the use of equipment. The following requirements must be met: (3-20-20)

a. That an incident-accident record be kept of all incidents or accidents sustained by employees, residents, or visitors in the facility and include the following information: (3-20-20)

i. Name and address of employee, resident, or visitor; (3-20-20)

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

iii. Description of the condition of the resident, employee, or visitor including any injuries resulting from the accident; and (3-20-20)

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

b. That the physician is immediately notified regarding any resident injury or accident when there are significant changes requiring intervention or assessment. (3-20-20)

c. That immediate investigation of the cause of the incident or accident be instituted by the facility administrator and any corrective measures indicated adopted. (3-20-20)

101. -- 104. (RESERVED)

105. PERSONNEL.

01. **Daily Work Schedules**. Daily work schedules must be maintained that reflect: (3-20-20)

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)

02. **Job Description**. Job descriptions must be current, on file, and: (3-20-20)

a. Include the authority, responsibilities, and duties of each classification of personnel; and (3-20-20)

b. Be given to each employee consistent with their classification. (3-20-20)

03. **Age Limitations**. Employees, other than licensed personnel, who are less than eighteen (18) years of age may not provide direct resident care except when employees are students or graduates of a recognized vocational health care training program. (3-20-20)

04. **Resident Employment**. Whenever work of economic benefit to the facility is performed by a resident, such work will be subject to the provisions prescribed by law for any employee. (3-20-20)

05. Employee Health. Personnel policies relating to employee health must include: (3-20-20)

a. That the facility establishes, 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 is taken, or a report of the results of a chest X-ray taken within three (3) months preceding employment and accepted. The TB Skin Test status is recorded and a chest X-ray alone is not a substitute. No subsequent chest X-ray or skin test is required for routine surveillance. (3-20-20)

b. That a repeat skin test is required if a resident or other staff develop tuberculosis. (3-20-20)

c. That the facility requires all employees report immediately to their supervisor any signs or symptoms of personal illness. (3-20-20)

d. That personnel who have a communicable disease, infectious wound, or other transmittable condition and who provide care or services to residents are required to implement protective infection control techniques approved by administration; are not to work until the infectious stage is corrected; are reassigned to a work area where contact with others is not expected and likelihood of transmission of infection is absent; or seeks other remedy to avoid spreading the employee's infection. (3-20-20)

06. Personnel Files. Personnel files must be kept for each employee containing: (3-20-20)

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; and (3-20-20)

h. Verification of TB skin test upon employment and any subsequent test results. (3-20-20)

106. FIRE AND LIFE SAFETY.
Facilities must meet general requirements for the fire and life safety standards for a health care facility as follows: (3-20-20)

01. General Requirements. General requirements for the fire and life safety standards for a health care facility are as follows: (3-20-20)

a. The facility must be structurally sound, maintained, and equipped to assure the safety of residents, employees, and the public. (3-20-20)

b. Where natural or man-made hazards are present on the premises, that the facility must provide suitable fences, guards, and/or railings to isolate the hazard from the resident's environment. (3-20-20)

02. Life Safety Code Requirements. The facility must meet provisions of the Life Safety Code of the National Fire Protection Association, 2012 Edition as are applicable to a health care facility except existing facilities licensed prior to the effective date of these rules and in compliance with a previous edition of the Life Safety Code may continue to comply with the edition in force at that time. (3-20-20)

03. **Smoking**. Because smoking has been acknowledged to be a potential fire hazard, a continuous effort must be made to reduce such a hazard in the facility to include adopting written rules available to all facility personnel, residents, and the public with the following: (3-20-20)

a. That smoking is prohibited in any area where flammable liquids, gases, or oxygen are in use or stored and posted with "No Smoking" signs. (3-20-20)

b. That residents are not permitted to smoke in bed. (3-20-20)

c. That unsupervised smoking by residents not mentally or physically responsible is prohibited. This includes residents affected by medication. (3-20-20)

d. That designated areas are assigned for employee, resident, and public smoking. (3-20-20)

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

04. **Report of Fire**. A separate report of each fire incident occurring within the facility must 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). (3-20-20)

05. **Storage, Heating Appliances, Hazardous Substances**. The following requirements must be met: (3-20-20)

a. That attics and crawl spaces are not used for storage of any materials. (3-20-20)

b. That rooms housing heating appliances are not used for storage of combustible materials. (3-20-20)

c. That all fuel-fired heating devices have an easily accessible, plainly marked, functional remote fuel shut-off valve. (3-20-20)

d. That all ranges are provided with hoods, mechanical ventilation, and removable filters. (3-20-20)

107. DIETARY SERVICE.
The following requirements must be met: (3-20-20)

01. **Approved Diet Manual**. A current diet manual approved by the Department and available in the kitchen (the Idaho Diet Manual is approved by the Department). (3-20-20)

02. **Preparation and Correction of Menus**. That menus are prepared at least a week in advance and corrected to conform with food actually served (items not served deleted and food actually served written in.) The corrected copy of the menu and diet plan is to be dated and kept on file for thirty (30) days. (3-20-20)

03. **Variety and Adequacy of Food**. That menus provide a sufficient variety of foods in adequate amounts at each meal. Menus are to be different for the same days each week and adjusted for seasonal changes. (3-20-20)

108. ENVIRONMENTAL SANITATION.
The following requirements must be met: (3-20-20)

01. **Water Supply**. An approved public or municipal water supply is used wherever available. (3-20-20)

a. In areas where an approved public or municipal water supply is not available, a private water supply is provided, and meets the standards approved by the Department. (3-20-20)

b. If water is from a private supply, water samples are submitted to the Department through the district public health laboratory for bacteriological examination at least once every three (3) months. Monthly bacteriological examinations are recommended. Copies of the laboratory reports are kept on file in the facility by the administrator. (3-20-20)

c. There is sufficient amount of water under adequate pressure to meet the sanitary requirements of the facility at all times. (3-20-20)

02. Linen-Laundry Facilities. Personal Laundry. Residents' and employees' laundry must be collected, transported, sorted, washed, and dried in a sanitary manner and not be washed with bed linens. Residents' clothing is to be labeled to ensure proper return to the owner. (3-20-20)

