



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

**Division 30—Division of Regulation and Licensure
Chapter 86—Residential Care Facilities and
Assisted Living Facilities**

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**Title 19—DEPARTMENT OF
HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation
and Licensure
Chapter 86—Residential Care Facilities
and Assisted Living Facilities**

**19 CSR 30-86.012 Construction Standards
for Assisted Living Facilities and Residen-
tial Care Facilities**

PURPOSE: This rule establishes construction standards for Residential Care Facilities and Assisted Living Facilities.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 2000.

(1) These standards apply to assisted living facilities and residential care facilities as indicated in the rule.

(2) A facility shall submit a copy of plans of proposed new construction, additions to or major remodeling of an existing facility to the Section for Long Term Care of the Department of Health and Senior Services (hereinafter—the department). If the facility is to be licensed for more than nine (9) residents, a registered architect or registered professional engineer shall prepare the plans and specifications for new construction or additions to an existing facility in conformance with Chapter 327, RSMo. III

(3) Construction of facilities shall begin only after the plans and specifications have received the written approval of the department. Facilities shall then be built in conformance with the approved plans and specifications. The facility shall notify the department when construction begins. If construction of the project is not started within one (1) year after the date of approval of the plans and

specifications and completed within a period of three (3) years, the facility shall resubmit plans to the department for its approval and shall amend them, if necessary, to comply with the then current rules before construction work is started or continued. III

(4) If the facility employs more than fifteen (15) people, it shall conform with section 504 of the Rehabilitation Act of 1973. Any facility that houses handicapped residents shall have the first floor rooms and living areas designed to be accessible to these residents. III

(5) Facilities shall not house residents on a level where the outside grade line is more than three feet (3') above the floor level on the window side of the room. II

(6) Facilities whose plans were approved after December 31, 1987, shall provide a minimum of seventy (70) square feet per resident in private and multiple occupancy bedrooms. This square footage calculation shall include the floor space used for closets and built-in furniture and equipment if these are for resident use and the closet space does not exceed five (5) square feet per resident. Private bedrooms in existing facilities that are required to comply with the requirements of 19 CSR 30-86.043 or 19 CSR 30-86.047, and multiple occupancy bedrooms in facilities licensed between November 13, 1980 and December 31, 1987, shall have a minimum of sixty (60) square feet of floor space per resident. II

(7) Ceilings in bedrooms shall be a minimum of seven feet (7') in height or if a room with sloping ceiling is used, only the area where the ceiling height is at least seven feet (7') can be used to meet the required minimum square footage per resident. II

(8) Facilities shall provide bedrooms with at least one (1) functional outside window with screen. Window size shall be not less than one-twentieth (1/20) or five percent (5%) of the required floor area. II

(9) Facilities shall provide resident rooms with a full nonlouvered door that swings into the room. Facilities formerly licensed as residential care facilities II and existing prior to November 13, 1980, are exempt from this requirement. II

(10) Facilities shall permit no more than four (4) beds per bedroom, regardless of the room size. Facilities formerly licensed as residential care facilities II and existing prior to

November 13, 1980, are exempt from this requirement. II

(11) One (1) tub or shower bath shall be provided for each twenty (20) residents or major fraction of twenty (20). Facilities exceeding twenty (20) residents shall have separate bathing facilities for each sex. II

(12) One (1) toilet and lavatory shall be provided for each six (6) residents or major fraction of six (6). Facilities formerly licensed as residential care facilities II and in operation or whose plans were approved prior to November 13, 1980 are required to provide one (1) toilet for each ten (10) beds or major fraction of ten (10) and one (1) lavatory for every fifteen (15) residents or major fraction of fifteen (15). II

(13) Separate toilet rooms shall be provided for each sex if common rooms with multi-stalls and stools are provided. II

(14) Bath and toilet facilities shall be conveniently located so that residents can reach them without passing through the kitchen, another bedroom, or auxiliary service areas. Facilities formerly licensed as residential care facilities II and in operation or whose plans were approved prior to November 13, 1980 are exempt from this requirement. III

(15) Bath and toilet facilities shall be ventilated. III

(16) Facilities whose plans were approved or were initially licensed after December 31, 1987, shall have a community living and dining area separate from resident bedrooms with at least twenty-five (25) square feet per resident. The community living and dining area may be combined with footage required for another long-term care facility when the facility is on the same premises as another licensed facility. Facilities that are required to comply with the requirements of 19 CSR 30-86.043 licensed prior to November 13, 1980, must have a living room area but they are exempt from minimum size requirements. Facilities licensed between November 13, 1980 and December 31, 1987, shall have a community living area with twenty (20) square feet per resident for the first twenty (20) residents and an additional fifteen (15) square feet per resident over a census of twenty (20). II

(17) Facilities shall provide the following in the dietary area: a kitchen, dishwashing, refrigeration, and garbage disposal facilities. The facility shall arrange the kitchen and equipment to efficiently and sanitarily enable



the storage, preparation, cooking and serving of food and drink to residents. II

(18) Residential care facilities and assisted living facilities shall provide a designated attendant's working area which includes: a storage space for records; locked storage space for medications; a handwashing sink with hot and cold running water, a soap dispenser and paper towels; and a telephone conveniently located to the area. Facilities licensed for twelve (12) or fewer residents are exempt from a separate working area. III

(19) Facilities shall have a laundry area in a separate room for storing, sorting, washing, drying and distributing linen and personal clothing. Laundry facilities of a licensed long-term care facility located on the same premises may be used. Facilities licensed for twelve (12) or fewer residents will be exempt from having a separate room for laundry but the laundry room shall be separate from the kitchen and shall not be located in a room used by residents. III

(20) All newly licensed facilities shall be of sturdy construction with permanent foundations. III

(21) In buildings built prior to September 28, 1979, corridors shall have a minimum width of thirty-six inches (36"). First-floor resident room doors shall be a minimum of thirty-two inches (32") wide. Resident room doors of these buildings on the second floor and above shall be a minimum of thirty inches (30") wide. II/III

(22) In newly licensed buildings constructed on or after September 28, 1979, all resident room doors shall be a minimum of thirty-two inches (32") wide on all floors. Corridors shall be a minimum of forty-eight inches (48") wide and interior stairs shall be at least thirty-six inches (36") wide. II/III

(23) Exit doors in newly licensed facilities shall be at least thirty-six inches (36") wide, at least seventy-two inches (72") high and shall swing outward. II/III

(24) Residential care facilities that accept deaf residents, shall have appropriate assistive devices to enable each deaf person to negotiate a path to safety, including, but not limited to, visual or tactile alarm systems. II/III

(25) Residential care facilities and facilities formerly licensed as residential care facilities II whose plans were initially approved

between December 31, 1987 and December 31, 1998, shall have at least one (1) hydraulic or electric motor-driven elevator if there are more than twenty (20) residents with bedrooms above the first floor. The elevator installation(s) shall comply with all local and state codes, American Society for Mechanical Engineers (ASME) A17.1, *Safety Code for Elevators, Dumbwaiters, and Escalators*, and the National Fire Protection Association's applicable codes. All facilities with plans approved on or after January 1, 1999, shall comply with all local and state codes, ASME A17.1, 1993 *Safety Code for Elevators and Escalators*, and the 1996 *National Electrical Code*. These references are incorporated by reference in this rule and available at: American Society for Mechanical Engineers, Three Park Avenue, New York, NY 10016-5990; and The American National Standards Institute, 11 West 42nd Street, 13th Floor, New York, NY 10036. This rule does not incorporate any additional amendments or additions. II

(26) Facilities whose plans were approved or which were initially licensed after December 31, 1987, shall provide an air-conditioning system, or individual room air-conditioning units, capable of maintaining resident-use areas at eighty-five degrees Fahrenheit (85 °F) (29.4 °C) at the summer design temperature. II

(27) Home-Like Requirements with Respect to Construction Standards.

(A) Any assisted living facility formerly licensed as a residential care facility shall be more home-like than institutional with respect to construction and physical plant standards. II

(B) Any assisted living facility licensed as a residential care facility II prior to August 28, 2006, shall qualify as being more home-like than institutional with respect to construction and physical plant standards. II

(C) Any assisted living facility that is built or has plans approved on or after August 28, 2006, shall be more home-like than institutional with respect to construction and physical plant standards. II

AUTHORITY: sections 198.073 and 198.076, RSMo Supp. 2007. This rule originally filed as 13 CSR 15-15.012. Original rule filed July 13, 1983, effective Oct. 13, 1983. 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 May 13, 1987, effective Aug. 13, 1987. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988.*

Amended: Filed May 11, 1998, effective Dec. 30, 1998. Moved to 19 CSR 30-86.012, effective Aug. 28, 2001. Amended: Filed Nov. 15, 2004, effective May 30, 2005. Amended: Filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 13, 2008, effective Oct 30, 2008.

**Original authority: 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006, 2007, and 198.076, RSMo 1979, amended 1984, 2007.*

19 CSR 30-86.022 Fire Safety and Emergency Preparedness Standards for Residential Care Facilities and Assisted Living Facilities

PURPOSE: This rule establishes fire safety and emergency preparedness standards for residential care facilities and assisted living facilities.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the Department of Health and Senior Services are followed by a Roman Numeral notation which refers to the class (either class I, II, or III) of standard as designated in section 198.085, RSMo 2000.

(1) Definitions. For the purpose of this rule, the following definitions shall apply:

(A) Accessible spaces—shall include all rooms, halls, storage areas, basements, attics, lofts, closets, elevator shafts, enclosed stairways, dumbwaiter shafts, and chutes;

(B) Area of refuge—a space located in or immediately adjacent to a path of travel leading to an exit that is protected from the effects of fire, either by means of separation from other spaces in the same building or its location, permitting a delay in evacuation. An area of refuge may be temporarily used as a staging area that provides some relative safety to its occupants while potential emergencies are assessed, decisions are made, and, if applicable, evacuation has begun;



(C) Major renovation—shall include the following:

1. Addition of any room(s), accessible by residents, that either exceeds fifty percent (50%) of the total square footage of the facility or exceeds four thousand five hundred (4,500) square feet;

2. Repairs, remodeling, or renovations that involve structural changes to more than fifty percent (50%) of the building;

3. Repairs, remodeling, or renovations that involve structural changes to more than four thousand five hundred (4,500) square feet of a smoke section; or

4. If the addition is separated by two- (2-) hour fire-resistant construction, only the addition portion shall meet the requirements for NFPA 13, 1999 edition, sprinkler system, unless the facility is otherwise required to meet NFPA 13, 1999 edition;

(D) Fire-resistant construction—type of construction in residential care and assisted living facilities in which bearing walls, columns, and floors are of noncombustible material in accordance with NFPA 101, 2000 edition. All load-bearing walls, floors, and roofs shall have a minimum of a one- (1-) hour fire-resistant rating; and

(E) Concealed spaces—shall include areas within the building that cannot be occupied or used for storage.

(2) General Requirements.

(A) All National Fire Protection Association (NFPA) codes and standards cited in this rule: NFPA 10, *Standard for Portable Fire Extinguishers*, 1998 edition; NFPA 13R, *Installation of Sprinkler Systems*, 1996 edition; NFPA 13, *Installation of Sprinkler Systems*, 1976 edition; NFPA 13 or NFPA 13R, *Standard for the Installation of Sprinkler Systems in Residential Occupancies Up to and Including Four Stories in Height*, 1999 edition; NFPA 13, *Standard for the Installation of Sprinkler Systems*, 1999 edition; NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*, 1998 edition; NFPA 101, *The Life Safety Code*, 2000 edition; NFPA 72, *National Fire Alarm Code*, 1999 edition; NFPA 72A, *Local Protective Signaling Systems*, 1975 edition; NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, 1998 edition; and NFPA 101A, *Guide to Alternative Approaches to Life Safety*, 2001 edition, with regard to the minimum fire safety standards for residential care facilities and assisted living facilities are incorporated by reference in this rule and available for purchase from the National Fire Protection Agency, 1 Batterymarch Park, Quincy, MA 02269-

9101; www.nfpa.org; by telephone at (617) 770-3000 or 1-800-344-3555. This rule does not incorporate any subsequent amendments or additions to the materials listed above. This rule does not prohibit facilities from complying with the standards set forth in newer editions of the incorporated by reference material listed in this subsection of this rule, if approved by the department.

(B) Facilities that were complying prior to the effective date of this rule with prior editions of the NFPA provisions referenced in this rule shall be permitted to continue to comply with the earlier editions, as long as there is not an imminent danger to the health, safety, or welfare of any resident or a substantial probability that death or serious physical harm would result as determined by the department.

(C) All facilities shall notify the department immediately after the emergency is addressed if there is a fire in the facility or premises and shall submit a complete written fire report to the department within seven (7) days of the fire, regardless of the size of the fire or the loss involved. II/III

(D) The department shall have the right of inspection of any portion of a building in which a licensed facility is located unless the unlicensed portion is separated by two- (2-) hour fire-resistant construction. No section of the building shall present a fire hazard. I/II

(E) Following the discovery of any fire, the facility shall monitor the area and/or the source of the fire for a twenty-four- (24-) hour period. This monitoring shall include, at a minimum, hourly visual checks of the area. These hourly visual checks shall be documented. I/II

(F) The facility shall maintain the exterior premises in a manner as to provide for fire safety. II

(G) Residential care facilities that accept deaf residents shall have appropriate assistive devices to enable each deaf person to negotiate a path to safety, including, but not limited to, visual or tactile alarm systems. II/III

(H) Facilities shall not use space under stairways to store combustible materials. I/II

(3) Fire Extinguishers.

(A) Fire extinguishers shall be provided at a minimum of one (1) per floor, so that there is no more than seventy-five feet (75') travel distance from any point on that floor to an extinguisher. I/II

(B) All new or replacement portable fire extinguishers shall be ABC-rated extinguishers, in accordance with the provisions of NFPA 10, 1998 edition. A K-rated extinguisher or its equivalent shall be used in lieu

of an ABC-rated extinguisher in the kitchen cooking areas. II

(C) Fire extinguishers shall have a rating of at least:

1. Ten pounds (10 lbs.), ABC-rated or the equivalent, in or within fifteen feet (15') of hazardous areas as defined in 19 CSR 30-83.010; and

2. Five pounds (5 lbs.), ABC-rated or the equivalent, in other areas. II

(D) All fire extinguishers shall bear the label of the Underwriters' Laboratories (UL) or the Factory Mutual (FM) Laboratories and shall be installed and maintained in accordance with NFPA 10, 1998 edition. This includes the documentation and dating of a monthly pressure check. II/III

(4) Range Hood Extinguishing Systems.

(A) In facilities licensed on or before July 11, 1980, or in any facility with fewer than twenty-one (21) beds, the kitchen shall provide either:

1. An approved automatic range hood extinguishing system properly installed and maintained in accordance with NFPA 96, 1998 edition; or

2. A portable fire extinguisher of at least ten pounds (10 lbs.) ABC-rated, or the equivalent, in the kitchen area in accordance with NFPA 10, 1998 edition. II/III

(B) In licensed facilities with a total of twenty-one (21) or more licensed beds and whose application was filed after July 11, 1980, and prior to October 1, 2000:

1. The kitchen shall be provided with a range hood and an approved automatic range hood extinguishing system unless the facility has an approved sprinkler system. Facilities with range hood systems shall continue to maintain and test these systems; and

2. The extinguishing system shall be installed, tested, and maintained in accordance with NFPA 96, 1998 edition. II/III

(C) The range hood and its extinguishing system shall be certified at least twice annually in accordance with NFPA 96, 1998 edition. II/III

(5) Fire Drills and Emergency Preparedness.

