



Rules of
**Department of Health
and Senior Services**

**Division 30—Division of Senior Services and Regulation
Chapter 83—Definition of Terms**

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**Title 19—DEPARTMENT OF
HEALTH AND SENIOR SERVICES**
**Division 30—Division of Senior Services
and Regulation**
Chapter 83—Definition of Terms

19 CSR 30-83.010 Definition of Terms

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

- (1) Administrator—Shall mean an individual person who is in general administrative charge of a facility.
- (2) Automated dispensing system—Shall mean a mechanical system that performs functions that may include, but are not limited to, storing, packaging or dispensing medications, and that collects, controls and maintains all transaction information.
- (3) Certified-medication technician—Shall mean a nursing assistant who has completed a course in medication administration approved by the Department of Health and Senior Services.
- (4) Chemical restraint—Shall mean any medication that is used for discipline or convenience and not required to treat medical symptoms. For the purposes of this definition, discipline means any action taken by the facility for the purpose of punishing or penalizing residents and convenience means any action taken by the facility to control a resident's behavior or maintain a resident with a lesser amount of effort by the facility and not in the resident's best interest.
- (5) Communicable disease—Any illness, disease or condition reportable to the Missouri Department of Health and Senior Services as required by 19 CSR 20-20.010 and 19 CSR 20-20.020 is considered, for the context of these rules, a communicable disease.
- (6) Control of medication—Shall mean assuming responsibility by the facility for all facets of control of medication including, but not limited to, acquisition, storage, security and administration.
- (7) Designee—Shall mean an individual who has been designated in writing by a resident to handle matters and receive reports related to his/her personal possessions and property.
- (8) Emergency medical procedure—Shall mean those written policies and procedures which describe the types and degrees of accidents and injuries, how they will be treated, by whom, in which instances the resident's physician will be notified and how quickly.
- (9) Emergency medication supply—Shall mean a limited number of dosage units of prescription medications that may be administered to a resident in an emergency situation or for initial doses of a necessary medication when a pharmacy cannot provide a prescription for a resident within a reasonable time based on the resident's clinical needs at the time.
- (10) Existing or existing licensed facility—Shall mean a long-term care facility which was licensed and in operation or one whose plans were approved prior to June 10, 1981 for a skilled or intermediate care facility or prior to November 13, 1980 for residential care facilities I and II.
- (11) Exit—Shall mean a door leading to the outside or through a horizontal exit in a fire wall to a fire-safe area in the building.
- (12) Fire-resistant construction—For intermediate care facilities and skilled nursing facilities, fire-resistant construction shall mean that a facility meets the specifications for Type II (222) or Type II (111) construction as given in the *National Fire Protection Association Code 220*. The definition of fire-resistant construction for residential care facilities I and II is given in 19 CSR 30-86.022(2)(B).
- (13) Hazardous area—Shall mean furnace rooms other than electric forced air furnaces, laundries, kitchens, maintenance shops and storage rooms of over one hundred (100) square feet and any areas which contain combustible materials which will be either easily ignited, burn with an intense flame or result in the production of dense smoke and fumes.
- (14) Level I medication aide—Shall mean an individual who has completed a course approved by the Department of Health and Senior Services in medication administration in a residential care type facility.
- (15) Long-term care facility—Shall mean a facility that is licensed either solely or in combination as a skilled nursing facility, an intermediate care facility, a residential care facility II or a residential care facility I.
- (16) Major fraction thereof—Shall mean anything over fifty percent (50%) of the number of occupied beds.
- (17) Major remodeling—Shall mean any remodeling of a long-term care facility which involves the addition of resident-use rooms, which affects fire safety or the structure of the building.
- (18) Multistory building—Shall mean any building with more than one (1) floor entirely above the grade. A floor that is partially below grade will be counted as the first story to determine sprinkler requirements only if it contains resident sleeping rooms.
- (19) New or newly licensed facility—Shall mean a long-term care facility whose plans are approved or which is licensed after June 10, 1981 for a skilled nursing or intermediate care facility or after November 13, 1980 for residential care facility I or II.
- (20) Nursing personnel—Shall include any employee, including a nurse's aid or an orderly, who provides or assists in the provision of direct resident health care services.
- (21) Operator—Shall mean any person licensed or required to be licensed under the provisions of sections 198.003-198.096, RSMo, in order to establish, conduct or maintain a facility. The term person required to be licensed shall mean any person having the following, as determined by the division:
- (A) Ultimate responsibility for making and implementing decisions regarding the operation of the facility;
 - (B) Ultimate financial control of the operation of a facility; and
 - (C) Legal right to possession of the premises on which a facility is located.
- (22) Person—Shall mean any individual, or any entity, including, but not limited to, a corporation, partnership, association, non-profit organization, fraternal organization, church or political subdivision of the state of Missouri.
- (23) Physical restraint—Shall mean any manual method or physical or mechanical device, material or equipment attached to or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Physical restraints include, but are not limited to leg restraints, arm restraints, hand mitts, soft ties or vests, lap cushions and lap trays the resident cannot remove easily. Physical restraints also include facility practices that meet the definition of a restraint, such as the following:
- (A) Using side rails that keep a resident from voluntarily getting out of bed;



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

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

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

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

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

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

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

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

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

(29) Qualified therapy assistant—Shall mean an individual who would be qualified as an occupational therapy or physical therapy assistant as outlined in CFR 405.1101.

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

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

(32) Self-control of medication—Shall mean assuming immediate responsibility by a resident for the storage and administration of

medication for oneself while the facility retains ultimate control of medication.

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

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

*AUTHORITY: sections 198.006, RSMo Supp. 2003 and 198.009, RSMo 2000. * Emergency rule filed Sept. 7, 1979, effective Sept. 28, 1979, expired Jan. 24, 1980. This rule originally filed as 13 CSR 15-11.010. Original rule filed Sept. 7, 1979, effective Jan. 12, 1980. Amended: Filed Dec. 10, 1980, effective June 11, 1981. Amended: Filed Dec. 10, 1981, effective May 11, 1982. Rescinded and readopted: Filed July 13, 1983, effective Oct. 13, 1983. Amended: Filed Nov. 9, 1983, effective Feb. 11, 1984. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Aug. 1, 1988, effective Nov. 11, 1988. Moved to 19 CSR 30-83.010, effective Aug. 28, 2001. Emergency amendment filed Sept. 12, 2003, effective Sept. 22, 2003, expired March 19, 2004. Amended: Filed Sept. 12, 2003, effective Feb. 29, 2004. Amended: Filed Sept. 14, 2004, effective March 30, 2005.*

**Original authority: 198.006, RSMo 1979, amended 1984, 1987, 2003 and 198.009, RSMo 1979, amended 1993, 1995.*