109. -- 119. (RESERVED)

120. EXISTING BUILDINGS.
These standards must be applied to all currently licensed health care facilities. Any minor alterations, repairs, and maintenance must meet these standards. In the event of a change in ownership of a facility, the entire facility must meet these standards prior to issuance of a new license. (3-20-20)

01. Codes and Standards. Construction features of all existing facilities must be in accordance with applicable local, state, national codes, standards, and regulations in effect at the time of adoption of these rules. (3-20-20)

a. In the event of a conflict of requirement between the codes, the most restrictive apply. (3-20-20)

b. In addition, existing facilities are to comply with applicable fire and life safety codes and standards as set forth in Section 106. (3-20-20)

02. Site Requirements. The location of an existing facility must meet the following criteria: (3-20-20)

a. It must be served by an all-weather road, kept open to motor vehicles at all times of the year. (3-20-20)

b. It must be accessible to physician and medical services. (3-20-20)

c. It must be remote from railroads, factories, airports and similar noise, odor, smoke, dust and other nuisances. (3-20-20)

d. It must be accessible to public utilities. (3-20-20)

e. It must be in a lawfully constituted fire district. (3-20-20)

f. It must provide off-street motor vehicle parking at the rate of one (1) space for every three (3) licensed beds. (3-20-20)

03. General Building Requirements. An existing facility must be of such character to be suitable for use as a facility. The facility is subject to approval by the Department. Other requirements are as follows: (3-20-20)

a. That the building and all equipment are in good repair. (3-20-20)

b. That handrails of sturdy construction are provided on both sides of all corridors used by residents. (3-20-20)

c. That no facility is maintained in an apartment house or other multiple dwelling. (3-20-20)

d. That roomers or boarders are not accepted for lodging in any facility. (3-20-20)

04. **Resident/Staff Communication**. Requirements governing communication must be as follows: (3-20-20)

a. That each building has a telephone for resident use so located as to provide wheelchair access for personal, private telephone communications. A telephone with amplifying equipment is available for the hearing impaired. (3-20-20)

b. That a staff calling system is installed at each resident bed and in each resident toilet, bath, and shower room. The staff call in the toilet, bath, or shower room must be an emergency call. All calls are to register at the staff station and actuate a visible signal in the corridor at the resident's door. The activating mechanism within the resident's sleeping room is to be located as readily accessible to the resident at all times. (3-20-20)

05. **Resident Accommodations**. Accommodations for the residents of the facility must include the following: (3-20-20)

a. That each resident room is an outside room. (3-20-20)

b. That not more than four (4) residents can be housed in any multi-bed sleeping room. (3-20-20)

c. That every resident sleeping room is provided with a window as follows: (3-20-20)

i. Equal to at least one-eighth (1/8) of the floor area. (3-20-20)

ii. Openable to obtain fresh air. (3-20-20)

iii. Provided with curtains, drapes, or shades. (3-20-20)

iv. Located to permit the resident a view from a sitting position. (3-20-20)

v. Has screens. (3-20-20)

d. No resident room can be located: (3-20-20)

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. That resident rooms are a sufficient size to allow no less than eighty (80) square feet of usable floor space per resident in multiple-bed rooms. Private rooms will have no less than one hundred (100) square feet of usable floor space. (3-20-20)

f. That resident beds are not placed in hallways or in any location commonly used for other than bedroom purposes. (3-20-20)

g. That rooms have dimensions that allow no less than three (3) feet between beds and two (2) feet of space between the bed and side wall. (3-20-20)

h. That ceiling heights in resident rooms are a minimum of seven (7) feet, six (6) inches. (3-20-20)

i. That closet space in each sleeping room is twenty (20) inches by twenty-two (22) inches per resident. Common closets utilized by two (2) or more residents are provided with substantial dividers for separation

of each resident's clothing for prevention of cross contamination. All closets are equipped with doors. Freestanding closets will be deducted from the square footage in the sleeping room. (3-20-20)

j. That every health care facility provides a living room or recreation room for the sole use of the residents. Under no circumstances may these rooms be used as bedrooms by residents or personnel. A hall or entry is not acceptable as a living room or recreation room. (3-20-20)

k. That all resident rooms are numbered and all other rooms numbered or identified as to purpose. (3-20-20)

l. That a drinking fountain is connected to cold running water, is accessible to both wheelchair and non-wheelchair residents, and located in each nursing or staff unit. (3-20-20)

m. That residents of the opposite sex are not housed in the same bedroom or ward, except in cases of husband and wife. (3-20-20)

n. That gardens, yards, or portions of yards are secure for outdoor use by all residents and bounded by a substantial enclosure if intended for unsupervised use by residents who may wander away from the facility. (3-20-20)

o. That toilet rooms, tub/shower rooms, and handwashing facilities are constructed as follows: (3-20-20)

i. Toilet rooms and bathrooms for residents and personnel are not to open directly into any room in which food, drink, or utensils are handled or stored. (3-20-20)

ii. Toilet and bathroom are separated from all other rooms by solid walls or partitions. (3-20-20)

iii. On floors where wheelchair residents are housed, there is at least one (1) toilet and one (1) bathing facility large enough to accommodate wheelchairs. (3-20-20)

iv. All inside bathrooms and toilet rooms have forced ventilation to the outside. (3-20-20)

v. Toilet rooms for resident use are arranged that it is not necessary for an individual to pass through or into another resident's room to reach the toilet facilities. (3-20-20)

vi. Handrails and/or grab bars are provided in resident toilet rooms and bathrooms and are located so as to be functionally adequate. (3-20-20)

vii. Each resident floor or nursing unit has at least one (1) tub or shower for every twelve (12) licensed beds; one (1) toilet for every eight (8) licensed beds; and one (1) lavatory with mirror for every eight (8) licensed beds. Tubs, showers, and lavatories are connected to hot and cold running water. (3-20-20)