(A) All facilities shall have a written plan to meet potential emergencies or disasters and shall request consultation and assistance annually from a local fire unit for review of fire and evacuation plans. If the consultation cannot be obtained, the facility shall inform the state fire marshal in writing and request assistance in review of the plan. An up-to-date copy of the facility's entire plan shall be provided to the local jurisdiction's emergency management director. II/III



(B) The plan shall include, but is not limited to, the following:

1. A phased response ranging from relocation of residents to an immediate area within the facility; relocation to an area of refuge, if applicable; or to total building evacuation. This phased response part of the plan shall be consistent with the direction of the local fire unit or state fire marshal and appropriate for the fire or emergency;

2. Written instructions for evacuation of each floor including evacuation to areas of refuge, if applicable, and a floor plan showing the location of exits, fire alarm pull stations, fire extinguishers, and any areas of refuge;

3. Evacuating residents, if necessary, from an area of refuge to a point of safety outside the building;

4. The location of any additional water sources on the property such as cisterns, wells, lagoons, ponds, or creeks;

5. Procedures for the safety and comfort of residents evacuated;

6. Staffing assignments;

7. Instructions for staff to call the fire department or other outside emergency services;

8. Instructions for staff to call alternative resource(s) for housing residents, if necessary;

9. Administrative staff responsibilities; and

10. Designation of a staff member to be responsible for accounting for all residents' whereabouts. II/III

(C) The written plan shall be accessible at all times and an evacuation diagram shall be posted on each floor in a conspicuous place so that employees and residents can become familiar with the plan and routes to safety. II/III

(D) A minimum of twelve (12) fire drills shall be conducted annually with at least one (1) every three (3) months on each shift. At least four (4) of the required fire drills must be unannounced to residents and staff, excluding staff who are assigned to evaluate staff and resident response to the fire drill. The fire drills shall include a resident evacuation at least once a year. II/III

(E) The facility shall keep a record of all fire drills. The record shall include the time, date, personnel participating, length of time to complete the fire drill, and a narrative notation of any special problems. III

(F) The fire alarm shall be activated during all fire drills unless the drill is conducted between 9 p.m. and 6 a.m., when a facility-generated predetermined message is acceptable in lieu of the audible and visual components of the fire alarm. II/III

(6) Fire Safety Training Requirements.

(A) The facility shall ensure that fire safety training is provided to all employees:

1. During employee orientation;

2. At least every six (6) months; and

3. When training needs are identified as a result of fire drill evaluations. II/III

(B) The training shall include, but is not limited to, the following:

1. Prevention of fire ignition, detection of fire, and control of fire development;

2. Confinement of the effects of fire;

3. Procedures for moving residents to an area of refuge, if applicable;

4. Use of alarms;

5. Transmission of alarms to the fire department;

6. Response to alarms;

7. Isolation of fire;

8. Evacuation of immediate area and building;

9. Preparation of floors and facility for evacuation; and

10. Use of the evacuation plan as required by section (5) of this rule. II/III

(7) Exits, Stairways, and Fire Escapes.

(A) Each floor of a facility shall have at least two (2) unobstructed exits remote from each other. I/II

1. For a facility whose plans were approved on or before December 31, 1987, or a facility licensed for twenty (20) or fewer beds, one (1) of the required exits from a multi-story facility shall be an outside stairway or an enclosed stairway that is separated by one- (1-) hour rated construction from each floor with an exit leading directly to the outside at grade level. Existing plaster or gypsum board of at least one-half inch (1/2") thickness may be considered equivalent to one- (1-) hour rated construction. The other required exit may be an interior stairway leading through corridors or passageways to outside or to a two- (2-) hour rated horizontal exit as defined by paragraph 3.3.61 of the 2000 edition NFPA 101. Neither of the required exits shall lead through a furnace or boiler room. Neither of the required exits shall be through a resident's bedroom, unless the bedroom door cannot be locked. I/II

2. For a facility whose plans were approved after December 31, 1987, for more than twenty (20) beds, the required exits shall be doors leading directly outside, one- (1-) hour enclosed stairs or outside stairs or a two- (2-) hour rated horizontal exit as defined by paragraph 3.3.61 of 2000 edition NFPA 101. The one- (1-) hour enclosed stairs shall exit directly outside at grade. Access to these shall not be through a resident bedroom or a hazardous area. I/II

3. Only one (1) of the required exits may be a two- (2-) hour rated horizontal exit. I/II

(B) In facilities with plans approved after December 31, 1987, doors to resident use rooms shall not be more than one hundred feet (100') from an exit. In facilities equipped with a complete sprinkler system in accordance with NFPA 13 or NFPA 13R, 1999 edition, the exit distance may be increased to one hundred fifty feet (150'). Dead-end corridors shall not exceed thirty feet (30') in length. II

(C) In residential care facilities and facilities formerly licensed as residential care facilities II, floors housing residents who require the use of a walker, wheelchair, or other assistive devices or aids, or who are blind, must have two (2) accessible exits to grade or such residents must be housed near accessible exits as specified in 19 CSR 30-86.042(33) for residential care facilities and 19 CSR 30-86.043(31) for facilities formerly licensed as residential care facilities II unless otherwise prohibited by 19 CSR 30-86.045 or 19 CSR 30-86.047, facilities equipped with a complete sprinkler system, in accordance with NFPA 13 or NFPA 13R, 1999 edition, with sprinkler coverage in attics, and smoke partitions, as defined by subsection (10)(I) of this rule, may house such residents on floors that do not have accessible exits to grade if each required exit is equipped with an area of refuge as defined and described in subsections (1)(B) and (7)(D) of this rule. I/II

(D) An "area of refuge" shall have—

1. An area separated by one- (1-) hour rated smoke walls, from the remainder of the building. This area must have direct access to the exit stairway or access the stair through a section of the corridor that is separated by smoke walls from the remainder of the building. This area may include no more than two (2) resident rooms;

2. A two- (2-) way communication or intercom system with both visible and audible signals between the area of refuge and the bottom landing of the exit stairway, attendants' work area, or other primary location as designated in the written plan for fire drills and evacuation;

3. Instructions on the use of the area during emergency conditions that are located in the area of refuge and conspicuously posted adjoining the communication or intercom system;

4. A sign at the entrance to the room that states "AREA OF REFUGE IN CASE OF FIRE" and displays the international symbol of accessibility;



5. An entry or exit door that is at least a one and three-fourths inch (1 3/4") solid core wood door or has a fire protection rating of not less than twenty (20) minutes with smoke seals and positive latching hardware. These doors shall not be lockable;

6. A sign conspicuously posted at the bottom of the exit stairway with a diagram showing each location of the areas of refuge;

7. Emergency lighting for the area of refuge; and

8. The total area of the areas of refuge on a floor shall equal at least twenty (20) square feet for each resident who is blind or requires the use of a wheelchair or walker housed on the floor. II

(E) If it is necessary to lock exit doors, the locks shall not require the use of a key, tool, special knowledge, or effort to unlock the door from inside the building. Only one (1) lock shall be permitted on each door. Delayed egress locks complying with section 7.2.1.6.1 of the 2000 edition NFPA 101 shall be permitted, provided that not more than one (1) such device is located in any egress path. Self-locking exit doors shall be equipped with a hold-open device to permit staff to reenter the building during the evacuation. I/II

(F) If it is necessary to lock resident room doors, the locks shall not require the use of a key, tool, special knowledge, or effort to unlock the door from inside the room. Only one (1) lock shall be permitted on each door. Every resident room door shall be designed to allow the door to be opened from the outside during an emergency when locked. The facility shall ensure that facility staff have the means or mechanisms necessary to open resident room doors in case of an emergency. I/II

(G) All stairways and corridors shall be easily negotiable and shall be maintained free of obstructions. II

(H) Outside stairways shall be constructed to support residents during evacuation and shall be continuous to the ground level. Outside stairways shall not be equipped with a counter-balanced device. They shall be protected from or cleared of ice or snow. II/III

(I) Facilities with three (3) or more floors shall comply with the provisions of Chapter 320, RSMo which requires outside stairways to be constructed of iron or steel. II

(J) Fire escapes constructed on or after November 13, 1980, whether interior or exterior, shall be thirty-six inches (36") wide, shall have eight-inch (8") maximum risers, nine-inch (9") minimum tread, no winders, maximum height between landings of twelve feet (12'), minimum dimensions of landings of forty-four inches (44"), landings at each exit door, and handrails on both sides and be

of sturdy construction, using at least two-inch (2") lumber. Exit doors to these fire escapes shall be at least thirty-six inches (36") wide and the door shall swing outward. II/III

(K) If a ramp is required to meet residents' needs under 19 CSR 30-86.042, the ramp shall have a maximum slope of one to twelve (1:12) leading to grade. II/III

(8) Exit Signs.

(A) Signs bearing the word EXIT in plain, legible letters shall be placed at each required exit, except at doors directly from rooms to exit passageways or corridors. Letters of all exit signs shall be at least six inches (6") high and principle strokes three-fourths of an inch (3/4") wide, except that letters of internally illuminated exit signs shall not be less than four inches (4") high. II

(B) Directional indicators showing the direction of travel shall be placed in corridors, passageways, or other locations where the direction of travel to reach the nearest exit is not apparent. II/III

(C) All required exit signs and directional indicators shall be positioned so that both normal and emergency lighting illuminates them. II/III

(9) Complete Fire Alarm Systems.

(A) All facilities shall have a complete fire alarm system installed in accordance with NFPA 101, Section 18.3.4, 2000 edition. The complete fire alarm shall automatically transmit to the fire department, dispatching agency, or central monitoring company. The complete fire alarm system shall include visual signals and audible alarms that can be heard throughout the building and a main panel that interconnects all alarm-activating devices and audible signals. Manual pull stations shall be installed at or near each required attendant's station and each required exit. I/II

1. For facilities with a sprinkler system in accordance with NFPA 13, 1999 edition, smoke detectors interconnected to the complete fire alarm system shall be installed in all corridors and spaces open to corridors. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. I/II

A. In facilities licensed prior to November 13, 1980, smoke detectors located every fifty feet (50') will be acceptable if the distance is within the manufacturer's specifications. I/II

2. For facilities with a sprinkler system in accordance with NFPA 13R, 1999 edition, smoke detectors interconnected to the complete fire alarm system shall be installed in all

corridors, spaces open to corridors, and in accessible spaces not protected by the sprinkler system, as required by NFPA 72, 1999 edition. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. Smoke detectors shall not be installed in areas where environmental influences may cause nuisance alarms. Such areas include, but are not limited to, kitchens, laundries, bathrooms, mechanical air handling rooms, and attic spaces. In these areas, heat detectors interconnected to the complete fire alarm system shall be installed. Bathrooms not exceeding fifty-five (55) square feet and clothes closets, linen closets, and pantries not exceeding twenty-four (24) square feet are exempt from having any detection device if the walls and ceilings are surfaced with limited-combustible or non-combustible material as defined in NFPA 101, 2000 edition. Concealed spaces of non-combustible or limited combustibility construction are not required to have detection devices. These spaces may have limited access but cannot be occupied or used for storage. I/II

A. In facilities licensed prior to November 13, 1980, smoke detectors located every fifty feet (50') will be acceptable if the distance is within the manufacturer's specifications. I/II

3. For facilities that are not required to have a sprinkler system, smoke detectors interconnected to the complete fire alarm system shall be installed in all accessible spaces, as required by NFPA 72, 1999 edition, within the facility. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. Smoke detectors shall not be installed in areas where environmental influences may cause nuisance alarms. Such areas include, but are not limited to, kitchens, laundries, bathrooms, mechanical air handling rooms, and attic spaces. In these areas, heat detectors interconnected to the fire alarm system shall be installed. Bathrooms not exceeding fifty-five (55) square feet and clothes closets, linen closets, and pantries not exceeding twenty-four (24) square feet are exempt from having any detection device if the walls and ceilings are surfaced with limited-combustible or noncombustible material as defined in NFPA 101, 2000 edition. Concealed spaces of noncombustible or limited-combustibility construction are not required to have detection devices. These spaces may have limited access but cannot be occupied or used for storage. I/II



A. In facilities licensed prior to November 13, 1980, smoke detectors located every fifty feet (50') will be acceptable if the distance is within the manufacturer's specifications. I/II

(B) Facilities that are required to install a sprinkler system in accordance with section (11) of this rule shall comply with the following requirements:

1. Until the required sprinkler system is installed, each resident room or any room designated for sleeping shall be equipped with at least one (1) battery-powered smoke alarm installed, tested, and maintained in accordance with manufacturer's specifications. In addition, the facility shall be equipped with interconnected heat detectors installed, tested, and maintained in accordance with NFPA 72, 1999 edition, with detectors in all areas subject to nuisance alarms, including, but not limited to, kitchens, laundries, bathrooms, mechanical air handling rooms, and attic spaces. I/II

A. The facility shall maintain a written record of the monthly testing and battery changes. The written records shall be retained for one (1) year. I/II

B. Upon discovery of a fault with any detector or alarm, the facility shall correct the fault. I/II

(C) All facilities shall test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition. I/II

(D) All facilities shall have inspections and written certifications of the complete fire alarm system completed by an approved qualified service representative in accordance with NFPA 72, 1999 edition, at least annually. I/II

(E) Facilities shall test by activating the complete fire alarm system at least once a month. I/II

(F) Facilities shall maintain a record of the complete fire alarm tests, inspections, and certifications required by subsections (9)(C) and (D) of this rule. III

(G) Upon discovery of a fault with the complete fire alarm system, the facility shall correct the fault. I/II

(H) When a complete fire alarm system is to be out-of-service for more than four (4) hours in a twenty-four- (24-) hour period, the facility shall immediately notify the department and the local fire authority and implement an approved fire watch in accordance with NFPA 101, 2000 edition, until the complete fire alarm system has returned to full service. I/II

(I) The complete fire alarm system shall be activated by all of the following: sprinkler

system flow alarm, smoke detectors, heat detectors, manual pull stations, and activation of the rangehood extinguishment system. II/III

(10) Protection from Hazards.

(A) In assisted living facilities and residential care facilities licensed on or after November 13, 1980, for more than twelve (12) beds, hazardous areas shall be separated by construction of at least a one- (1-) hour fire-resistant rating. In facilities equipped with a complete fire alarm system, the one- (1-) hour fire separation is required only for furnace or boiler rooms. Hazardous areas equipped with a complete sprinkler system are not required to have this one- (1-) hour fire separation. Doors to hazardous areas shall be self-closing and shall be kept closed unless an electromagnetic hold-open device is used which is interconnected with the fire alarm system. When the sprinkler option is chosen, the areas shall be separated from other spaces by smoke-resistant partitions and doors. The doors shall be self-closing or automatic-closing. Facilities formerly licensed as residential care facility I or II, and existing prior to November 13, 1980, shall be exempt from this requirement. II

(B) The storage of unnecessary combustible materials in any part of a building in which a licensed facility is located is prohibited. I/II

(C) Electric or gas clothes dryers shall be vented to the outside. Lint traps shall be cleaned regularly to protect against fire hazard. II/III

(D) In facilities that are required to comply with the requirements of 19 CSR 30-86.043 and were formerly licensed as residential care facilities II on or after November 13, 1980, each floor shall be separated by construction of at least a one- (1-) hour fire-resistant rating. Buildings equipped with a complete sprinkler system may have a nonrated smoke separation barrier between floors. Doors between floors shall be a minimum of one and three-fourths inches (1 3/4") thick and be solid core wood doors or metal doors with an equivalent fire rating. II

(E) In facilities licensed prior to November 13, 1980, and multi-storied residential care facilities formerly licensed as residential care facilities I licensed on or after November 13, 1980, there shall be a smoke separation barrier between the floors of resident-use areas and any floor below the resident-use area. This shall consist of a solid core wood door or metal door with an equivalent fire rating at the top or the bottom of the stairs. There shall

not be a transom above the door that would permit the passage of smoke. II

(F) Atriums open between floors will be permitted if resident room corridors are separated from the atrium by one- (1-) hour rated smoke walls. These corridors must have access to at least one (1) of the required exits without traversing any space opened to the atrium. II

(G) All doors providing separation between floors shall have a self-closing device attached. If the doors are to be held open, electromagnetic hold-open devices shall be used that are interconnected with either an individual smoke detector or a complete fire alarm system. II

(H) All facilities shall be divided into at least two (2) smoke sections with each section not exceeding one hundred fifty feet (150') in length or width. If the floor's dimensions do not exceed seventy-five feet (75') in length or width, a division of the floor into two (2) smoke sections will not be required. II

(I) In facilities whose plans were approved or which were initially licensed after December 31, 1987, for more than twenty (20) beds and all facilities licensed after August 28, 2007, each smoke section shall be separated by one- (1-) hour fire-rated smoke partitions. The smoke partitions shall be continuous from outside wall-to-outside wall and from floor-to-floor or floor-to-roof deck. All doors in this wall shall be at least twenty- (20-) minute fire-rated or its equivalent, self-closing, and may be held open only if the door closes automatically upon activation of the complete fire alarm system. II

(J) In all facilities that were initially licensed on or prior to December 31, 1987, and all facilities licensed for twenty (20) or fewer beds prior to August 28, 2007, each smoke section shall be separated by a one- (1-) hour fire-rated smoke partition that extends from the inside portion of an exterior wall to the inside portion of an exterior wall and from the floor to the underside of the floor or roof deck above, through any concealed spaces, such as those above suspended ceilings, and through interstitial structural and mechanical spaces. Smoke partitions shall be permitted to terminate at the underside of a monolithic or suspending ceiling system where the following conditions are met: The ceiling system forms a continuous membrane, a smoketight joint is provided between the top of the smoke partition and the bottom of the suspended ceiling and the space above the ceiling is not used as a plenum. Smoke partition doors shall be at



least twenty- (20-) minute fire-rated or its equivalent, self-closing, and may be held open only if the door closes automatically upon activation of the complete fire alarm system. II

(K) Facilities whose plans were approved or which were initially licensed after December 31, 1987, for more than twenty (20) beds which do not have a sprinkler system, shall have one- (1-) hour rated corridor walls with one and three-quarters inch (1 3/4") solid core wood doors or metal doors with an equivalent fire rating. II

(L) If two (2) or more levels of long-term care or two (2) different businesses are located in the same building, the entire building shall meet either the most strict construction and fire safety standards for the combined facility or the facilities shall be separated from the other(s) by two- (2-) hour fire-resistant construction. In buildings equipped with a complete sprinkler system in accordance with NFPA 13 or NFPA 13R, 1999 edition, this separation may be rated at one (1) hour. II

(11) Sprinkler Systems.

(A) Facilities licensed on or after August 28, 2007, or any section of a facility in which a major renovation has been completed on or after August 28, 2007, shall install and maintain a complete sprinkler system in accordance with NFPA 13, 1999 edition. I/II

(B) Facilities that have a sprinkler system installed prior to August 28, 2007, shall inspect, maintain, and test these systems in accordance with the requirements that were in effect for such facilities on August 27, 2007. I/II

(C) All residential care facilities, and assisted living facilities that do not admit or retain a resident with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance, that were licensed prior to August 28, 2007, with more than twenty (20) residents, and do not have an approved sprinkler system in accordance with NFPA 13, 1999 edition, or NFPA 13R, 1999 edition, shall have until December 31, 2012, to install an approved sprinkler system in accordance with NFPA 13 or 13R, 1999 edition. I/II

1. The department shall grant exceptions to this requirement if the facility meets Chapter 33 of NFPA 101, 2000 edition, and the evacuation capability of the facility meets the standards required in NFPA 101A, Guide to Alternative Approaches to Life Safety, 2001 edition. I/II

(D) Single-story assisted living facilities that provide care to one (1) or more residents with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance shall install and maintain an approved sprinkler system in accordance with NFPA 13R, 1999 edition. I/II

(E) Multi-level assisted living facilities that provide care to one (1) or more residents with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance shall install and maintain an approved sprinkler system in accordance with NFPA 13, 1999 edition. I/II

(F) All facilities shall have inspections and written certifications of the approved sprinkler system completed by an approved qualified service representative in accordance with NFPA 25, 1998 edition. The inspections shall be in accordance with the provisions of NFPA 25, 1998 edition, with certification at least annually by a qualified service representative. I/II

(G) When a sprinkler system is to be out-of-service for more than four (4) hours in a twenty-four- (24-) hour period, the facility shall immediately notify the department and implement an approved fire watch in accordance with NFPA 101, 2000 edition, until the sprinkler system has been returned to full service. I/II

(12) Emergency Lighting.

(A) Emergency lighting of sufficient intensity shall be provided for exits, stairs, resident corridors, and required attendants' station. II

(B) The lighting shall be supplied by an emergency service, an automatic emergency generator, or battery-operated lighting system. This emergency lighting system shall be equipped with an automatic transfer switch. II

(C) If battery-powered lights are used, they shall be capable of operating the light for at least one and one-half (1 1/2) hours. II

(13) Interior Finish and Furnishings.

(A) In a facility licensed on or after November 13, 1980, for more than twelve (12) beds, wall and ceiling surfaces of all occupied rooms and all exitways shall be classified either Class A or B interior finish as defined in NFPA 101, 2000 edition. II

(B) In facilities licensed prior to November 13, 1980, all wall and ceiling surfaces shall be smooth and free of highly combustible materials. II

(C) In facilities licensed for more than twelve (12) beds, the new or replacement floor covering and carpeting in buildings that do not have a sprinkler system shall be Class I in accordance with NFPA 253, 2000 edition. II/III

(D) All curtains and drapes in a licensed facility shall be certified or treated to be flame-resistant as defined in NFPA 101, 2000 edition. II

(14) Smoking.

(A) Smoking shall be permitted in designated areas only. Areas where smoking is permitted shall be designated as such and shall be supervised either directly or by a resident informing an employee of the facility that the area is being used for smoking. II/III

(B) Ashtrays shall be made of noncombustible material and safe design and shall be provided in all areas where smoking is permitted. II/III

(C) The contents of ashtrays shall be disposed of properly in receptacles made of noncombustible material. II/III

(15) Trash and Rubbish Disposal.

(A) Only metal or UL- or FM-fire-resistant rated wastebaskets shall be used for trash. II

(B) Trash shall be removed from the premises as often as necessary to prevent fire hazards and public health nuisance. II

(C) No trash shall be burned within fifty feet (50') of any facility except in an approved incinerator. I/II

(D) Trash may be burned only in a masonry or metal container. II

(E) The container shall be equipped with a metal cover with openings no larger than one-half inch (1/2") in size. III

(16) Standards for Designated Separated Areas.

(A) When a resident resides among the entire general population of the facility, the facility shall take necessary measures to provide such residents with the opportunity to explore the facility and, if appropriate, its grounds. When a resident resides within a designated, separated area that is secured by limited access, the facility shall take necessary measures to provide such residents with the opportunity to explore the separated area and, if appropriate, its grounds. If enclosed or fenced courtyards are provided, residents shall have reasonable access to such courtyards. Enclosed or fenced courtyards that are accessible through a required exit door shall be large enough to provide an area of refuge



for fire safety at least thirty feet (30') from the building. Enclosed or fenced courtyards that are accessible through a door other than a required exit shall have no size requirements. II

(B) The facility shall provide freedom of movement for the residents to common areas and to their personal spaces. The facility shall not lock residents out of or inside their rooms. I/II

(C) The facility may allow resident room doors to be locked providing the residents request to lock their doors. Any lock on a resident room door shall not require the use of a key, tool, special knowledge, or effort to lock or unlock the door from inside the resident's room. Only one (1) lock shall be permitted on each door. The facility shall ensure that facility staff has the means or mechanisms necessary to open resident room doors in case of an emergency. I/II

(D) The facility may provide a designated, separated area where residents, who are mentally incapable of negotiating a pathway to safety, reside and receive services and which is secured by limited access if the following conditions are met:

1. Dining rooms, living rooms, activity rooms, and other such common areas shall be provided within the designated, separated area. The total area for common areas within the designated, separated area shall be equal to at least forty (40) square feet per resident; II/III

2. Doors separating the designated, separated area from the remainder of the facility or building shall not be equipped with locks that require a key to open; I/II

3. If locking devices are used on exit doors egressing the facility or on doors accessing the designated, separated area, delayed egress magnetic locks shall be used. These delayed egress devices shall comply with the following:

A. The lock must unlock when the fire alarm is activated;

B. The lock must unlock when the power fails;

C. The lock must unlock within thirty (30) seconds after the release device has been pushed for at least three (3) seconds, and an alarm must sound adjacent to the door;

D. The lock must be manually reset and cannot automatically reset; and

E. A sign shall be posted on the door that reads: PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 30 SECONDS; and I/II

4. The delayed egress magnetic locks

may also be released by a key pad located adjacent to the door for routine use by staff. I/II

(17) Oxygen storage shall be in accordance with NFPA 99, 1999 Edition. II/III

AUTHORITY: sections 198.073, 198.074, and 198.076, RSMo Supp. 2011. This rule originally filed as 13 CSR 15-15.022. Original rule filed July 13, 1983, effective Oct. 13, 1983. 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 May 13, 1987, effective Aug. 13, 1987. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Amended: Filed Feb. 28, 2000, effective Sept. 30, 2000. Moved to 19 CSR 30-86.022, effective Aug. 28, 2001. Amended: Filed Aug. 16, 2004, effective Feb. 28, 2005. Amended: Filed Aug. 1, 2005, effective Jan. 30, 2006. Amended: Filed Aug. 23, 2006, effective April 30, 2007. Emergency amendment filed Nov. 24, 2008, effective Dec. 4, 2008, expired June 1, 2009. Amended: Filed Nov. 24, 2008, effective May 30, 2009. Amended: Filed March 15, 2012, effective Oct. 30, 2012.*

**Original authority: 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006; 198.074, RSMo 2007; and 198.076, RSMo 1979, amended 1984, 2007.*

19 CSR 30-86.032 Physical Plant Requirements for Residential Care Facilities and Assisted Living Facilities

PURPOSE: This rule establishes standards for the physical plant of new or existing residential care facilities I and II.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

Editor's Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 2000.

(1) Definitions. For the purpose of this rule, the following definitions shall apply:

(A) Adult day health care program shall mean a program operated by a provider certified to provide Medicaid-reimbursed adult day health care services to Medicaid-eligible participants in accordance with 19 CSR 70-92.010;

(B) Associated adult day health care program shall mean an adult day health care program, which is connected physically with a licensed long-term care facility but has separate designated space for an adult day health care program which is above the licensed space requirement for the long-term care residents. An associated adult day health care program may share, in part, staff, equipment, utilities, dietary and security with the connected long-term care facility. Recipients of adult day health care program may participate with the residents of the long-term care facility for some activities and programs;

(C) Home-like—means a self-contained long-term care setting that integrates the psychosocial, organizational and environmental qualities that are associated with being at home. Home-like may include, but is not limited to the following:

1. A living room and common use areas for social interactions and activities;

2. Kitchen and family style eating area for use by the residents;

3. Laundry area for use by residents;

4. A toilet room that contains a toilet, lavatory and bathing unit in each resident's room;

5. Resident room preferences for residents who wish to share a room, and for residents who wish to have private bedrooms;

6. Outdoor area for outdoor activities and recreation; and

7. A place where residents can give and receive affection, explore their interests, exercise control over their environment, engage in interactions with others and have privacy, security, familiarity and a sense of belonging; and

(D) Non-licensed adult day care program shall mean a group program designated to provide care and supervision to meet the needs of four (4) or fewer impaired adults for periods of less than twenty-four (24) hours but more than two (2) hours per day in a long-term care facility.

(2) The building shall be substantially constructed and shall be maintained in good repair and in accordance with the construction and fire safety rules in effect at the time of initial licensing. II/III



(3) Only activities necessary to the administration of the facility shall be contained in any building used as a long-term care facility except as follows:

(A) Related activities may be conducted in buildings subject to prior written approval of these activities by the Department of Health and Senior Services (hereinafter—the department). Examples of these activities are Home Health Agencies, physician's office, pharmacy, ambulance service, child day care and food service for the elderly in the community;

(B) Adult day care may be provided for four (4) or fewer participants without prior written approval of the department if the long-term care facility meets the following stipulations:

1. The operation of the adult day care business shall not interfere with the care and delivery of services to the long-term care residents;

2. The facility shall only accept participants in the adult day care program appropriate to the level of care of the facility and whose needs can be met;

3. The facility shall not change the physical layout of the facility without prior written approval of the department;

4. The facility shall provide a private area for adult day care residents to nap or rest;

5. Adult day care participants shall not be included in the census, and the number of adult day care participants shall not be more than four (4) above the licensed capacity of the facility; and

6. The adult day care participants, while on-site, are to be included in the determination of staffing patterns for the long-term care facility;

(C) An associated adult day health care program may be operated without prior written approval if the provider of the adult day health care services is certified in accordance with 19 CSR 70-92.010. II/III

(4) All stairways shall be equipped with permanently secured handrails on at least one (1) side. III

(5) There shall be a telephone in the facility and additional telephones or extensions as necessary so that help may be summoned promptly in case of fire, accident, acute illness or other emergency. II/III

(6) Bath and toilet facilities shall be provided for the convenience, privacy, comfort and safety of residents. Fixed partitions or curtains shall be provided in toilet and bathrooms to assure privacy. II/III

(7) Newly licensed facilities shall have handrails and grab bars affixed in all toilet and bathing areas. Existing licensed facilities shall have handrails and grab bars available in at least one (1) bath and toilet area. The foregoing requirements are applicable to residential care facilities. All assisted living facilities shall have handrails and grab bars affixed in all toilet and bathing areas. II

(8) There shall be adequate storage areas for food, supplies, linen, equipment and resident's personal possessions. III

(9) Each room or ward in which residents are housed or to which residents have reasonable access shall be capable of being heated to not less than eighty degrees Fahrenheit (80°F) under all weather conditions. Temperature shall not be lower than sixty-eight degrees Fahrenheit (68°F) and the reasonable comfort needs of individual residents shall be met. I/II

(10) In newly licensed facilities or if a new heating system is installed in an existing licensed facility, the heating of the building shall be restricted to steam, hot water, permanently installed electric heating devices or a warm air system employing central heating plants with installation such as to safeguard the inherent fire hazard, or approved installation of outside wall heaters which bear the approved label of the American Gas Association or National Board of Fire Underwriters. The foregoing requirements are applicable to residential care facilities. In assisted living facilities, the heating of the building shall be restricted to steam, hot water, permanently installed electric heating devices or a warm air system employing central heating plants with installation such as to safeguard the inherent fire hazard, or approved installation of outside wall heaters which bear the approved label of the American Gas Association or National Board of Fire Underwriters. For all facilities, oil or gas heating appliances shall be properly vented to the outside and the use of portable heaters of any kind is prohibited. If approved wall heaters are used, adequate guards shall be provided to safeguard residents. I/II

(11) Wood-burning stoves shall not be installed in newly licensed facilities or in existing licensed facilities that did not previously have a wood-burning stove. If wood-burning stoves are used in an existing licensed facility, or wood-burning furnaces or fireplaces are used, flues or chimneys shall be maintained in good condition and kept free of accumulation of combustible materials. The foregoing requirements are applicable to residential care facilities. Wood-burning

stoves shall not be installed in assisted living facilities. II

(12) Fireplaces may be used only if there is a protective screen in place; if there is direct staff supervision of residents while in use; and the fire shall not be left burning overnight. II

(13) In facilities that are constructed or have plans approved after July 1, 2005, electrical wiring shall be installed and maintained in accordance with the requirements of the *National Electrical Code*, 1999 edition, National Fire Protection Association, Inc., incorporated by reference, in this rule and available by mail at One Batterymarch Park, Quincy, MA 02269, and local codes. This rule does not incorporate any subsequent amendments or additions to the materials incorporated by reference. Facilities built between September 28, 1979 and July 1, 2005 shall be maintained in accordance with the requirements of the *National Electrical Code*, which was in effect at the time of the original plan approval and local codes. This rule does not incorporate any subsequent amendments or additions. In facilities built prior to September 28, 1979, electrical wiring shall be maintained in good repair and shall not present a safety hazard. All facilities shall have wiring inspected every two (2) years by a qualified electrician. II/III

(14) Lighting is restricted to electricity. II

(15) Lighting in hallways, bathrooms, recreational and dining areas and all resident-use areas shall be provided with a minimum intensity of ten (10) footcandles. All lights in resident-use areas shall be provided with a shade to prevent direct glare to the residents' eyes. II/III

(16) Night lights shall be provided for corridors, stairways and toilet areas. II

(17) A reading light shall be provided for each resident desiring to read. Additional lighting shall be provided to meet the individual needs of each resident. III

(18) If extension cords are used, they must be Underwriters' Laboratory (UL)-approved or shall comply with other recognized electrical appliance approval standards and sized to carry the current required for the appliance used. Only one (1) appliance shall be connected to one (1) extension cord and only two (2) appliances may be served by one (1) duplex receptacle. If extension cords are used, they shall not be placed under rugs, through doorways or located where they are subject to physical damage. II/III