06. Dining/Recreation Facilities. Facilities must provide one (1) or more attractively furnished, multipurpose areas for dining/recreation purposes that meets the following requirements: (3-20-20)

a. A minimum of twenty-five (25) square feet per licensed bed is to 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. (3-20-20)

b. It is for the sole use of the residents, and a hall or entry is not acceptable. (3-20-20)

07. Isolation Units (Temporary). Each health care facility must have available a room with private toilet, lavatory, and other accessory facilities for temporary isolation of a resident with a communicable or infectious disease. (3-20-20)

08. **Utility Areas**. A utility room with a separate entrance and physically partitioned from any toilet and/or bathing facility must be provided for the preparation, cleansing, sterilization, and storing of nursing supplies and equipment. A utility room must be provided on each floor in each nursing or staff unit of the facility. Provisions must be made for the separation of clean and soiled activities. Food and/or ice must not be stored or handled in a utility room. Soiled utility rooms must be provided with forced mechanical ventilation to the outside. (3-20-20)

09. **Storage Space**. The facility must provide general storage areas and medical storage areas as follows: (3-20-20)

a. General storage at the rate of ten (10) square feet per licensed bed, in addition to suitable storage provided in the resident's sleeping room. (3-20-20)

b. The facility provides safe and adequate storage space for medical supplies and equipment and a space appropriate for the preparation of medications. (3-20-20)

10. **Electrical and Lighting**. All electrical and lighting installation must be in accordance with the National Electrical Code and as follows: (3-20-20)

a. All electrical equipment intended to be grounded is grounded. (3-20-20)

b. Frayed cords, broken plugs, and the like are repaired or replaced. (3-20-20)

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

d. Extension cords are U.L. approved, adequate in size (wire gauge), and limited to temporary usage. (3-20-20)

e. All resident personal electrical appliances are inspected and approved by the facility engineer and/or administrator. (3-20-20)

f. All resident rooms 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. (3-20-20)

g. All hallways, storerooms, stairways, inclines, ramps, exits, and entrances have a minimum of five (5) foot candles of light measured in the darkest corner. (3-20-20)

11. **Ventilation**. The facility must be ventilated and precautions taken to eliminate offensive odors in the facility. (3-20-20)

12. **Heating**. A heating system must 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. (3-20-20)

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 are not used. (3-20-20)

13. **Plumbing**. Plumbing at the facility must be as follows: (3-20-20)

a. All plumbing complies with applicable local and state codes. (3-20-20)

b. Vacuum breakers are installed where necessary to prevent backsiphonage. (3-20-20)

c. The temperature of hot water at plumbing fixtures used by residents is between one hundred five degrees (105F) and one hundred twenty degrees (120F) Fahrenheit. (3-20-20)

121. NEW CONSTRUCTION STANDARDS.
The following requirements must be met: (3-20-20)

01. 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, any additions, structural changes to existing facilities, or conversion of buildings to be used as a facility, plans and specifications must be submitted to, and approved by, the Department to assure compliance with the applicable construction standards, codes, rules, and regulations. (3-20-20)

b. The plans and specifications must 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. (3-20-20)

c. Preliminary plans must be submitted and include at least the following: (3-20-20)

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 are drawn at a scale sufficiently large to clearly present the proposed design, but not less than a scale of one-eighth inch (1/8") equals one foot (1'). (3-20-20)

iii. The drawings include a plan for each floor, including the basement or ground floor with approach or site plan, showing roads, parking areas, sidewalks, etc. (3-20-20)

iv. The total floor area and number of beds are computed and noted on the drawings. (3-20-20)

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

d. Before commencing construction, the working drawings must be developed in close cooperation with, and approved by, the Department and other appropriate agencies with the following. (3-20-20)

i. Working drawings and specifications are prepared so that clear, distinct prints may be obtained, accurately dimensioned, and include all necessary explanatory notes, schedules, legends, and stamped with the licensed architect's seal. (3-20-20)

ii. Working drawings are complete and adequate for contract purposes. Separate drawings are prepared for each of the following branches of work: architectural, mechanical and electrical. (3-20-20)

e. Prior to occupancy, the facility must be inspected and approved by the licensing agency. The agency will be notified at least two (2) weeks prior to completion in order to schedule a final inspection. (3-20-20)

02. Codes and Standards. New construction features must be in accordance with applicable local, state, national standards, codes, and regulations in effect at the time of the construction, addition, remodeling, or renovation. (3-20-20)

a. In the event of a conflict of requirements between codes, the most restrictive applies. (3-20-20)

b. Compliance with the applicable provisions of the following codes and standards must be required by, and reviewed for, by this agency: (3-20-20)

i. American National Standard Specifications for Making Buildings and Facilities Accessible to and Usable by Physically Handicapped People (ANSI A117.1). (3-20-20)

ii. Idaho Department of Health and Welfare Rules, IDAPA 16.02.19, "Idaho Food Code." (3-20-20)

03. Site Requirements. The location of all new facilities or conversion of existing buildings is controlled by the following criteria: (1-1-88)

a. That it is adjacent to an all-weather road(s). (3-20-20)

b. That it is accessible to physician's services and medical facilities. (3-20-20)

c. That it is accessible to public utilities. (3-20-20)

d. That it is in a lawfully constituted fire district. (3-20-20)

e. That each facility has parking spaces to satisfy the minimum needs of residents, employees, staff, and visitors. In the absence of a local requirement, each facility provides not less than one (1) space for each day shift staff member and employee, plus one (1) space for each five (5) 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 must be provided for emergency and delivery vehicles. (3-20-20)

04. Resident Care Unit. Each resident care unit must be in compliance with the following: (3-20-20)

a. That the number of beds in a unit does not exceed sixty (60); (3-20-20)

b. That at least eighty percent (80%) of the beds are located in rooms designed for one (1) or two (2) residents; (3-20-20)

c. That at least one (1) room in each facility is available for single occupancy for isolation of disease, for privacy in personality conflict, or disruptive resident situations. Each isolation room meets the following requirements: (3-20-20)

i. All features of regular resident rooms, as described in Subsection 121.05.d.; (3-20-20)

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

iii. Supply a handwashing lavatory in or directly adjacent to the resident room entry; (3-20-20)