(19) If elevators are used, installation and maintenance shall comply with local and state codes and the *National Electric Code*. II/III

(20) Air conditioning, fans or a ventilating system shall be available and used when the room temperature exceeds eighty-five degrees Fahrenheit (85°F) and the reasonable comfort needs of individual residents shall be met. I/II

(21) Gas-fired water heaters shall be properly installed and vented and all water heaters shall be equipped with a temperature and pressure relief valve. II

(22) Furniture and equipment shall be maintained in good condition and shall be replaced if broken, torn, heavily soiled or damaged. Rooms shall be so designed and furnished that the comfort and safety of the residents are provided for at all times. II/III

(23) Rooms shall be neat, orderly and cleaned daily. II/III

(24) An individual bed, in good repair and of a rigid type, shall be provided to each resident. Beds shall be at least thirty-six inches (36") wide. Double beds of satisfactory construction may be provided for married couples. Rollaway, metal cots or folding beds shall not be used. II/III

(25) A minimum of three feet (3') shall be available between beds when parallel. III

(26) Mattresses shall be clean, in good repair and a minimum of four inches (4") in thickness to provide comfort. II/III

(27) Each bed shall be provided with at least one (1) clean, comfortable pillow. Extra pillows shall be available to meet the needs of the residents. III

(28) Screens or curtains, either portable or permanently affixed, shall be available and used in multi-resident bedrooms to provide privacy as needed or if requested. III

(29) Each resident shall be provided with an individual locker or other suitable space for storage of clothing and personal belongings. III

(30) Each resident shall be provided with an individual rack for a towel(s) and washcloth(s) unless provided with a clean washcloth(s) or towel(s) for use each time needed. III

(31) A comfortable chair shall be available for each resident's use. III

(32) Each window shall be provided with a shade, drape or curtain to restrict the amount of sunlight when necessary. III

(33) All assisted living facilities and all residential care facilities whose plans are approved or which are initially licensed for more than twelve (12) residents after December 31, 1987 shall be equipped with a call system consisting of an electrical intercommunication system, a wireless pager system, buzzer system or hand bells. An acceptable mechanism for calling attendants shall be located in each toilet room and resident bedroom. Call systems for facilities whose plans are approved or which are initially licensed after December 31, 1987 shall be audible in the attendant's work area. II/III

(34) Plumbing fixtures which are accessible to residents and which supply hot water shall be thermostatically controlled so that the water temperature at the fixture does not exceed one hundred twenty degrees Fahrenheit (120°F) (49°C) and the water shall be at a temperature range between one hundred five degrees Fahrenheit (105°F) (41°C) and one hundred twenty degrees Fahrenheit (120°F) (49°C). I/II

(35) Home-Like Requirements with Respect to Construction and Physical Plant Standards.

(A) Any assisted living facility formerly licensed as a residential care facility shall be more home-like than institutional with respect to construction and physical plant standards. II

(B) Any assisted living facility licensed as a residential care facility II prior to August 28, 2006, shall qualify as being more home-like than institutional with respect to construction and physical plant standards. II

(C) Any assisted living facility that is built or has plans approved on or after August 28, 2006, shall be more home-like than institutional with respect to construction and physical plant standards. II

AUTHORITY: sections 198.076, RSMo 2000 and 198.005 and 198.073, RSMo Supp. 2006. This rule originally filed as 13 CSR 15-15.032. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Nov. 9, 1983, effective Nov. 19, 1983, expired March 18, 1984. 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 May 13,*

1987, effective Aug. 13, 1987. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Moved to 19 CSR 30-86.032, effective Aug. 28, 2001. Amended: Filed Nov. 15, 2004, effective May 30, 2005. Amended: Filed Aug. 23, 2006, effective April 30, 2007.

**Original authority: 198.005, RSMo 2006; 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006; and 198.076, RSMo 1979, amended 1984.*

19 CSR 30-86.042 Administrative, Personnel and Resident Care Requirements for New and Existing Residential Care Facilities

PURPOSE: This rule establishes standards for administration, personnel and resident care in residential care facilities I and II.

Editor's Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 1986.

(1) Definitions. For the purpose of this rule, the following definitions shall apply:

(A) Department—Department of Health and Senior Services;

(B) Outbreak—an occurrence in a community or region of an illness(es) similar in nature, clearly in excess of normal expectancy and derived from a common or a propagated source; and

(C) Evacuate the facility—moving to an area of refuge or from one (1) smoke section to another or exiting the facility.

(2) For a residential care facility, a person shall be designated as administrator/manager who is either currently licensed as a nursing home administrator or is at least twenty-one (21) years of age, has never been convicted of an offense involving the operation of a long-term care or similar facility and who attends at least one (1) continuing education workshop within each calendar year given by or approved by the department. When used in this chapter of rules, the term manager shall mean that person who is designated by the operator to be in general administrative charge of a residential care facility. It shall be considered synonymous to "administrator" as defined in section 198.006, RSMo and the terms administrator and manager may be used interchangeably. II/III

(3) The administrator/manager of a residential care facility shall have successfully completed the state approved Level I Medication



Aide course unless he or she is a physician, pharmacist, licensed nurse or a certified medication technician, or if the facility is operating in conjunction with a skilled nursing facility or intermediate care facility on the same premises, or, for an assisted living facility, if the facility employs on a full-time basis, a licensed nurse who is available seven (7) days per week. II/III

(4) The operator shall be responsible to assure compliance with all applicable laws and regulations. The administrator/manager shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator/manager's responsibilities shall include oversight of residents to assure that they receive care appropriate to their needs. II/III

(5) The administrator/manager shall devote sufficient time and attention to the management of the facility as is necessary for the health, safety and welfare of the residents. II

(6) The administrator/manager shall designate, in writing, a staff member in charge in the administrator/manager's absence. II/III

(7) The facility shall not care for more residents than the number for which the facility is licensed. If the facility operates a non-licensed adult day care program within the licensed facility, the day care participants shall be counted in the staffing determination during the hours the day care participants are in the facility. II/III

(8) The facility's current license shall be posted in a conspicuous place and notices provided to the facility by the department granting exception(s) to regulatory requirements shall be posted alongside of the facility's license. III

(9) All personnel responsible for resident care shall have access to the legal name of each resident, name and telephone number of resident's physician, resident's designee or legally authorized representative in the event of emergency. II/III

(10) All persons who have any contact with the residents in the facility shall not knowingly act or omit any duty in a manner which would materially and adversely affect the health, safety, welfare or property of residents. No person who is listed on the Employee Disqualification List (EDL) maintained by the department as required by section 198.070, RSMo shall work or volunteer

in the facility in any capacity whether or not employed by the operator. For the purpose of this rule, a volunteer is an unpaid individual formally recognized by the facility as providing a direct care service to residents. The facility is required to check the EDL for individuals who volunteer to perform a service for which the facility might otherwise have to hire an employee. The facility is not required to check the EDL for individuals or groups such as scout groups, bingo or sing-along leaders. The facility is not required to check the EDL for an individual such as a priest, minister or rabbi visiting a resident who is a member of the individual's congregation. However, if the minister, priest or rabbi serves as a volunteer facility chaplain, the facility is required to check the EDL since the individual would have potential contact with all residents. I/II

(11) Prior to allowing any person who has been hired in a full-time, part-time or temporary position to have contact with any residents the facility shall, or in the case of temporary employees hired through or contracted for an employment agency, the employment agency shall prior to sending a temporary employee to a provider:

(A) Request a criminal background check for the person, as provided in section 43.540, RSMo. Each facility must maintain in its record documents verification that the background checks were requested and the nature of the response received for each such request. II

1. The facility must ensure that any applicant or person hired or retained who discloses prior to the receipt of the criminal background check that he or she has been convicted of, pled guilty or pled *nolo contendere* to in this state or any other state or has been found guilty of a crime, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo or any violation of subsection 198.070.3, RSMo or of section 568.020, RSMo, will not have contact with residents. I/II

2. Upon receipt of the criminal background check, the facility must ensure that if the criminal background check indicates that the person hired or retained by the facility has been convicted of, pled guilty or pled *nolo contendere* to in this state or any other state or has been found guilty of a crime, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo or any violation of subsection 198.070.3, RSMo or of section 568.020, RSMo, the person will not have contact with residents unless the facility obtains verifica-

tion from the department that a good cause waiver has been granted and maintains a copy of the verification in the individual's personnel file; I/II

(B) Make an inquiry to the department, whether the person is listed on the employee disqualification list as provided in section 660.315, RSMo. The inquiry may be made via Internet at www.dhss.mo.gov/EDL/; II/III

(C) If the person has registered with the department's Family Care Safety Registry (FCSR), the facility may utilize the Registry in order to meet the requirements of subsections (1)(A) and (11)(B) of this rule. The FCSR is available via Internet at www.dhss.mo.gov/EDL/; and II/III

(D) For persons for whom the facility has contracted for professional services (e.g., plumbing or air conditioning repair) that will have contact with any resident, the facility must either require a criminal background check or ensure that the individual is sufficiently monitored by facility staff while in the facility to reasonably ensure the safety of all residents. I/II

(12) A facility shall not employ as an agent or employee who has access to controlled substances any person who has been found guilty or entered a plea of guilty or *nolo contendere* in a criminal prosecution under the laws of any state or of the United States for any offense related to controlled substances. II

(A) A facility may apply in writing to the department for a waiver of this section for a specific employee.

(B) The department may issue a written waiver to a facility upon determination that a waiver would be consistent with the public health and safety. In making this determination, the department shall consider the duties of the employee, the circumstances surrounding the conviction, the length of time since the conviction was entered, whether a waiver has been granted by the department's Bureau of Narcotics and Dangerous Drugs pursuant to 19 CSR 30-1.034 when the facility is registered with that agency, whether a waiver has been granted by the federal Drug Enforcement Administration (DEA) pursuant to 21 CFR 1301.76 when the facility is also registered with that agency, the security measures taken by the facility to prevent the theft and diversion of controlled substances, and any other factors consistent with public health and safety. II/III

(13) The facility must develop and implement written policies and procedures which require that persons hired for any position which is to have contact with any patient or resident have



been informed of their responsibility to disclose their prior criminal history to the facility as required by section 660.317.5, RSMo. The facility must also develop and implement policies and procedures which ensure that the facility does not knowingly hire, after August 28, 1997, any person who has or may have contact with a patient or resident, who has been convicted of, plead guilty or *nolo contendere* to, in this state or any other state, or has been found guilty of any class A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo. II/III

(14) All persons who have or may have contact with residents shall at all time when on duty or delivering services wear an identification badge. The badge shall give their name, title and, if applicable, the status of their license or certification as any kind of health care professional. This rule shall apply to all personnel who provide services to any resident directly or indirectly. III

(15) All personnel shall be able physically and emotionally to work in a long-term care facility. I/II

(16) Personnel who have been diagnosed with a communicable disease may begin work or return to duty only with written approval by a physician or physician's designee which indicates any limitations. II

(17) The administrator/manager shall be responsible for preventing an employee known to be diagnosed with communicable disease from exposing residents to such disease. The facility's policies and procedures must comply with the department's regulations pertaining to communicable diseases, specifically 19 CSR 20-20.010 through 19 CSR 20-20.100. II/III

(18) The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100. II

(19) Prior to or on the first day that a new employee works in the facility he or she shall receive orientation of at least one (1) hour appropriate to his or her job function. This shall include at least the following:

- (A) Job responsibilities;
- (B) Emergency response procedures;
- (C) Infection control and handwashing procedures and requirements;
- (D) Confidentiality of resident information;
- (E) Preservation of resident dignity;

(F) Information regarding what constitutes abuse/neglect and how to report abuse/neglect to the department (1-800-392-0210);

(G) Information regarding the Employee Disqualification List;

(H) Instruction regarding the rights of residents and protection of property; and

(I) Instruction regarding working with residents with mental illness. II/III

(20) In addition to the orientation training required in section (19) of this rule any facility that provides care to any resident having Alzheimer's disease or related dementia shall provide orientation training regarding mentally confused residents such as those with Alzheimer's disease and related dementias as follows:

(A) For employees providing direct care to such persons, the orientation training shall include at least three (3) hours of training including at a minimum an overview of mentally confused residents such as those having Alzheimer's disease and related dementias, communicating with persons with dementia, behavior management, promoting independence in activities of daily living, and understanding and dealing with family issues; II/III

(B) For other employees who do not provide direct care for, but may have daily contact with, such persons, the orientation training shall include at least one (1) hour of training including at a minimum an overview of mentally confused residents such as those having dementias as well as communicating with persons with dementia; and II/III

(C) For all employees involved in the care of persons with dementia, dementia-specific training shall be incorporated into ongoing in-service curricula. II/III

(21) The administrator/manager shall maintain on the premises an individual personnel record on each facility employee, which shall include the following:

- (A) The employee's name and address;
- (B) Social Security number;
- (C) Date of birth;
- (D) Date of employment;
- (E) Documentation of experience and education including for positions requiring licensure or certification, documentation evidencing competency for the position held, which includes copies of current licenses, transcripts when applicable, or for those individuals requiring certification, such as level I medication aides (LIMA), certified nurse aides, certified medication technicians (CMT) and insulin administration aides; printing the Web Registry search results page available at www.dhss.mo.gov/cnaregistry

shall meet the requirements of the employer's check regarding valid certification:

(F) References, if available;

(G) The results of background checks required by section 660.317, RSMo; and a copy of any good cause waiver granted by the department, if applicable;

(H) Position in the facility;

(I) Written statement signed by a licensed physician or physician's designee indicating the person can work in a long-term care facility and indicating any limitations;

(J) Documentation of the employee's tuberculin screening status;

(K) Documentation of what the employee was instructed on during orientation training; and

(L) Reason for termination if the employee was terminated due to abuse or neglect of a resident, residents' rights issues or resident injury. III

(22) Personnel records shall be maintained for at least two (2) years following termination of employment. III

(23) There shall be written documentation maintained in the facility showing actual hours worked by each employee. III

(24) No one individual shall be on duty with responsibility for oversight of residents longer than eighteen (18) hours per day except in a residential care facility licensed for twelve (12) or fewer residents. I/II

(25) Employees who are counted in meeting the minimum staffing ratio and employees who provide direct care to the residents shall be at least sixteen (16) years of age. III

(26) One (1) employee at least eighteen (18) years of age shall be on duty at all times. I/II

(27) Staffing for Residential Care Facility.

(A) The facility shall have an adequate number and type of personnel on duty at all times for the proper care of residents and upkeep of the facility. At a minimum, one (1) employee shall be on duty for every forty (40) residents to provide protective oversight to residents and for fire safety. I/II

Staff	Residents
1	1-40
2	41-80
3	81-120
4	121-160

(B) The required staff person shall be in the facility awake, dressed and prepared to assist residents in case of emergency, except that in a facility licensed for twelve (12) or fewer residents, this person may be asleep during the night hours. In a facility licensed



for twenty (20) or fewer residents, the required staff person may be asleep if there is a sprinkler system or if there is a complete automatic fire detection system. I/II

(C) In a facility of more than one hundred (100) residents, the administrator/manager shall not be counted when determining the personnel required. II

(D) If the facility is opened in conjunction with and is immediately adjacent to and contiguous to another licensed long-term care facility and if—

1. The resident bedrooms of the residential care facility are on the same floor or on the ground floor immediately below that of the other licensed facility;

2. There is an approved call system in each resident's bedroom and bathroom or a patient-controlled system connected to a nursing station of the other licensed facility;

3. There is a complete fire alarm system in the residential care facility connected to the complete fire alarm system in the other licensed facility;

4. The staffing of the other licensed facility is greater than their minimum requirements; and

5. Periodic visits to the residential care facility are made by a staff person to determine the welfare of the resident in the residential care facility; then, for a facility serving twenty (20) or fewer residents, there need not be an attendant on duty during the day and evening shifts and the attendant may be asleep during the night shift; or if the facility is on the same floor as the other licensed facility, there need not be an attendant at night. If there are more than twenty (20) residents, there shall be at least one (1) staff person awake and dressed at all times for every forty (40) residents or fraction of forty (40). I/II

(E) Those facilities which have only an asleep attendant during the night-time period and those facilities which have only the minimum staff required by subsection (27)(D) during the night-time period shall not accept residents who are blind, use assistive devices, such as walkers or wheelchairs, or who need care greater than can be provided with the staffing pattern in those facilities. Those residents who were living in a residential care facility prior to July 11, 1980, may remain in that facility with an asleep attendant even though they may be blind, deaf or use assistive devices provided they can demonstrate the ability to reach safety unassisted or with assistive devices. II

(28) All residents shall be physically and mentally capable of negotiating a normal path to safety unassisted or with the use of assistive devices within five (5) minutes of being

alerted of the need to evacuate the facility as defined in subsection (1)(C) of this rule. I/II

(29) Residents suffering from short periods of incapacity due to illness, injury or recuperation from surgery may be allowed to remain or be readmitted from a hospital if the period of incapacity does not exceed forty-five (45) days and written approval of a physician is obtained for the resident to remain in or be readmitted to the facility. II/III

(30) The facility shall not admit or continue to care for residents whose needs cannot be met. If necessary services cannot be obtained in or by the facility, the resident shall be promptly referred to appropriate outside resources or discharged from the facility. I/II

(31) In the event a resident is transferred from the facility, staff shall forward a report of the resident's current medical status, physician's orders/prescriptions, and if applicable, a copy of the resident's advanced directives/living will to the facility to which the resident is being transferred. If the resident is transferring to a private residence, facility staff shall provide the reports to the resident or his or her designee or legally authorized representative. II/III

(32) Residents admitted to a facility on referral by the Department of Mental Health shall have an individual treatment plan or individual habilitation plan on file prepared by the Department of Mental Health, updated annually. II

(33) Placement of residents in the building shall be determined by their abilities. Those residents who require the use of a walker or who are blind shall be housed on a floor which has direct exits at grade, a ramp or no more than two (2) steps to grade with a handrail unless an area of refuge as defined in 19 CSR 30-86.022 is provided. Those residents who use a wheelchair shall be able to demonstrate the ability to transfer to and from the wheelchair unassisted. They shall be housed near an exit and there shall be a direct exit at grade or a ramp or an area of refuge as defined in 19 CSR 30-86.022. II

(34) Requirements for facilities which admit or retain residents with mental illness or mental retardation diagnosis and residents with assaultive or disruptive behaviors:

(A) Each resident who exhibits mental and psychosocial adjustment difficulty(ies) shall receive treatment and services to address the resident's needs and behaviors as stated in the individual service plan; I/II

(B) If specialized rehabilitative services for mental illness or mental retardation are required to enable a resident to reach and to comply with the individualized service plan, the facility must ensure the required services are provided; and II

(C) The facility shall maintain in the resident's record the most recent progress notes and personal plan developed and provided by the Department of Mental Health or designated administrative agent for each resident whose care is funded by the Department of Mental Health or designated administrative agent. III

(35) The use of interventions to manage disruptive or assaultive resident behaviors shall be employed with sufficient safeguards to ensure the safety, welfare and rights of the resident and shall be in accordance with the therapeutic goals for the resident. I/II

(36) Residents under sixteen (16) years of age shall not be admitted. III

(37) Residents admitted or readmitted to the facility shall have an admission physical examination by a licensed physician. Documentation should be obtained prior to admission but shall be on file not later than ten (10) days after admission and shall contain information regarding the resident's current medical status and any special orders or procedures which should be followed. If the resident is admitted directly from a hospital or another long-term care facility and is accompanied on admission by a report which reflects his/her current medical status, an admission physical will not be required. II/III

(38) The facility shall follow appropriate infection control procedures. The administrator or his or her designee shall make a report to the local health authority or the department of the presence or suspected presence of any diseases or findings listed in 19 CSR 20-20.020, sections (1)–(3) according to the specified time frames as follows:

(A) Category I diseases or findings shall be reported to the local health authority or to the department within twenty-four (24) hours of first knowledge or suspicion by telephone, facsimile, or other rapid communication; I/II

(B) Category II diseases or findings shall be reported to the local health authority or the department within three (3) days of first knowledge or suspicion; I/II

(C) Category III. The occurrence of an outbreak or epidemic of any illness, disease or condition which may be of public health concern, including any illness in a food handler that is potentially transmissible through



food. This also includes public health threats such as clusters of unusual diseases or manifestations of illness and clusters of unexplained deaths. Such incidents shall be reported to the local authority or to the department by telephone, facsimile, or other rapid communication within twenty-four (24) hours of first knowledge or suspicion. I/II

(39) Protective oversight shall be provided twenty-four (24) hours a day. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II

(40) Residents shall receive proper care to meet their needs. Physician orders shall be followed. I/II

(41) In case of behaviors that present a reasonable likelihood of serious harm to himself or herself or others, serious illness, significant change in condition, injury or death, staff shall take appropriate action and shall promptly attempt to contact the individual listed in the resident's record as the legally authorized representative, designee or placement authority. The facility shall contact the attending physician or designee and notify the local coroner or medical examiner immediately upon the death of any resident of the facility prior to transferring the deceased resident to a funeral home. II/III

(42) The facility shall encourage and assist each resident based on his or her individual preferences and needs, to be clean and free of body and mouth odor. II

(43) Except in the case of emergency, the resident shall not be inhibited by chemical and/or physical restraints that would limit self-care or ability to negotiate a path to safety unassisted or with assistive devices. I/II

(44) If the resident brings unsealed medications to the facility, the medications shall not be used unless a pharmacist, physician or nurse examines, identifies and determines the contents to be suitable for use. The individual performing the identification shall document his or her review. II/III

(45) Self-control of prescription medication by a resident may be allowed only if approved in writing by the resident's physician and allowed by facility policy. A resident may be permitted to control the storage and use of nonprescription medication unless there is a

physician's written order or facility policy to the contrary. Written approval for self-control of prescription medication shall be rewritten as needed but at least annually and after any period of hospitalization. II/III

(46) All medication shall be safely stored at proper temperature and shall be kept in a secured location behind at least one (1) locked door or cabinet. Medication shall be accessible only to persons authorized to administer medications. II/III

(A) If access is controlled by the resident, a secured location shall mean in a locked container, a locked drawer in a bedside table or dresser or in a resident's private room if locked in his or her absence, although this does not preclude access by a responsible employee of the facility. II/III

(B) Schedule II controlled substances shall be stored in locked compartments separate from non-controlled medications, except that single doses of Schedule II controlled substances may be controlled by a resident in compliance with the requirements for self-control of medication of this rule. II/III

(C) Medication that is not in current use and is not destroyed shall be stored separately from medication that is in current use. II/III

(47) All prescription medications shall be supplied as individual prescriptions except where an emergency medication supply is allowed. All medications, including over-the-counter medications shall be packaged and labeled in accordance with applicable professional pharmacy standards and state and federal drug laws. Labeling shall include accessory and cautionary instructions as well as the expiration date, when applicable, and the name of the medication as specified in the physician's order. Medication labels shall not be altered by facility staff and medications shall not be repackaged by facility staff except as allowed by section (48) of this rule. Over-the-counter medications for individual residents shall be labeled with at least the resident's name. II/III

(48) Controlled substances and other prescription and non-prescription medications for administration when a resident temporarily leaves a facility shall be provided as follows:

(A) Separate containers of medications for the leave period may be prepared by the pharmacy. The facility shall have a policy and procedure for families to provide adequate advance notice so that medications can be obtained from the pharmacy; II/III

(B) Prescription medication cards or other multiple-dose prescription containers currently in use in the facility may be provided by any authorized facility medication staff member if the containers are labeled by the pharmacy with complete pharmacy prescription labeling for use. Original manufacturer containers of non-prescription medications, along with instructions for administration, may be provided by any authorized facility medication staff member; II/III

(C) When medications are supplied by the pharmacy in customized patient medication packages that allow separation of individual dose containers, the required number of containers may be provided by any authorized facility medication staff member. The individual dose containers shall be placed in an outer container that is labeled with the name and address of the facility and the date; II/III

(D) When multiple doses of a medication are required and it is not reasonably possible to obtain prescription medication labeled by the pharmacy, and it is not appropriate to send a container of medication currently in use in the facility, up to a twenty-four (24)-hour supply of each prescription or non-prescription medication may be provided by a licensed nurse in United States Pharmacopeia (USP) approved containers labeled with the facility name and address, resident's name, medication name and strength, quantity, instructions for use, date, initials of individual providing, and other appropriate information; II/III

(E) When no more than a single dose of a medication is required, any authorized facility medication staff member may prepare the dose as for in-facility administration in a USP approved container labeled with the facility name and address, resident's name, medication name and strength, quantity, instructions for use, date, initials of person providing, and other appropriate information;

(F) The facility may have a policy that limits the quantity of medication sent with a resident without prior approval of the prescriber; II/III

(G) Returned containers shall be identified as having been sent with the resident, and shall not later be returned to the pharmacy for reuse; and II/III

(H) The facility shall maintain accurate records of medications provided to and returned by the resident. II/III

(49) Upon discharge or transfer of a resident, the facility shall release prescription medications, including controlled substances, held by the facility for the resident when the physician writes an order for each medication to be released. Medications shall be labeled by the



pharmacy with current instructions for use. Prescription medication cards or other containers may be released if the containers are labeled by the pharmacy with complete pharmacy prescription labeling. II/III

(50) Injections shall be administered only by a physician or licensed nurse, except that insulin injections may be administered by a CMT or LIMA who has successfully completed the state-approved course for insulin administration, taught by a department-approved instructor. A resident who requires insulin, may administer his or her own insulin if approved in writing by the resident's physician and trained to do so by a licensed nurse or physician. The facility is responsible to monitor the resident's condition and continued ability for self-administration. I/II

(51) The administrator/manager shall develop and implement a safe and effective system of medication control and use, which assures that all residents' medications are administered by personnel at least eighteen (18) years of age, in accordance with physicians' instructions using acceptable nursing techniques. The facility shall employ a licensed nurse eight (8) hours per week for every thirty (30) residents to monitor each resident's condition and medication. Administration of medication shall mean delivering to a resident his or her prescription medication either in the original pharmacy container, or for internal medication, removing an individual dose from the pharmacy container and placing it in a small container or liquid medium for the resident to remove from the container and self-administer. External prescription medication may be applied by facility personnel if the resident is unable to do so and the resident's physician so authorizes. All individuals who administer medication shall be trained in medication administration and, if not a physician or a licensed nurse, shall be a certified medication technician or level I medication aide. I/II

(52) Medication Orders.

(A) Physician's instructions, as evidenced by the prescription label or by signed order of a physician, shall be accurately followed. If the physician changes the order which is designated on a prescription label, there shall be on file in the resident's record a signed physician's order to that effect with the amended instructions for use or until the prescription label is changed by the pharmacy to reflect the new order. II/III

(B) Physician's written and signed orders are not required, but if it is the facility's or

physician's policy to use the orders, they shall include: name of the medication, dosage, frequency and route of administration and the orders shall be renewed at least every three (3) months. Computer generated signatures may be used if safeguards are in place to prevent their misuse. Computer identification codes shall be accessible to and used only by the individuals whose signatures they represent. Orders that include optional doses or include *pro re nata* (PRN) administration frequencies shall specify a maximum frequency and the reason for administration. II/III

(C) Telephone and other verbal orders shall be received only by a licensed nurse, medication technician, level I medication aide or pharmacist and shall be immediately reduced to writing and signed by that individual. If a telephone or other verbal order is given to a medication technician or level I medication aide, an initial dosage shall not be administered until the order has been reviewed by telephone, facsimile or in person by a licensed nurse or pharmacist. II

(D) The review shall be documented by the licensed nurse's or pharmacist's signature within seven (7) days. III

(E) The physician shall sign all telephone and other verbal orders within seven (7) days. III

(F) Medication staff shall record administration of medication on a medication sheet or directly in the resident's record. If administration of medication is recorded on a medication sheet, the medication sheet shall be made part of the resident's medical record. The same individual who prepares and administers the medication shall record the administration. II/III

(53) Influenza and pneumococcal polysaccharide immunizations may be administered per physician-approved facility policy after assessment for contraindications.

(A) The facility shall develop a policy that provides recommendations and assessment parameters for the administration of such immunizations. The policy shall be approved by the facility medical director for facilities having a medical director, or by each resident's attending physician for facilities that do not have a medical director, and shall include the requirements to:

1. Provide education regarding the potential benefits and side effects of the immunization to each resident or the resident's designee or legally authorized representative; II/III

2. Offer the immunization to the resident or obtain permission from the resident's designee or legally authorized representative when it is medically indicated, unless the res-

ident has already been immunized as recommended by the policy; II/III

3. Provide the opportunity to refuse the immunization; and II/III

4. Perform an assessment for contraindications. II/III

(B) The assessment for contraindications and documentation of the education and opportunity to refuse the immunization shall be dated and signed by the nurse performing the assessment and placed in the medical record. II/III

(C) The facility shall with the approval of each resident's physician, access screening and immunization through outside sources, such as county or city health departments, and the facility shall document in the medical record that the requirements in subsection (53)(B) were performed by outside sources. II/III

(54) Stock supplies of nonprescription medication may be kept when specific medications are approved in writing by a consulting physician, a registered nurse or a pharmacist. No stock supply of prescription medication may be kept in the facility. II/III

(55) Records shall be maintained upon receipt and disposition of all controlled substances and shall be maintained separately from other records, for two (2) years.

(A) Inventories of controlled substances shall be reconciled as follows: II/III

1. Controlled Substance Schedule II medications shall be reconciled each shift; and II

2. Controlled Substance Schedule III-V medications shall be reconciled at least weekly and as needed to ensure accountability. II/III

(B) Inventories of controlled substances shall be reconciled by the following:

1. Two (2) medication personnel, one of whom is a licensed nurse; or

2. Two (2) medication personnel, one of whom is the administrator/manager when no nurse is available on staff; or

3. Two (2) medication personnel either medication technicians or level I medication aides when neither a licensed nurse nor the administrator/manager is available. II/III

(C) Receipt records shall include the date, source of supply, resident name and prescription number when applicable, medication name and strength, quantity and signature of the supplier and receiver. Administration records shall include the date, time, resident name, medication name, dose administered and the initials of the individual administering. The signature and initials of each medication staff documenting on the medication



administration record must be signed in the signature area of the medication record. II/III

(D) When self-control of medication is approved a record shall be made of all controlled substances transferred to and administered from the resident's room. Inventory reconciliation shall include controlled substances transferred to the resident's room. I/II

(56) Documentation of the wasting of controlled substances at the time of administration shall include the reason for the waste and the signature of another medication staff member or the administrator who witnesses the waste. If no medication staff member or the administrator is available at the time of administration, the controlled substance shall be properly labeled, clearly identified as unusable, stored in a locked area, and destroyed as soon as a medication staff member or the administrator is available to witness the waste. When no medication staff member or the administrator is available and the controlled substance is contaminated by patient body fluids, the controlled substance shall be destroyed immediately and the circumstances documented. II/III

(57) At least every three (3) months in a residential care facility, a pharmacist or registered nurse shall review the controlled substance record keeping including reconciling the inventories of controlled substances. This shall be done at the time of the drug regimen review of each resident. All discrepancies in controlled substance records shall be reported to the administrator or manager for review and investigation. The theft or loss of controlled substances shall be reported as follows: II/III

(A) The facility shall notify the department's Section for Long Term Care (SLTC) and other appropriate authorities of any theft or significant loss of any controlled substance medication written as an individual prescription for a specific resident upon the discovery of the theft or loss. The facility shall consider at least the following factors in determining if a loss is significant:

1. The actual quantity lost in relation to the total quantity;
2. The specific controlled substance lost;
3. Whether the loss can be associated with access by specific individuals;
4. Whether there is a pattern of losses, and if the losses appear to be random or not;
5. Whether the controlled substance is a likely candidate for diversion; and

6. Local trends and other indicators of diversion potential; II/III

(B) If an insignificant amount of such controlled substance is lost during lawful activities, which includes but are not limited to receiving, record keeping, access auditing, administration, destruction and returning to the pharmacy, a description of the occurrence shall be documented in writing and maintained with the facility's controlled substance records. The documentation shall include the reason for determining that the loss was insignificant. II/III