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. That each resident room meets the following requirements: (3-20-20)

i. Minimum room area, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules is one hundred (100) square feet in single-bed rooms and eighty (80) square feet in multiple bed rooms per resident; (3-20-20)

ii. Beds in all rooms are 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; (3-20-20)

iii. A lavatory is provided in each 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 that serves that room only; (3-20-20)

iv. Each resident has access to a toilet room without entering the general corridor area. One (1) toilet room serves no more than four (4) beds, and no more than two (2) resident rooms. The toilet room contains a water closet and a lavatory. The lavatory may be omitted from a toilet room if each resident room served by that toilet room

contains a lavatory; (3-20-20)

v. Each resident is 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 is provided; (3-20-20)

vi. Each resident room cannot be located more than one hundred twenty (120) feet from the soiled workroom or the soiled holding room; (3-20-20)

vii. Each room has a window that can be opened without the use of tools. The window sill must not be higher than three (3) feet above the floor and needs to be above grade. The window is at least one-eighth (1/8) of the floor area and provided with shades or drapes; (3-20-20)

viii. Cubicle curtains of fire retardant material, capable of enclosing the bed is provided in multiple-bed rooms to insure privacy for the residents. Alternatives to this arrangement may be allowed if the alternative provides the same assurance of privacy; (3-20-20)

ix. Mirror(s) are arranged for convenient use by residents in wheelchairs, as well as by residents in standing position; (3-20-20)

x. A staff calling system is installed at each resident bed and in each resident toilet, bath, and shower room. The staff call in the toilet, bath, and shower room is an emergency call. All calls register at the staff station and activate a visible signal in the corridor at the resident's door. The emergency call system is designed so that a signal light activated at the resident's station will remain lit until turned off at the resident's calling station; (3-20-20)

xi. All resident rooms are visible to a staffed nurse's station; (3-20-20)

xii. Each resident room is an outside room; (3-20-20)

xiii. Residents cannot be cared for or housed in any attic story, trailer house, or in any room other than an approved resident room; (3-20-20)

xiv. Resident beds are not be placed in hallways or any location commonly used for other than bedroom purposes; (3-20-20)

xv. Ceiling heights in resident rooms are a minimum of eight (8) feet; (3-20-20)

xvi. No room can be used for a resident room that can only be reached by passing through another resident room, utility room or any other room. All resident rooms have direct access to an exit corridor; (3-20-20)

xvii. Resident rooms do not open into any room in which food is prepared, served, or stored; and (3-20-20)

xviii. All resident rooms are numbered. All other rooms are numbered or identified as to purpose. (3-20-20)

e. Service Areas. That the following service areas are located in, or readily available to, each 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 that would accommodate some functions without specific designation of areas or rooms. Details of such proposals are submitted for prior approval. Each service area may be arranged and located to serve more than one (1) resident care unit, but at least (1) such service area is provided on each resident floor and as follows: (3-20-20)

i. Staff station with space for charting and storage for administrative supplies convenient to handwashing facilities; (3-20-20)

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 located close to the duty station of personnel or in a central location; (3-20-20)

iv. Clean workroom or clean holding room. If the room is used for work, that it contains 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; (3-20-20)

v. A soiled workroom contains 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; (3-20-20)

vi. Drug distribution station. Provisions are made for secure, convenient, and prompt twenty-four (24) hour availability of medicine to residents. A secure medicine preparation area is available and under the nursing staff's visual control and contains a work counter, refrigerator, and locked storage for controlled drugs, and has 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; (3-20-20)

vii. Clean linen storage. A separate closet or a designated area within the clean workroom is provided. If a closed cart system is used, storage may be in an alcove; (3-20-20)

viii. Nourishment station. The station contains a sink equipped for handwashing, equipment for serving nourishment between scheduled meals, refrigerator, and storage cabinets. Ice for residents' service and treatment is provided only by icemaker-dispenser units; (3-20-20)

ix. Equipment storage room(s). Room(s) is available for storage of equipment such as I.V. stands, inhalators, air mattresses, and walkers; (3-20-20)

x. Resident bathing facilities. A minimum of one (1) bathtub or shower is provided for each ten (10) beds not otherwise served by bathing facilities at resident rooms. Residents have access to at least one (1) bathtub in each nursing unit. Each tub or shower is in an individual room or enclosure that 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 has a minimum of four (4) feet square without curbs and designed for use by a wheelchair. (3-20-20)

f. Resident Toilet Facilities. That each resident toilet room meets the following criteria: (3-20-20)

i. The minimum dimensions of a room containing only a water closet is three (3) feet by six (6) feet. Additional space is provided if a lavatory is located within the same room. Water closets are accessible for use by wheelchair residents. (3-20-20)

ii. At least one (1) room on each floor is appropriate for toilet training. It is accessible from the corridor. A clearance of three (3) feet is provided at the front and at each side of the water closet and the room contains a lavatory. (3-20-20)

iii. A toilet room is 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. (3-20-20)

g. Sterilizing Facilities. That a system for the sterilization of equipment and supplies is provided. (3-20-20)

05. Resident Dining and Recreation Areas. The following minimum requirements apply to dining/recreation areas. (3-20-20)

a. Area Requirement. The total area set aside for these purposes is 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 is provided as needed to accommodate for day care residents needing naps or for dining and activities. (3-20-20)

b. Storage. Storage space is provided for recreational equipment and supplies. (3-20-20)

06. Rehabilitation Therapy Facilities. Each facility must include provisions for physical and occupational therapy for rehabilitation of long term care residents. Areas and equipment is necessary to meet the intent of the program. As a minimum, the following must be located on-site, convenient for use to the nursing unit: (3-20-20)

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 resident privacy. (3-20-20)

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 residents' clothing and personal effects. (3-20-20)

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

iv. Showers for resident use. (3-20-20)

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

07. Personal Care Unit. A separate room must be provided with equipment for hair care and grooming needs of the residents. (3-20-20)

08. Dietary Facilities. The following must be provided: (3-20-20)

a. Handwashing facilities in the food preparation area. (1-1-88)

b. Resident meal service space including facilities for tray assembly and distribution. (1-1-88)

c. Warewashing in a room or an alcove separate from food preparation and serving areas. This includes commercial type dishwashing equipment. Space is also provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the using area. Handwashing facilities are conveniently available. (3-20-20)