(58) A pharmacist or registered nurse shall review the medication regimen of each resident. This shall be done at least every three (3) months in a residential care facility. The review shall be performed in the facility and shall include, but shall not be limited to, indication for use, dose, possible medication interactions and medication/food interactions, contraindications, adverse reactions and a review of the medication system utilized by the facility. Irregularities and concerns shall be reported in writing to the resident's physician and to the administrator/manager. If after thirty (30) days, there is no action taken by a resident's physician and significant concerns continue regarding a resident's or residents' medication order(s), the administrator/manager shall contact or recontact the physician to determine if he or she received the information and if there are any new instructions. II/III

(59) All medication errors and adverse reactions shall be promptly documented and reported to the administrator/manager and the resident's physician. If the pharmacy made a dispensing error, it shall also be reported to the issuing pharmacy. II/III

(60) Medications that are not in current use shall be disposed of as follows:

(A) Single doses of contaminated, refused, or otherwise unusable non-controlled substance medications may be destroyed by any authorized medication staff member at the time of administration. Single doses of unusable controlled substance medications shall be destroyed according to section (56) of this rule;

(B) Discontinued medications may be retained up to one hundred twenty (120) days prior to other disposition if there is reason to believe, based on clinical assessment of the resident, that the medication might be reordered;

(C) Medications may be released to the resident or family upon discharge according to section (49) of this rule;

(D) After a resident has expired, medications, except for controlled substances, may be released to the resident's legal representative upon written request of the legal representative that includes the name of the medication and the reason for the request;

(E) Medications may be returned to the pharmacy that dispensed the medications pursuant to 4 CSR 220-3.040 or returned pursuant to the Prescription Drug Repository Program, 19 CSR 20-50.020;

(F) All other medications, including all controlled substances and all expired or otherwise unusable medications, shall be destroyed within thirty (30) days as follows: II/III

1. Medications shall be destroyed within the facility by a pharmacist and a licensed nurse or by two (2) licensed nurses or when two (2) licensed nurses are not available on staff by two (2) individuals who have authority to administer medications, one (1) of whom shall be a licensed nurse or a pharmacist; and II/III

2. A record of medication destroyed shall be maintained and shall include the resident's name, date, medication name and strength, quantity, prescription number, and signatures of the individuals destroying the medications; and II/III

(G) A record of medication released or returned to the pharmacy shall be maintained and shall include the resident's name, date, medication name and strength, quantity, prescription number, and signatures of the individuals releasing and receiving the medications. III

(61) Residents shall be encouraged to be active and to participate in activities. In a residential care facility licensed for more than twelve (12) residents, a method for informing the residents in advance of what activities are available, where they will be held and at what times they will be held shall be developed, maintained and used. II/III

(62) The facility shall maintain a record in the facility for each resident which shall include the following:

(A) Admission information including the resident's name; admission date; confidentiality number; previous address; birth date; sex; marital status; Social Security number; Medicare and Medicaid numbers (if applicable); name, address and telephone number of the resident's physician and alternate; diagnosis; name, address and telephone number of the resident's legally authorized representative or designee to be notified in case of



emergency; and preferred dentist, pharmacist and funeral director; III

(B) A review monthly or more frequently, if indicated, of the resident's general condition and needs; a monthly review of medication consumption of any resident controlling his or her own medication, noting if prescription medications are being used in appropriate quantities; a daily record of administration of medication; a logging of the medication regimen review process; a monthly weight; a record of each referral of a resident for services from an outside service; and a record of any resident incidents including behaviors that present a reasonable likelihood of serious harm to himself or herself or others and accidents that potentially could result in injury or did result in injuries involving the resident; and III

(C) Any Physician's Orders. Except as allowed by section (52) of this rule, the facility shall submit to the physician written versions of any oral or telephone orders within four (4) days of the giving of the oral or telephone order. III

(63) A record of the daily resident census shall be retained in the facility. III

(64) Resident records shall be maintained by the operator for at least five (5) years after a resident leaves the facility or after the resident reaches the age of twenty-one (21), whichever is longer and must include reason for discharge or transfer from the facility and cause of death, if applicable. III

AUTHORITY: sections 198.005 and 198.006, RSMo Supp. 2006 and 198.076, RSMo 2000. This rule originally filed as 13 CSR 15-15.042. Original rule filed July 13, 1983, effective Oct. 13, 1983. 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 March 14, 1985, effective June 13, 1985. Amended: Filed May 13, 1987, effective Aug. 13, 1987. Amended: Filed April 17, 1990, effective June 30, 1990. Amended: Filed Feb. 13, 1998, effective Sept. 30, 1998. Moved to 19 CSR 30-86.042, 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 Aug. 23, 2006, effective April 30, 2007.*

*Original authority: 198.005, RSMo 2006; 198.006, RSMo 1979, amended 1984, 1987, 2003, 2006; and 198.076, RSMo 1979, amended 1984.

19 CSR 30-86.043 Administrative, Personnel, and Resident Care Requirements for Facilities Licensed as a Residential Care Facility II on August 27, 2006 that Will Comply with Residential Care Facility II Standards

PURPOSE: This rule establishes requirements for administration, personnel and resident care requirements for facilities licensed pursuant to section 198.005, RSMo that continue to comply with residential care facilities (RCF) II standards in effect on August 27, 2006.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either Class I, II, or III) of standard as designated in section 198.085.1., RSMo.

(1) This rule contains the administrative, personnel and resident care standards in effect on August 27, 2006 for residential care facility IIs (formerly published at 19 CSR 30-86.042 (effective 12/31/05)). These standards apply to facilities that were licensed as residential care facility IIs on August 27, 2006 and that choose to be inspected under these standards rather than the standards published at 19 CSR 30-86.047.

(2) A person shall be designated to be an administrator who is currently licensed as an administrator by the Missouri Board of Nursing Home Administrators, in accordance with Chapter 344, RSMo. II

(3) By January 1, 1991, the administrator of a facility shall have successfully completed the state approved Level I Medication Aide course unless s/he is a physician, pharmacist, licensed nurse or a certified medication technician, or if the facility is operating in conjunction with a skilled nursing facility or intermediate care facility on the same premises, or if the facility employs on a full-time basis, a licensed nurse who is available seven (7) days per week. II/III

(4) The operator shall be responsible to assure compliance with all applicable laws and regulations. The administrator shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator's responsibilities shall include oversight of residents to assure that they receive appropriate care. II/III

(5) The administrator shall devote sufficient

time and attention to the management of the facility as is necessary for the health, safety and welfare of the residents. II

(6) The administrator cannot be listed or function in more than one (1) facility at the same time unless s/he serves no more than four (4) facilities which are within a thirty (30)-mile radius and licensed to serve in total no more than one hundred (100) residents. However, one (1) administrator may serve as the administrator of more than one (1) licensed facility if all facilities are on the same premises. II/III

(7) The administrator shall designate, in writing, a staff person in charge in his/her absence. If the administrator is absent for more than thirty (30) consecutive days, during which time s/he is not readily accessible for consultation by telephone with the person in charge or if the administrator is absent from the facility for more than sixty (60) working days during the course of a calendar year the person designated to be in charge shall be an administrator currently licensed by the Missouri Board of Nursing Home Administrators, in accordance with Chapter 344, RSMo. II/III

(8) The facility shall not care for more residents than the number for which the facility is licensed. II/III

(9) The facility's current license shall be posted in a conspicuous place and notices provided to the facility by the Department of Health and Senior Services (the department) granting exception(s) to regulatory requirements shall be posted alongside of the facility's license. III

(10) All personnel responsible for resident care shall have access to the legal name of each resident, name and telephone number of physician and next of kin or responsible party in the event of emergency. II/III

(11) All persons who have any contact with the residents in the facility shall not knowingly act or omit any duty in a manner which would materially and adversely affect the health, safety, welfare, or property of residents. No person who is listed on the Employee Disqualification List (EDL) maintained by the department as required by section 198.070, RSMo, shall work or volunteer in the facility in any capacity whether or not employed by the operator. For the purpose of this rule, a volunteer is an unpaid individual formally recognized by the facility as providing a direct care service to residents. The



facility is required to check the EDL for individuals who volunteer to perform a service for which the facility might otherwise have to hire an employee. The facility is not required to check the EDL for individuals or groups such as scout groups, bingo leaders, or sing-along leaders. The facility is not required to check the EDL for an individual such as a priest, minister, or rabbi visiting a resident who is a member of the individual's congregation. However, if the minister, priest, or rabbi serves as a volunteer facility chaplain, the facility is required to check the EDL since the individual would have potential contact with all residents. I/II

(12) Prior to allowing any person who has been hired in a full-time, part-time, or temporary position to have contact with any resident, the facility shall, or in the case of temporary employees hired through or contracted for an employment agency, the employment agency shall, prior to sending a temporary employee to a facility:

(A) Request a criminal background check for the person, as provided in section 660.317, RSMo. Each facility shall maintain documents verifying that the background checks were requested, the date of each such request, and the nature of the response received for each such request. II

1. The facility shall ensure that any person hired or retained to have contact with any resident who discloses that he or she has been convicted of, found guilty of, pled guilty to, or pled *nolo contendere* to a crime, in this state or any other state, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo, or any violation of section 198.070.3., RSMo, or section 568.020, RSMo, shall not be retained in such a position. I/II

2. Upon receipt of the criminal background check, the facility shall ensure that if the criminal background check indicates that the person hired or retained by the facility has been convicted of, found guilty of, pled guilty to, or pled *nolo contendere* to a crime, in this state or any other state, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo, or any violation of section 198.070.3., RSMo, or section 568.020, RSMo, the person shall not have contact with any resident unless and until the facility obtains verification from the department that a good cause waiver has been granted for each qualifying offense and maintains a copy of the verification in the individual's personnel file; I/II

(B) Make an inquiry to the department, as provided in section 660.315, RSMo, as to whether the person is listed on the EDL.

Each facility shall maintain documents verifying that the EDL checks were requested, the date of each such request, and the nature of the response received for each such request. The inquiry may be made through the department's website; II/III

(C) For persons for whom the facility has contracted for professional services (e.g., plumbing or air conditioning repair) that will have contact with any resident, the facility shall either require a criminal background check or ensure that the individual is sufficiently monitored by facility staff while in the facility to reasonably ensure the safety of all residents; and I/II

(D) If the person has registered with the department's Family Care Safety Registry (FCSR), the facility may utilize the FCSR in order to meet the requirements of subsections (12)(A) and (12)(B) of this rule. The FCSR is available through the department's website.

(13) The facility must develop and implement written policies and procedures which require that persons hired for any position which is to have contact with any patient or resident have been informed of their responsibility to disclose their prior criminal history to the facility as required by section 660.317.5, RSMo. The facility must also develop and implement policies and procedures which ensure that the facility does not knowingly hire, after August 28, 1997, any person who has or may have contact with a patient or resident, who has been convicted of, pled guilty or *nolo contendere* to, in this state or any other state, or has been found guilty of any Class A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo. II/III

(14) All persons who have or may have contact with residents shall at all times when on duty or delivering services wear an identification badge. The badge shall give their name, title and, if applicable, the status of their license or certification as any kind of health care professional. This rule shall apply to all personnel who provide services to any resident directly or indirectly. III

(15) All personnel shall be able physically and emotionally to work in a long-term care facility. I/II

(16) Personnel who have been diagnosed with a communicable disease may begin work or return to duty only with written approval by a physician or physician's designee which indicates any limitations. II

(17) The administrator shall be responsible for monitoring the health of the employees. II/III

(18) Prior to or on the first day that a new employee works in the facility s/he shall receive orientation of at least one (1) hour appropriate to his/her job function. This shall include, at a minimum, job responsibilities, how to handle emergency situations, the importance of infection control and hand-washing, confidentiality of resident information, preservation of resident dignity, how to report abuse/neglect to the department (1-800-392-0210), information regarding the Employee Disqualification List and instruction regarding the rights of residents and protection of property. II/III

(19) The administrator shall maintain on the premises an individual personnel record on each employee of the facility which shall include: the employee's name and address; Social Security number; date of birth; date of employment; experience and education including documentation of specialized training on medication and/or insulin administration, or both; references, if available; the results of background checks required by section 660.317, RSMo; position in the facility; written statement signed by a licensed physician or physician's designee indicating the person can work in a long-term care facility and indicating any limitations; record that the employee was instructed on residents' rights, facility's policies, job duties and any other orientation and reason for termination. Personnel records shall be maintained for at least one (1) year following termination of employment. III

(20) There shall be written documentation maintained in the facility showing actual hours worked by each employee. III

(21) No one individual shall be on duty with responsibility for oversight of residents longer than eighteen (18) hours per day. I/II

(22) Employees who are counted in meeting the minimum staffing ratio and employees who provide direct care to the residents shall be at least sixteen (16) years of age. III

(23) One (1) employee at least eighteen (18) years of age shall be on duty at all times. I/II

(24) Staffing.

(A) The facility shall have an adequate number and type of personnel for the proper care of residents and upkeep of the facility. At a minimum, the staffing pattern for fire safety



and care of residents shall be one (1) staff person for every fifteen (15) residents or major fraction of fifteen (15) during the day shift, one (1) person for every twenty (20) residents or major fraction of twenty (20) during the evening shift and one (1) person for every twenty-five (25) residents or major fraction of twenty-five (25) during the night shift. I/II

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)*	1	3-15
3 p.m. to 9 p.m. (Evening)*	1	3-20
9 p.m. to 7 a.m. (Night)*	1	3-25

*If the shift hours vary from those indicated, the hours of the shifts shall show on the work schedules of the facility and shall not be less than six (6) hours. III

(B) The required staff shall be in the facility awake, dressed and prepared to assist residents in case of emergency. I/II

(C) In a facility of more than one hundred (100) residents, the administrator shall not be counted when determining the personnel required. II

(D) If the facility is operated in conjunction with and is immediately adjacent to and contiguous to another licensed long-term care facility and if the resident bedrooms of the facility are on the same floor as at least a portion of a licensed intermediate care or skilled nursing facility; there is an approved call system in each resident's bedroom and bathroom or a patient-controlled call system; and there is a complete fire alarm system in the facility tied into the complete fire alarm system in the other licensed facility, then the following minimum staffing for oversight and care of residents, for upkeep of the facility and for fire safety shall be one (1) staff person for every eighteen (18) residents or major fraction of residents during the day shift, one (1) person for every twenty-five (25) residents or major fraction of residents during the evening shift and one (1) person for every thirty (30) residents or major fraction of residents during the night shift. I/II

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)*	1	3-18
3 p.m. to 9 p.m. (Evening)*	1	3-25
9 p.m. to 7 a.m. (Night)*	1	3-30

*If the shift hours vary from those indicated, the hours of the shifts shall show on the work schedules of the facility and shall not be less

than six (6) hours. III

(E) There shall be a licensed nurse employed by the facility to work at least eight (8) hours per week at the facility for every thirty (30) residents or additional major fraction of thirty (30). The nurse's duties shall include, but shall not be limited to, review of residents' charts, medications and special diets or other orders, review of each resident's adjustment to the facility and observation of each individual resident's general physical and mental condition. The nurse shall inform the administrator of any problems noted and these shall be brought to the attention of the resident's physician. II/III

(25) All residents shall be physically and mentally capable of negotiating a normal path to safety unassisted or with the use of assistive devices. I/II

(26) Residents suffering from short periods of incapacity due to illness, injury or recuperation from surgery may be allowed to remain or be readmitted from a hospital if the period of incapacity does not exceed forty-five (45) days and written approval of a physician is obtained for the resident to remain in or be readmitted to the facility. II/III

(27) The facility shall not admit or continue to care for residents whose needs cannot be met. If necessary services cannot be obtained in or by the facility, the resident shall be promptly referred to appropriate outside resources or transferred to a facility providing the appropriate level of care. I/II

(28) In the event a resident is transferred from the facility, a report of the resident's current medical status shall accompany him/her. III

(29) Residents admitted to a facility on referral by the Department of Mental Health shall have an individual treatment plan or individual habilitation plan on file prepared by the Department of Mental Health, updated annually. III

(30) Residents under sixteen (16) years of age shall not be admitted. III

(31) Placement of residents in the building shall be determined by their abilities. Those residents who require the use of a walker or who are blind shall be housed on a floor which has direct exits at grade, a ramp or no more than two (2) steps to grade with a handrail. Those residents who use a wheelchair shall be able to demonstrate the ability to transfer to and from the wheelchair

unassisted. They shall be housed near an exit and there shall be a direct exit at grade or a ramp. II

(32) Residents admitted or readmitted to the facility shall have an admission physical examination by a licensed physician. Documentation should be obtained prior to admission but shall be on file not later than ten (10) days after admission and shall contain information regarding the resident's current medical status and any special orders or procedures which should be followed. If the resident is admitted directly from a hospital or another long-term care facility and is accompanied on admission by a report which reflects his/her current medical status, an admission physical will not be required. II/III

(33) If at any time a resident or prospective resident is diagnosed with a communicable disease, the department shall be notified within seven (7) days and if the facility can meet the resident's needs, the resident may be admitted or does not need to be transferred. Appropriate infection control procedures shall be followed if the resident remains in or is accepted by the facility. I/II

(34) Protective oversight shall be provided twenty-four (24) hours a day. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II

(35) Residents shall receive proper care to meet their needs. Physician orders shall be followed. I/II

(36) In case of serious illness, accident or death, appropriate action shall be taken and the person designated in the resident's record as the responsible party and, if applicable, the guardian shall be immediately notified. II/III

(37) Every resident shall be clean, dry and free of offensive body and mouth odor. I/II

(38) Except in the case of emergency, the resident shall not be inhibited by chemical and/or physical restraints that would limit self-care or ability to negotiate a path to safety unassisted or with assistive devices. I/II

(39) A supply of clean linen shall be available in the facility and provided to residents to meet their daily needs. II/III



(40) Beds shall be made daily and linen changed at least weekly or more often if needed to maintain a clean, dry bed. II/III

(41) The resident's unit shall be thoroughly cleaned and disinfected following a resident's death, discharge or transfer. II/III

(42) Commodes and urinals, if used, shall be kept at the bedside of the residents. They shall not be left open and the container shall be emptied promptly and thoroughly cleaned after each use. III

(43) Cuspidors shall be emptied and cleaned daily or disposable cartons shall be provided daily. III

(44) Self-control of prescription medication by a resident may be allowed only if approved in writing by the resident's physician and allowed by facility policy. If a resident is not taking any prescription medication, the resident may be permitted to control the storage and use of nonprescription medication unless there is a physician's written order or facility policy to the contrary. If not permitted, all medications for that resident, including over-the-counter medications, shall be controlled by the administrator unless the physician specifies otherwise. II/III

(45) Written approval for self-control of prescription medication shall be rewritten as needed but at least annually and after any period of hospitalization. III

(46) All medication shall be safely stored at proper temperature and shall be kept in a secured location behind at least one (1) locked door or cabinet. If access is controlled by the resident, a secured location shall mean in a locked container, a locked drawer in a bedside table or dresser or in a resident's private room if locked in his/her absence, although this does not preclude access by a responsible employee of the facility. II/III

(47) All prescription medications shall be supplied as individual prescriptions. All medications, including over-the-counter medications shall be packaged and labeled in accordance with applicable professional pharmacy standards, state and federal drug laws and regulations and the *United States Pharmacopeia (USP)*. Labeling shall include accessory and cautionary instructions as well as the expiration date, when applicable, and the name of the medication as specified in the physician's order. Over-the-counter medications for individual residents shall be labeled with at least the resident's name. II/III

(48) Injections shall be administered only by a physician or licensed nurse, except that residents who require insulin, upon written order of their physician, may administer their own insulin or the insulin may be administered by a person trained to do so by a licensed nurse or physician and the resident's condition shall be monitored by his/her physician. After December 31, 1990, unless insulin is self-administered or it is administered only by a physician or licensed nurse, it shall be administered by a certified medication technician or a level I medication aide who has successfully completed the state-approved course for insulin administration, taught by an approved instructor and who was recommended for training by an administrator or nurse with whom he or she works. Anyone trained prior to December 31, 1990, who completed the state-approved insulin administration course taught by an approved instructor shall be considered qualified to administer insulin in a facility. Anyone trained prior to December 31, 1990, to administer insulin by a licensed nurse or physician not using the state-approved course may qualify by challenging the final examination of the insulin administration course. I/II

(49) The administrator shall develop and implement a safe and effective system of medication control and use which assures that all residents' medications are administered or distributed by personnel at least eighteen (18) years of age, in accordance with physicians' instructions using acceptable nursing techniques. Until January 1, 1991, those facilities administering medications shall utilize personnel trained in medication administration (a licensed nurse, certified medication technician or level I medication aide) and shall employ a licensed nurse eight (8) hours per week for every thirty (30) residents to monitor each resident's condition. Distribution shall mean delivering to a resident his/her prescription medication either in the original pharmacy container, or for internal medication, removing an individual dose from the pharmacy container and placing it in a small container or liquid medium for the resident to remove from the container and self-administer. External prescription medication may be applied by facility personnel if the resident is unable to do so and the resident's physician so authorizes. After December 31, 1990, all persons who administer or distribute medication shall be trained in medication administration and, if not a physician or a licensed nurse, shall be a certified medication technician or level I medication aide. I/II

(50) Medication Orders.

(A) Physician's instructions, as evidenced by the prescription label or by signed order of a physician, shall be accurately followed. If the physician changes the order which is designated on a prescription label, there shall be on file in the resident's record a signed physician's order to that effect with the amended instructions for use or until the prescription label is changed by the pharmacy to reflect the new order. II/III

(B) Physician's written and signed orders are not required, but if it is the facility's or physician's policy to use the orders, they shall include: name of medication, dosage and frequency of administration and the orders shall be renewed at least every three (3) months. II/III

(C) Verbal and telephone orders shall be taken only by a licensed nurse, medication technician, level I medication aide or pharmacist and shall be immediately reduced to writing and signed by that individual. If a telephone order is given to a medication technician or level I medication aide, an initial dosage of a new prescription shall not be initiated until the order has been reviewed by telephone or in person by a licensed nurse or pharmacist. II

(D) The review shall be documented by the nurse's or pharmacist's signature within seven (7) days. III

(E) The physician shall sign all verbal and telephone orders within seven (7) days. III

(F) The administration or distribution of medication shall be recorded on a medication sheet or directly in the resident's record and, if recorded on a medication sheet, shall be made part of the resident's record. The administration or distribution shall be recorded by the same person who prepares the medication and who distributes or administers it. II/III

(51) A stock supply of prescription medication may be kept in the facility. An emergency drug supply as recommended by a pharmacist or physician may be kept if approved by the department. Storage and use of medications in the emergency drug supply shall assure accountability. II/III

(52) Stock supplies of nonprescription medication may be kept for *pro re nata* (PRN) use in facilities as long as the particular medications are approved in writing by a consulting physician, a registered nurse or a pharmacist. II/III

(53) All controlled substances shall be handled according to state laws and regulations as given in and required by 19 CSR 30-1 and Chapter 195, RSMo. II/III



(54) A pharmacist or registered nurse shall review the drug regimen of each resident. This shall be done at least every other month in a facility. The review shall be performed in the facility and shall include, but shall not be limited to, possible drug and food interactions, contraindications, adverse reactions and a review of the medication system utilized by the facility. Irregularities and concerns shall be reported in writing to the resident's physician and to the administrator. If after thirty (30) days, there is no action taken by a resident's physician and significant concerns continue regarding a resident's or residents' medication order(s), the administrator shall contact or recontact the physician to determine if he or she received the information and if there are any new instructions. II/III

(55) Medications controlled by the facility shall be disposed of either by destroying, returning to the pharmacy or sending with residents on discharge. The following shall be destroyed within the facility within ninety (90) days: discontinued medication not returnable to the pharmacy, all discontinued controlled substances, outdated or deteriorated medication, medication of expired residents not returnable to the pharmacy and medications not sent with the resident on discharge. II/III

(56) Disposition of medication controlled by the facility shall be recorded listing the resident's name, the date and the name, strength and quantity of the drug and the signature(s) of the person(s) involved. Medication destruction shall involve two (2) persons, one (1) of whom shall be a pharmacist, a nurse or a state inspector. III

(57) Residents shall be encouraged to be active and to participate in activities. In a facility licensed for more than twelve (12) residents, a method for informing the residents in advance of what activities are available, where they will be held and at what times they will be held shall be developed, maintained and used. II/III

(58) A record shall be maintained in the facility for each resident which shall include:

(A) Admission information including the resident's name; admission date; confidentiality number; previous address; birth date; sex; marital status; Social Security number; Medicare and Medicaid number; name, address and telephone number of physician and alternate; name, address and telephone number of resident's next of kin, legal guardian, designee or person to be notified in

case of emergency; and preferred dentist, pharmacist and funeral director; and III

(B) A resident's record, including a review monthly or more frequently, if indicated, of the resident's general condition and needs; a monthly review of medication consumption of any resident controlling his/her own medication, noting if prescription medications are being used in appropriate quantities; a daily record of distribution or administration of medication; any physician's orders; a logging of the drug regimen review process; a monthly weight; a record of each referral of a resident for services from an outside service; and a record of any patient incidents and accidents involving the resident. III

(59) A record of the resident census as well as records regarding discharge, transfer or death of residents shall be kept in the facility. III

(60) Resident records shall be maintained by the operator for at least five (5) years after the resident leaves the facility or after the resident reaches the age of twenty-one (21), whichever is longer. III

AUTHORITY: sections 198.073 and 198.076, RSMo Supp. 2011. Original rule filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 1, 2012, effective Sept. 30, 2012.*

**Original authority: 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006, 2007 and 198.076, RSMo 1979, amended 1984, 2007.*

19 CSR 30-86.045 Standards and Requirements for Assisted Living Facilities Which Provide Services to Residents with a Physical, Cognitive, or Other Impairment that Prevents the Individual from Safely Evacuating the Facility with Minimal Assistance

PURPOSE: This rule establishes the additional standards for those assisted living facilities which provide services to residents with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numerical notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.

(1) This rule contains the additional standards for those assisted living facilities licensed pursuant to sections 198.005 and 198.073, RSMo (CCS HCS SCS SB 616, 93rd Gener-

al Assembly, Second Regular Session (2006)) and complying with sections 198.073.4 and 198.073.6, RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and 19 CSR 30-86.047 that choose to admit or continue to care for any individual having a physical, cognitive or other impairment that prevents the individual from safely evacuating the facility with minimal assistance.

(2) Definitions. For the purposes of this rule, the following definitions shall apply:

(A) Area of refuge—A space located in or immediately adjacent to a path of travel leading to an exit that is protected from the effects of fire, either by means of separation from other spaces in the same building or its location, permitting a delay in evacuation. An area of refuge may be temporarily used as a staging area that provides some relative safety to its occupants while potential emergencies are assessed, decisions are made, and evacuation has begun;

(B) Evacuating the facility—The act of the resident going from one (1) smoke section to another within the facility, going to an area of refuge within the facility, or going out of the facility;

(C) Individualized evacuation plan—A plan to remove the resident from the facility, to an area of refuge within the facility or from one (1) smoke section to another within the facility. The plan is specific to the resident's needs and abilities based on the current community based assessment;

(D) Minimal assistance—

1. Is the criterion which determines whether or not staff must develop and include an individualized evacuation plan as part of the resident's service plan;

2. Minimal assistance may be the verbal intervention that staff must provide for a resident to initiate evacuating the facility;

3. Minimal assistance may be the physical intervention that staff must provide, such as turning a resident in the correct direction, for a resident to initiate evacuating the facility;

4. A resident needing minimal assistance is one who is able to prepare to leave and then evacuate the facility within five (5) minutes of being alerted of the need to evacuate and requires no more than one (1) physical intervention and no more than three (3) verbal interventions of staff to complete evacuation from the facility;

5. The following actions required of staff are considered to be more than minimal assistance:

A. Assistance to traverse down stairways;



- B. Assistance to open a door; and
- C. Assistance to propel a wheelchair;
- (E) Resident, only for the purpose of this rule, means any individual having a physical, cognitive or other impairment that prevents the individual from safely evacuating the facility with minimal assistance who is admitted to or continues to be cared for in the facility under the provisions of this rule; and
- (F) Smoke section—A fire-rated separation of one (1) section of the building from the rest of the building.

(3) General Requirements. I/II

(A) If the facility admits or retains any individual needing more than minimal assistance due to having a physical, cognitive or other impairment that prevents the individual from safely evacuating the facility, the facility shall:

1. Meet the fire safety requirements of 19 CSR 30-86.022(16); I/II
2. Take necessary measures to provide residents with the opportunity to explore the facility and, if appropriate, its grounds; II
3. Use a personal electronic monitoring device for any resident whose physician recommends the use of such device; II
4. Have sufficient staff present and awake twenty-four (24) hours a day to assist in the evacuation of all residents; I/II
5. Include an individualized evacuation plan in the resident's individual service plan; II
6. At a minimum the evacuation plan shall include the following components:
 - A. The responsibilities of specific staff positions in an emergency specific to the individual; II
 - B. The fire protection interventions needed to ensure the safety of the resident; and II
 - C. The plan shall evaluate the resident for his or her location within the facility and the proximity to exits and areas of refuge. The plan shall evaluate the resident, as applicable, for his or her risk of resistance, mobility, the need for additional staff support, consciousness, response to instructions, response to alarms, and fire drills; II
7. The resident's evacuation plan shall be amended or revised based on the ongoing assessment of the needs of the resident; II
8. Those employees with specific responsibilities shall be instructed and informed regarding their duties and responsibilities under the resident's evacuation plan at least every six (6) months and upon any significant change in the plan; II
9. A copy of the resident's evacuation plan shall be readily available to all staff; and II

10. Comply with all requirements of this rule. I/II

(4) Staffing Requirements.

(A) The facility shall have an adequate number and type of personnel for the proper care of residents and upkeep of the facility. At a minimum, the staffing pattern for fire safety and care of residents shall be one (1) staff person for every fifteen (15) residents or major fraction of fifteen (15) during the day shift, one (1) person for every fifteen (15) residents or major fraction of fifteen (15) during the evening shift, and one (1) person for every twenty (20) residents or major fraction of twenty (20) during the night shift. I/II

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)*	1	3-15
3 p.m. to 9 p.m. (Evening)*	1	3-15
9 p.m. to 7 a.m. (Night)*	1	3-20

*If the shift hours vary from those indicated, the hours of the shifts shall show on the work schedules of the facility and shall not be less than six (6) hours. III

(B) The required staff shall be in the facility awake, dressed, and prepared to assist residents in case of emergency. I/II

(C) The administrator shall count toward staffing when physically present at the facility. II

(D) These staffing requirements are applicable only when the facility actually has in residence one (1) or more residents who require more than minimal assistance in evacuating the facility. II

(E) At a minimum there shall be a licensed nurse employed by the facility to work at least the following hours per week:

- 3-30 Residents—8 hours
- 31-60 Residents—16 hours
- 61-90 Residents—24 hours
- 91 or more Residents—40 hours. II

(F) The licensed nurse shall be available to assess residents for pain and significant and acute changes in condition. The nurse's duties shall include, but shall not be limited to, review of residents' records, medications, and special diets or other orders, review of each resident's adjustment to the facility, and observation of each individual resident's general physical, psychosocial, and mental status. The nurse shall inform the administrator of any problems noted and these shall be brought to the attention of the resident's physician and legally authorized representative or designee. II/III

*AUTHORITY: sections 198.073 and 198.076, RSMo Supp. 2007. * This rule originally filed as 13 CSR 15-15.045. Emergency rule filed Dec. 14, 2000, effective Jan. 2, 2001, expired June 30, 2001. Original rule filed Dec. 14, 2000, effective June 30, 2001. Moved to 19 CSR 30-86.045, effective Aug. 28, 2001. Amended: Filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 13, 2008, effective Oct. 30, 2008.*

**Original authority: 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006, 2007 and 198.076, RSMo 1979, amended 1984, 2007.*

19 CSR 30-86.047 Administrative, Personnel, and Resident Care Requirements for Assisted Living Facilities

PURPOSE: This rule establishes standards for all assisted living facilities licensed pursuant to sections 198.005 and 198.073, RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and required to meet assisted living facility standards pursuant to section 198.073.3, RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and section 198.076, RSMo 2000.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

AGENCY NOTE: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either Class I, II, or III) of standard as designated in section 198.085.1., RSMo.