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

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

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

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

h. Janitor's closet located within the dietary department. The closet contains a floor receptor or service sink and storage space for housekeeping equipment and supplies. (3-20-20)

09. **Administration and Public Areas**. The following must be provided: (3-20-20)

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)

10. **Linen Services**. The following requirements apply: Laundry processing room with commercial type equipment with which a seven (7) days' need can be processed. (3-20-20)

11. **Central Stores**. General storage rooms must have a total area of not less than ten (10) square feet per bed and concentrated in one (1) area. (3-20-20)

12. **Janitors' Closets**. In addition to the janitors' closets called for in certain departments, sufficient janitor's closets must be provided throughout the facility to maintain a clean and sanitary environment. These contain a floor receptor or service sink and storage space for housekeeping equipment and supplies. (3-20-20)

13. **Engineering Services and Equipment Areas**. The following must be provided: (3-20-20)

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)

14. **Details and Finishes**. A high degree of safety for the residents must be provided to minimize the incidence of accidents with special consideration for residents who will be ambulatory to assist them in self-care. Hazards such as sharp corners must be avoided. All details and finishes for modernization projects as well as for new construction must comply with the following requirements: (3-20-20)

a. Details: (1-1-88)

i. All rooms containing bathtubs, sitz baths, showers, and water closets subject to occupancy by residents are equipped with doors and hardware that 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 resident who may have collapsed within the room. (3-20-20)

ii. Windows and outer doors that may be frequently left in an open position are provided with insect screens. (3-20-20)

iii. 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) is 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 are used in wall openings of recreation rooms and exercise rooms unless required otherwise for safety. Safety glass or plastic glazing materials as noted above are used for shower doors and bath enclosures. (3-20-20)

iv. Dumbwaiters, conveyors, and material handling systems do not open directly into a corridor or exitway. (3-20-20)

vi. Thresholds and expansion joint covers are made flush with the floor surface to facilitate use of wheelchair and carts. (3-20-20)

vi. Grab bars are provided at all resident toilets, showers, tubs, and sitz baths. The bars have one and one-half (1-1/2) inches clearance to walls and sufficient strength and anchorage to sustain a concentrated load of two hundred fifty (250) pounds. (3-20-20)

vii. Recessed soap dishes are provided in showers and bathrooms. (3-20-20)

viii. Handrails are provided on both sides of corridors used by residents. A clear distance of one and one-half (1-1/2) inches is provided between the handrail and the wall. Ends are returned to the wall. (3-20-20)

ix. The arrangement of handwashing facilities provides sufficient clearance for blade-type operating handles and are installed to permit use by wheelchair residents. (3-20-20)

x. Lavatories and handwashing facilities are securely anchored to withstand an applied vertical load of not less than two hundred fifty (250) pounds on the front of the fixture. (3-20-20)

xi. Mirrors are arranged for convenient use by residents in wheelchairs as well as by residents in a standing position. (3-20-20)

xii. Paper towel dispensers and waste receptacles are provided at all handwashing fixtures. (3-20-20)

xiii. Ceiling heights are as follows: (3-20-20)

(1) Boiler rooms 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 have height required to accommodate the equipment. (1-1-88)

(3) All other rooms 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 are not less than six (6) feet, eight (8) inches above the floor. (3-20-20)

xiv. Recreation rooms, exercise rooms, and similar spaces where impact noises may be generated are

not located directly over resident bed areas unless special provisions are made to minimize the noise. (3-20-20)

b. Finishes: (1-1-88)

i. Floor materials are easily cleaned and have wear resistance appropriate for the location involved. Floors in areas used for food preparation or food assembly are water resistant and grease proof. Joints in tile and similar materials in such areas are resistant to food acids. In all areas frequently subject to wet cleaning methods or spillage, floor materials are not 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) have an impervious nonslip surface. Vinyl asbestos tile is not acceptable for such areas. (3-20-20)

ii. Wall bases in kitchens, soiled workrooms, and other areas that are frequently subject to wet cleaning methods are made integral and coved with the floor, tightly sealed within the wall, and constructed without voids that can harbor insects. (3-20-20)

iii. Wall finishes are washable and in the immediate area of plumbing fixtures smooth and moisture resistant. Finish, trim, and wall and floor construction in dietary and food preparation areas are free from spaces that can harbor rodents and insects. (3-20-20)

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

v. Ceilings throughout the facility are easily cleanable. Ceilings in the dietary and food preparation areas 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)

15. Construction Features. The facility must be designed and constructed to sustain dead and live loads in accordance with local building codes. All construction must comply with applicable provisions of the codes and standards as listed in Section 121 and as follows: (12-31-91)

a. All buildings having resident use areas on more than one (1) floor have at least one (1) electrical or electrohydraulic elevator. (3-20-20)

b. All mechanical installations comply with applicable codes and the following: (3-20-20)

i. Prior to completion, all mechanical systems are tested, balanced, and operated to demonstrate to the owner or representative that the installation and operation conform to the plans and specifications. (3-20-20)

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

(1) Normal comfort the design temperature for all occupied areas provides 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 are mechanically operated. All fans serving exhaust systems are located at the discharge end of the system. (1-1-88)

c. Outdoor air intakes are 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 that may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes serving central systems are 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 is not be less than three (3) inches above the floor of any room. (1-1-88)

e. All central ventilation or air-conditioning systems are equipped with filters having efficiencies no

less than: (1-1-88)

i. Eighty percent (80%) for resident care, treatment, diagnostic, and related areas that 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 are designed to meet the following: (1-1-88)

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

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

iii. Vacuum breakers are 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 are arranged to provide hot water at each hot water outlet at all times. Hot water at shower, bathing, and handwashing facilities do not exceed one hundred twenty degrees (120) Fahrenheit. (1-1-88)

v. Hot water heating equipment has 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)

g. Electrical standards. All electrical installations comply with applicable codes and the following: (1-1-88)

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

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

iii. Panel boards serving lighting and appliance circuits are 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 have lighting. (1-1-88)

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

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

(1) Resident rooms. Each resident room has 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 are 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 circuits to fixed or portable equipment in hydrotherapy units are provided with five (5) milliampere ground fault interrupters. (1-1-88)

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

122. FURNISHINGS AND EQUIPMENT.

01. Furnishings – Resident Living Rooms and Bedrooms. Living rooms for residents' use must be provided with a sufficient number of reading lamps, tables, chairs, or sofas of satisfactory design for age and condition of the residents. The following requirements must be met: (3-20-20)

a. Each resident is provided with their own bed that is at least thirty-six (36) inches wide, have a head and a footboard, be substantially constructed, and in good repair. Roll-away type beds, cots, folding beds, double beds, or Hollywood-type beds are not to be used. (3-20-20)

b. Each bed is provided with satisfactory type springs in good repair and a clean, comfortable mattress at least five (5) inches thick, (four (4) inches if of foam rubber construction and four and one-half (4-1/2) inches if of innerspring type) and standard in size for the bed. (12-31-91)

c. Each resident is provided with an individual rack with towel and washcloth. (3-20-20)

d. In addition to basic resident care equipment, each resident is provided an individual reading light, bedside cabinet with drawer, comfortable chair, and storage space for clothing and other possessions. (3-20-20)

e. Each resident is provided with a cup and a covered pitcher of fresh water (or the equivalent) at the bedside if the resident needs assistance to ambulate but is able to drink without assistance. (3-20-20)

02. General Requirements. Equipment and supplies must be provided to satisfactorily meet the individualized needs of the residents of the facility. Equipment and supplies will vary according to the size of the facility and the type of residents. An authorized representative of the Department will make the final determination as to the adequacy and suitability of equipment and supplies. The following must be met: (3-20-20)

a. Cubicle curtains of fire-retardant material that are designed to enclose the bed are provided in multiple-bed rooms to ensure privacy for the residents. Alternatives may be provided if equivalent privacy is allowed. (3-20-20)

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

c. An adequate supply of clean linen is available and in good repair to keep the resident clean, odor-free, and insures the comfort of the resident. (3-20-20)

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

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

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

123. -- 150. (RESERVED)

151. ACTIVITIES PROGRAM.
The facility must provide adequate funding for the activity program. Residents must not be required to support the funding. (3-20-20)

152. SOCIAL SERVICES.
The facility must provide for the identification of the social and emotional needs of the residents either directly or through arrangements with an outside resource and provide means to meet the needs identified. Sufficient staff must be provided to implement the program as follows: (3-20-20)

01. Licensed Social Worker. That a social worker is licensed by the state of Idaho as a social worker or who receives regular consultation from such a qualified social worker. (3-20-20)

02. Outside Resources. That if the facility does not provide the services directly but arranges with an outside resource to provide the services, a facility staff member is designated in writing as a liaison person. (3-20-20)

03. Identify and Implement Programs. That the facility ensures that identification of needs and implementation of programs meets the needs and appropriate record keeping is accomplished. (3-20-20)

153. (RESERVED)

154. PHYSICIAN SERVICES.
The following standards must be met: (3-20-20)

01. Physician Supervision. That each resident is under the direct and continuing supervision of a physician of their own choice licensed by the Idaho Board of Medicine. (3-20-20)

02. Necessary Medical Information. That the physician provides the facility with medical information necessary to care for the resident that 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 includes diagnosis, medical findings, activity limitations, and rehabilitation potential. (3-20-20)

03. Physician's Plan of Care. That a physician's plan of care is provided to the facility upon admission of the resident that reflects medication orders, treatments, diet orders, activity level approved, and any other directives to the facility for the care of the resident. (3-20-20)

04. Plan of Care Review. That the physician's plan of care for the resident is reviewed by the physician as follows: (3-20-20)

a. Every thirty (30) to sixty (60) days for skilled care residents depending upon the visit schedule authorized. (3-20-20)

b. The plan of care is reordered with any changes included by the physician and signed and dated by the physician at the time of the review. (1-1-88)

155. -- 199. (RESERVED)

200. NURSING SERVICES.
The following requirements must be met: (3-20-20)

01. Director of Nursing Services (DNS). A licensed registered nurse currently licensed by the state of Idaho and qualified by training and experience is designated DNS in each SNF and is responsible and accountable for the following: (3-20-20)

a. Participating in the development and implementation of resident care policies; (3-20-20)

b. Developing and/or maintaining goals and objectives of nursing service, standards of nursing practice, and nursing policy and procedures manuals; (1-1-88)

c. Assisting in the screening and selection of prospective residents in terms of their needs, and the services available in the facility; (3-20-20)

d. Observing and evaluating the condition of each resident and developing a written, individualized patient care plan that is based upon an assessment of the needs of each resident, and that is kept current through review and revision; (3-20-20)

e. 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)

f. 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)

g. Preparing daily work schedule for nursing and auxiliary personnel that includes names of employees, professional designation, hours worked, and daily patient census; and (1-1-88)

h. Coordinating the nursing service with related resident care services; (3-20-20)

02. **Minimum Staffing Requirements**. That minimum staffing requirements include the following: (3-20-20)

a. A Director of Nursing Services (DNS) works full time on the day shift but the shift may be varied for management purposes. If the DNS is temporarily responsible for administration of the facility, there is a licensed registered nurse (RN) assistant to direct patient care. The DNS is required for all facilities five (5) days per week. (3-20-20)

i. The DNS in facilities with an average occupancy rate of sixty (60) residents or more has strictly nursing administrative duties. (3-20-20)

ii. The DNS. in facilities with an average occupancy rate of fifty-nine (59) residents or less may, in addition to administrative responsibilities, serve as the supervising nurse. (3-20-20)

b. A supervising nurse, licensed registered nurse, or a licensed practical nurse, 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. (3-20-20)

c. A charge nurse, a licensed registered, or a licensed practical nurse, 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 is on duty as follows: (3-20-20)

i. In SNFs with an average occupancy rate of fifty-nine (59) residents or less a licensed registered nurse is on duty eight (8) hours of each day and no less than a licensed practical nurse is on duty for each of the other two (2) shifts. (3-20-20)

ii. In SNFs with an average occupancy rate of sixty (60) to eighty-nine (89) residents a licensed registered nurse is 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. (3-20-20)

iii. In SNFs with an average occupancy rate of ninety (90) or more residents a licensed registered nurse is on duty at all times. (3-20-20)

iv. In those facilities authorized to utilize a licensed practical nurse as charge nurse, the facility must make documented arrangements for a licensed registered nurse to be on call for these shifts to provide professional nursing support. (1-1-88)

d. Nursing hours per resident per day are provided to meet the total needs of the residents. The minimum staffing is as follows: (3-20-20)

i. Skilled Nursing Facilities with a census of fifty-nine (59) or less residents provide two and four-tenths (2.4) hours per resident per day. Hours do not include the DNS but the supervising nurse on each shift may be counted in the calculations of the two and four-tenths (2.4) hours per resident per day. (3-20-20)

ii. Skilled Nursing Facilities with a census of sixty (60) or more residents provide two and four-tenths (2.4) hours per resident per day. Hours do not include the DNS or supervising nurse. (3-20-20)

iii. Nursing hours per resident per day are required seven (7) days a week with provision for relief personnel. (3-20-20)

iv. Skilled Nursing Facilities are 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. (3-20-20)

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) represent the total number of acute care (hospital) and long term care (nursing home) beds. (12-31-91)

f. Waiver of Licensed Registered Nurse as Supervising or Charge Nurse. In the event that a facility is unable to hire licensed 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 licensed 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 licensed registered nursing personnel is maintained in the facility; (1-1-88)

iii. The facility maintains at least forty (40) hours a week R.N. coverage. (1-1-88)

g. There is at least two (2) nursing personnel on duty on each shift to ensure resident safety in the event of accidents, fires, or other disasters. (3-20-20)

h. Nursing care is given only by licensed staff, nursing personnel, and auxiliary nursing personnel. (1-1-88)

03. Resident Care. That nursing staff must document on the resident medical record, any assessments of the resident, any interventions taken, effect of interventions, significant changes and observations, and the administration of medications, treatments, and any other services provided, and entries made at the time the action occurs with signature, date and time. At a minimum, a monthly summary of the resident's condition and reactions to care must be written by a licensed nursing staff person. (3-20-20)

04. Medication Administration. Medications must be provided to residents by licensed nursing staff in accordance with established written procedures that includes at least the following: (3-20-20)

a. Administered in accordance with physician's, dentist's, or nurse practitioner's written orders; (1-1-88)

b. The 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 resident (exception: Unit dose); (3-20-20)

f. 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 resident's medication is properly recorded on their individual medication record by the person administering the medication. The record includes: (3-20-20)

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 (that has elsewhere been identified) of person administering the medication; (1-1-88)

vi. Medications omitted; (1-1-88)

vii. Medication errors (that are reported to the charge nurse and attending physician. (1-1-88)

05. Tuberculosis Control. That in order to assure the control of tuberculosis in the facility, there is a planned, organized program of prevention through written and implemented procedures that are consistent with current accepted practices and includes: (3-20-20)

a. The results of a T.B. skin test is established for each resident upon admission. If the status is not known upon admission, a T.B. skin test is 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 resident receives a chest x-ray. A chest x-ray conducted thirty (30) days prior to admission is acceptable. (3-20-20)

d. When a chest x-ray is indicated and the 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 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 residents and employees are retested. (3-20-20)

201. PHARMACY SERVICES.
The following requirements must be met: (3-20-20)

01. Pharmacy Service. That each SNF has a written agreement with a pharmacist licensed by the state

of Idaho to direct, supervise, and be responsible for pharmacy service in the facility and for coordinating services when more than one (1) supplier of medications is utilized by the facility. (3-20-20)

02. Care of General Medications. That the care and handling of medications is conducted in the following manner: (3-20-20)

a. Medications are administered to residents of the SNF only on the order of a person authorized by law in Idaho to prescribe medications. This order is recorded on the resident's medical record, dated and signed by the ordering physician, dentist or nurse practitioner. (3-20-20)

b. All telephone and verbal orders are taken by licensed nurses, pharmacists and physicians only, and recorded on the resident's clinical record, dated and signed by the person taking the order. Telephone and verbal orders are 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 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 do not package or repackage, bottle or label any medication, in whole or in part. (1-1-88)

e. Prescription medication is administered only to the resident whose name appears on the prescription legend. (3-20-20)

f. All medications are labeled with the original prescription legend including the name and address of the pharmacy, 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 is allowed. (1-1-88)

h. Prescription renewal or refill is made only under physician's, dentist's, or nurse practitioner's authorization. (1-1-88)

i. Drugs dispensed 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)

j. All medications in the facility are maintained in a locked cabinet with the key for the lock carried only by licensed nursing personnel and/or the pharmacist. (3-20-20)

k. Poisons and toxic chemicals are stored in separate locked areas apart from medications. (1-1-88)

03. Record of Medications. (7-1-93)

a. An accurate and complete record of all medication given, both prescription and nonprescription, is recorded in the resident's chart. The record includes 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 are made on the resident's medication record whenever medications are started or discontinued. (1-1-88)

c. Reasons for administration of a PRN medication and the resident's response to the medication are documented in the nurse's notes. (1-1-88)

04. Unit Dose Pharmacy. That a unit dose pharmacy system may be provided in a SNF as the drug distribution system under the following rules and regulations. (3-20-20)

a. All residents of the facility are served by the unit dose system. (1-1-88)

b. All medications distributed to the residents are under the unit dose system, if they are prepared and available in unit dose. (1-1-88)

c. The unit dose system is 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 are 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 maintains a log identifying the drug lot number by date packaged. (1-1-88)

e. The pharmacist (or the facility) provides suitable drug-distribution cabinets that can be locked, or in lieu of a locked cabinet, medications are stored in a room that can be locked. Safe, orderly transport of the drug distribution cabinets are assured by the pharmacist. (1-1-88)

f. A direct copy of all medication orders from the resident's chart are supplied to the pharmacist in a timely manner so that they can maintain each individual resident's medication profile in the pharmacy from which they fill each resident's twenty-four (24) hour medication orders. (1-1-88)

g. The pharmacist is responsible to see that each individual resident's medication drawer is filled from the drug distribution cabinet each twenty-four (24) hours from the resident's medication profile; records individual doses not administered from returned sets of drawers; indicates the reason the medication was not administered; and records medications supplied for the next twenty-four (24) hour period. (1-1-88)

h. Designated nursing staff check each resident's medication drawer contents against their medication profile prior to distribution to the resident. (3-20-20)

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)

05. Customized Medication Packaging. That 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 applies except for alternate packaging systems. (3-20-20)

202. PET THERAPY.
The following requirements must be met: (3-20-20)

01. Policies and Procedures. That policies and procedures are developed by the facility concerning the admission of pets through a visitation program or on a permanent basis. (3-20-20)

02. Type of Pet Allowed. That the types of pets allowed are as follows: (3-20-20)

a. Only domesticated household pets (dogs, cats, birds, fish, hamsters, etc.) are permitted. Exotic pets and wild animals, even though trained, are not be permitted due to the high potential for spread of disease and injury to residents or staff. These include, but are not limited to, iguanas, snakes and other reptiles, monkeys, raccoons and skunks. Turtles are not permitted in the facility. (3-20-20)

b. If animals that are prohibited as designated in Subsection 202.02.a. of these rules are brought in for visitation, they are kept on a leash and under the control of the trainer at all times. (1-1-88)

03. Examination of Pets. That pets receive an examination by a veterinarian prior to admission to the facility. Appropriate vaccinations are given. Birds subject to transmission of psittacosis are included. (3-20-20)

04. **Enclosures**. That small animals such as hamsters and birds are kept in enclosures. (3-20-20)

05. **Permitted Areas**. That pets are not to be allowed in food preparation or storage areas or any other area if their presence would pose a significant risk to residents, staff or visitors. (3-20-20)

06. **Interference**. That the presence of pets do 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. (3-20-20)

203. RESIDENT RECORDS.
The facility maintains medical records for all residents in accordance with accepted professional standards and practices. The following requirements must be met: (3-20-20)

01. **Responsible Staff**. That the administrator designates 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 is provided periodically to the designated staff person. (3-20-20)

02. **Individual Medical Record**. That an individual medical record is maintained for each admission with all entries kept current, dated, and signed. (3-20-20)

03. **Confidentiality**. That the facility safeguards medical record information against loss, destruction, and unauthorized use. (3-20-20)

204. DAY CARE SERVICES.
Day care services may be provided for up to twelve (12) hours per day as determined by facility policy. If provided, it cannot interfere with the regular services to facility residents. The following requirements must be met: (3-20-20)

01. **Staffing**. That the facility provides additional staff depending upon the number of day care participants with the following: (3-20-20)

a. Assure that in-house facility residents are provided the nursing hours per 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)

02. **Records**. That a day care participant record is maintained. (3-20-20)

03. **Space and Supplies**. That facilities accepting day care participants provide such space and supplies as necessary to comfortably and efficiently meet the needs of both in-house residents and day care participants. (3-20-20)

205. CHILD CARE CENTERS.
The following requirements must be met: (3-20-20)

01. **Policies and Procedures**. That any facility that permits a child care center adjacent to or attached to the skilled nursing facility establishes well-defined written and implemented policies and procedures pertaining to the relationship between the child care center and the SNF. These include, but are not limited to infection control and prevention of disease transmission. (3-20-20)

02. **Day Care Licensure**. That 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 facility is licensed separately by the appropriate state or local licensing agency. (3-20-20)

03. **Day Care Compliance**. That every child day care home or center complies with the Idaho Department of Health and Welfare Rules, IDAPA 16.02.10, "Idaho Reportable Diseases." (3-20-20)

04. **Day Care Staff**. That each child day care home or center is staffed appropriately to meet the needs of the children cared for as a completely separate staff from those employees of the SNF facility. (3-20-20)

206. -- 300. **(RESERVED)**

301. RESPITE CARE SERVICES.
If the SNF offers respite care to relieve families or other individuals, there must be policies and procedures written and implemented regarding the program. The following requirements must be met: (3-20-20)

01. **Admissions**. That respite care residents are admitted to the facility in the same manner as any other admission that includes, but is not limited to: (3-20-20)

a. Authorization by a physician. (1-1-88)

b. Current medical and other information sufficient to allow the facility to safely care for the resident. (1-1-88)

c. Medication and treatment orders signed and dated by the resident's attending physician. (1-1-88)

02. **Limitations**. That no resident is considered as respite care when the stay at the facility is not for purposes of relief for other care givers or families and that exceeds a four (4) week period of time. Variances may be granted by the Department on a case-by-case basis. (3-20-20)

03. **Records**. That records are maintained for all respite care residents that include at least the following: (3-20-20)

a. Medical information sufficient to care for the 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 resident. (1-1-88)

d. Medication administration record. (1-1-88)

e. Pertinent 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**. That due to the short length of stay, certain documents and actions provided to and required for other in-house nonrespite care residents are not required for respite care residents. Allowances to be considered are as follows: (3-20-20)

a. A complete history and physical examination by the physician is not required so long as he provides the facility with sufficient information to care for the resident. (1-1-88)

b. Physician visits are required only if the resident needs such a visit due to illness or injury or if the resident exceeds the definition of respite care and remains in the facility beyond a four (4) week period of time. (1-1-88)

c. The resident care plan may be limited to include care and services to be provided during their stay and short and long term goals are not necessary. (3-20-20)

d. Activity assessments and plans are not necessary so long as any activity limitations are known and recorded on the resident's plan of care. (1-1-88)

302. (RESERVED)

303. OTHER SERVICES.
If a SNF offers home health, hospice, or other services from the facility, the needs and requirements for the delivery of those services must in no way interfere with the ongoing operation of the SNF. (3-20-20)

304. -- 999. (RESERVED)

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