(1) Facilities licensed as assisted living facilities shall be inspected pursuant to the standards outlined herein beginning April 1, 2007. An assisted living facility may request, in writing to the department, to comply with these standards prior to April 1, 2007. Upon receipt of the request, the department shall conduct an inspection to determine compliance with the standards outlined herein prior



to issuing a license indicating such compliance.

(2) Consumer Education Requirements. The facility shall disclose to a prospective resident, or legal representative of the resident, information regarding the services the facility is able to provide or coordinate, the cost of such services to the resident, and the grounds for discharge or transfer as permitted or required by the Omnibus Nursing Home Act, Chapter 198, RSMo and the department's regulations, including the provisions set forth in section (29) of this rule. II

(3) Nothing in this rule shall be construed to allow any facility that has not met the requirements of 198.073(4) and (6), RSMo, (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and 19 CSR 30-86.045 to care for any individual with a physical, cognitive or other impairment that prevents the individual from safely evacuating the facility with minimal assistance. I/II

(4) Definitions. For the purpose of this rule, the following definitions shall apply:

(A) Appropriately trained and qualified individual means an individual who is licensed or registered with the state of Missouri in a health care related field or an individual with a degree in a health care related field or an individual with a degree in a health care, social services, or human services field or an individual licensed under Chapter 344, RSMo, and who has received facility orientation training under 19 CSR 30-86.042(18), and dementia training under section 660.050, RSMo, and twenty-four (24) hours of additional training, approved by the department, consisting of definition and assessment of activities of daily living, assessment of cognitive ability, service planning, and interview skills;

(B) Area of refuge—A space located in or immediately adjacent to a path of travel leading to an exit that is protected from the effects of fire, either by means of separation from other spaces in the same building or its location, permitting a delay in evacuation. An area of refuge may be temporarily used as a staging area that provides relative safety to its occupants while potential emergencies are assessed, decisions are made, and evacuation is begun;

(C) Assisted living facility (ALF)—Is as defined in 19 CSR 30-83.010;

(D) Chemical restraint—Is as defined in 19 CSR 30-83.010;

(E) Community based assessment—Documented basic information and analysis provided by appropriately trained and qualified

individuals describing an individual's abilities and needs in activities of daily living, instrumental activities of daily living, vision/hearing, nutrition, social participation and support, and cognitive functioning using an assessment tool approved by the department, that is designed for community based services and that is not the nursing home minimum data set. The assessment tool may be one developed by the department or one used by a facility which has been approved by the department;

(F) Evacuating the facility—For the purpose of this rule, evacuating the facility shall mean moving to an area of refuge or from one smoke section to another or exiting the facility;

(G) Home-like—Means a self-contained long-term care setting that integrates the psychosocial, organizational and environmental qualities that are associated with being at home. Home-like may include, but is not limited to the following:

1. A living room and common use areas for social interactions and activities;

2. Kitchen and family style eating area for use by the residents;

3. Laundry area for use by residents;

4. A toilet room that contains a toilet, lavatory and bathing unit in each resident's room;

5. Resident room preferences for residents who wish to share a room, and for residents who wish to have private bedrooms;

6. Outdoor area for outdoor activities and recreation; and

7. A place where residents can give and receive affection, explore their interests, exercise control over their environment, engage in interactions with others and have privacy, security, familiarity and a sense of belonging;

(H) Individualized service plan (ISP)—Shall mean the planning document prepared by an assisted living facility, which outlines a resident's needs and preferences, services to be provided, and the goals expected by the resident or the resident's legal representative in partnership with the facility;

(I) Keeping residents in place—Means maintaining residents in place during a fire in lieu of evacuation where a building's occupants are not capable of evacuation, where evacuation has a low likelihood of success, or where it is recommended in writing by local fire officials as having a better likelihood of success and/or a lower risk of injury;

(J) Minimal assistance—

1. Is the criterion which determines whether or not staff must develop and include an individualized evacuation plan as part of the resident's service plan;

2. Minimal assistance may be the verbal intervention that staff must provide for a resident to initiate evacuating the facility;

3. Minimal assistance may be the physical intervention that staff must provide, such as turning a resident in the correct direction, for a resident to initiate evacuating the facility;

4. A resident needing minimal assistance is one who is able to prepare to leave and then evacuate the facility within five (5) minutes of being alerted of the need to evacuate and requires no more than one (1) physical intervention and no more than three (3) verbal interventions of staff to complete evacuation from the facility;

5. The following actions required of staff are considered to be more than minimal assistance:

A. Assistance to traverse down stairways;

B. Assistance to open a door; and

C. Assistance to propel a wheelchair;

(K) Physical restraint—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:

1. Using side rails that keep a resident from voluntarily getting out of bed;

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

3. 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;

4. Placing the resident in a chair that prevents a resident from rising; and

5. 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;

(L) Significant change—means any change in the resident's physical, emotional or psychosocial condition or behavior that will not normally resolve itself without further intervention by staff or by implementing standard disease-related clinical interventions, that has an impact on more than one (1) area of the resident's health status, and requires interdisciplinary review or revision of the individualized service plan, or both;

(M) Skilled nursing facility—Means any



premises, other than a residential care facility, assisted living facility or an intermediate care facility, which is utilized by its owner, operator or manager to provide for twenty-four (24) hour accommodation, board and skilled nursing care and treatment services to at least three (3) residents who are not related within the fourth degree of consanguinity or affinity to the owner, operator or manager of the facility. Skilled nursing care and treatment services are those services commonly performed by or under the supervision of a registered professional nurse for individuals requiring twenty-four (24)-hours-a-day care by licensed nursing personnel including acts of observation, care and counsel of the aged, ill, injured or infirm, the administration of medications and treatments as prescribed by a licensed physician or dentist, and other nursing functions requiring substantial specialized judgment and skill;

(N) Skilled nursing placement—Means placement in a skilled nursing facility as defined in subsection (4)(M) of this rule; and

(O) Social model of care—Means long-term care services based on the abilities, desires, and functional needs of the individual delivered in a setting that is more home-like than institutional, that promote the dignity, individuality, privacy, independence and autonomy of the individual, that respects residents' differences and promotes residents' choices.

(5) The operator shall designate an individual for administrator who is currently licensed as an administrator by the Missouri Board of Nursing Home Administrators, in accordance with Chapter 344, RSMo. II

(6) The operator shall be responsible to assure compliance with all applicable laws and regulations. The administrator shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator's responsibilities shall include oversight of residents to assure that they receive care as defined in the individualized service plan. II/III

(7) The administrator cannot be listed or function in more than one (1) licensed facility at the same time unless he or she serves no more than five (5) facilities within a thirty (30)-mile radius and licensed to serve in total no more than one hundred (100) residents, and the administrator has an individual designated as the daily manager of each facility. However, the administrator may serve as the adminis-

trator of more than one (1) licensed facility if all facilities are on the same premises. II

(8) The administrator shall designate, in writing, a staff member in charge in the administrator's absence. If the administrator is absent for more than thirty (30) consecutive days, during which time he or she is not readily accessible for consultation by telephone with the delegated individual, the individual designated to be in charge shall be an administrator currently licensed by the Missouri Board of Nursing Home Administrators, in accordance with Chapter 344, RSMo. Such thirty- (30-) consecutive day absences may only occur once within any consecutive twelve- (12-) month period. II/III

(9) The facility shall not care for more residents than the number for which the facility is licensed. However, if the facility operates a non-licensed adult day care program for four (4) or fewer participants within the licensed facility, the day care participants shall not be included in the total facility census. Adult day care participants shall be counted in staffing determination during the hours the day care participants are in the facility. II/III

(10) The facility shall not admit or continue to care for residents whose needs cannot be met. If necessary services cannot be obtained in or by the facility, the resident shall be promptly referred to appropriate outside resources or discharged from the facility. I/II

(11) All personnel responsible for resident care shall have access to the legal name of each resident, name and telephone number of resident's physician, resident's designee or legally authorized representative in the event of emergency. II/III

(12) All persons who have any contact with the residents in the facility shall not knowingly act or omit any duty in a manner that would materially and adversely affect the health, safety, welfare, or property of residents. No person who is listed on the Employee Disqualification List (EDL) maintained by the department as required by section 198.070, RSMo, shall work or volunteer in the facility in any capacity whether or not employed by the operator. For the purpose of this rule, a volunteer is an unpaid individual formally recognized by the facility as providing a direct care service to residents. The facility is required to check the EDL for individuals who volunteer to perform a service for which the facility might otherwise have to hire an employee. The facility is not required to check the EDL for individuals or groups

such as scout groups, bingo leaders, or sing-along leaders. The facility is not required to check the EDL for an individual such as a priest, minister, or rabbi visiting a resident who is a member of the individual's congregation. However, if a minister, priest, or rabbi serves as a volunteer facility chaplain, the facility is required to check the EDL since the individual would have potential contact with all residents. I/II

(13) Prior to allowing any person who has been hired in a full-time, part-time, or temporary position to have contact with any resident, the facility shall, or in the case of temporary employees hired through or contracted from an employment agency, the employment agency shall, prior to sending a temporary employee to a facility:

(A) Request a criminal background check for the person, as provided in section 660.317, RSMo. Each facility shall maintain documents verifying that the background checks were requested, the date of each such request, and the nature of the response received for each such request. II

1. The facility shall ensure that any person hired or retained to have contact with any resident who discloses that he or she has been convicted of, found guilty of, pled guilty to, or pled *nolo contendere* to a crime, in this state or any other state, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo, or any violation of section 198.070.3., RSMo, or section 568.020, RSMo, shall not be retained in such a position. I/II

2. Upon receipt of the criminal background check, the facility shall ensure that if the criminal background check indicates that the person hired or retained by the facility has been convicted of, found guilty of, pled guilty to, or pled *nolo contendere* to a crime, in this state or any other state, which if committed in Missouri would be a class A or B felony violation of Chapter 565, 566, or 569, RSMo, or any violation of section 198.070.3., RSMo, or section 568.020, RSMo, the person shall not have contact with any resident unless and until the facility obtains verification from the department that a good cause waiver has been granted for each qualifying offense and maintains a copy of the verification in the individual's personnel file; I/II

(B) Make an inquiry to the department, as provided in section 660.315, RSMo, as to whether the person is listed on the EDL. Each facility shall maintain documents verifying that the EDL checks were requested, the date of each such request, and the nature of the response received for each such



request. The inquiry may be made through the department's website; II/III

(C) If the person has registered with the department's Family Care Safety Registry (FCSR), the facility may utilize the FCSR in order to meet the requirements of subsections (13)(A) and (13)(B) of this rule. The FCSR is available through the department's website; and

(D) For persons for whom the facility has contracted for professional services (e.g., plumbing or air conditioning repair) that will have contact with any resident, the facility shall either require a criminal background check or ensure that the individual is sufficiently monitored by facility staff while in the facility to reasonably ensure the safety of all residents. I/II

(14) A facility shall not employ, as an agent or employee who has access to controlled substances, any person who has been found guilty or entered a plea of guilty or *nolo contendere* in a criminal prosecution under the laws of any state or of the United States for any offense related to controlled substances. II

(A) A facility may apply in writing to the department for a waiver of this section of this rule for a specific employee.

(B) The department may issue a written waiver to a facility upon determination that a waiver would be consistent with the public health and safety. In making this determination, the department shall consider the duties of the employee, the circumstances surrounding the conviction, the length of time since the conviction was entered, whether a waiver has been granted by the department's Bureau of Narcotics and Dangerous Drugs pursuant to 19 CSR 30-1.034 when the facility is registered with that agency, whether a waiver has been granted by the federal Drug Enforcement Administration (DEA) pursuant to 21 CFR 1301.76 when the facility is also registered with that agency, the security measures taken by the facility to prevent the theft and diversion of controlled substances, and any other factors consistent with public health and safety. II

(15) The facility must develop and implement written policies and procedures which require that persons hired for any position which is to have contact with any patient or resident have been informed of their responsibility to disclose their prior criminal history to the facility as required by section 660.317.5, RSMo. The facility must also develop and implement policies and procedures which ensure that the facility does not knowingly hire, after August 28, 1997, any person who has or may have

contact with a patient or resident, who has been convicted of, plead guilty or *nolo contendere* to, in this state or any other state, or has been found guilty of any Class A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo. II/III

(16) All persons who have or may have contact with residents shall at all times when on duty or delivering services wear an identification badge. The badge shall give their name, title and, if applicable, the status of their license or certification as any kind of health care professional. This rule shall apply to all personnel who provide services to any resident directly or indirectly. III

(17) Personnel who have been diagnosed with a communicable disease may begin work or return to duty only with written approval by a physician or physician's designee, which indicates any limitations. II

(18) The administrator shall be responsible to prevent an employee known to be diagnosed with communicable disease from exposing residents to such disease. The facility's policies and procedures must comply with the department's regulations pertaining to communicable diseases, specifically 19 CSR 20-20.010 through 19 CSR 20-20.100. II /III

(19) The facility shall screen residents and staff for tuberculosis as required for long-term care facilities by 19 CSR 20-20.100. II

(20) The administrator shall maintain on the premises an individual personnel record on each facility employee, which shall include the following:

- (A) The employee's name and address;
- (B) Social Security number;
- (C) Date of birth;
- (D) Date of employment;
- (E) Documentation of experience and education including for positions requiring licensure or certification, documentation evidencing competency for the position held, which includes copies of current licenses, transcripts when applicable, or for those individuals requiring certification, such as certified medication technicians, level I medication aides and insulin administration aides; printing the Web Registry search results page available at www.dhss.mo.gov/cnaregistry shall meet the requirements of the employer's check regarding valid certification;
- (F) References, if available;
- (G) The results of background checks required by section 660.317, RSMo; and a copy of any good cause waiver granted by the

department, if applicable;

(H) Position in the facility;

(I) Written statement signed by a licensed physician or physician's designee indicating the person can work in a long-term care facility and indicating any limitations;

(J) Documentation of the employee's tuberculin screening status;

(K) Documentation of what the employee was instructed on during orientation training; and

(L) Reason for termination if the employee was terminated due to abuse or neglect of a resident, residents' rights issues or resident injury. III

(21) Personnel records shall be maintained for at least two (2) years following termination of employment. III

(22) There shall be written documentation maintained in the facility showing actual hours worked by each employee. III

(23) No one individual shall be on duty with responsibility for oversight of residents longer than eighteen (18) hours per day. I/II

(24) Employees who are counted in meeting the minimum staffing ratio and employees who provide direct care to the residents shall be at least sixteen (16) years of age. One employee at least eighteen (18) years of age shall be on duty at all times. II

(25) Each facility resident shall be under the medical supervision of a physician licensed to practice in Missouri who has been informed of the facility's emergency medical procedures and is kept informed of treatments or medications prescribed by any other professional lawfully authorized to prescribe medications. III

(26) The facility shall ensure that each resident being admitted or readmitted to the facility receives an admission physical examination by a licensed physician. The facility shall request documentation of the physical examination prior to admission but must have documentation of the physical examination on file no later than ten (10) days after admission. The physical examination shall contain documentation regarding the individual's current medical status and any special orders or procedures to be followed. If the resident is admitted directly from an acute care or another long-term care facility and is accompanied on admission by a report that reflects his or her current medical status, an admission physical shall not be required. III



(27) Residents under sixteen (16) years of age shall not be admitted. III

(28) The facility may admit or retain an individual for residency in an assisted living facility only if the individual does not require hospitalization or skilled nursing placement as defined in this rule, and only if the facility:

(A) Provides for or coordinates oversight and services to meet the needs, the social and recreational preferences in accordance with the individualized service plan of the resident as documented in a written contract signed by the resident, or legal representative of the resident; II

(B) Has twenty-four (24) hour staff appropriate in numbers and with appropriate skills to provide such services; II

(C) Has a written plan for the protection of all residents in the event of a disaster such as tornado, fire, bomb threat or severe weather, including:

1. Keeping residents in place;
2. Evacuating residents to areas of refuge;
3. Evacuating residents from the building if necessary; or
4. Other methods of protection based on the disaster and the individual building design; I/II

(D) Completes a premove-in screening conducted as required by section 198.073.4 (4), RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)). II

(E) The premove-in screening shall be completed prior to admission with the participation of the prospective resident and be designed to determine if the individual is eligible for admission to the assisted living facility and shall be based on the admission restrictions listed at section (29) of this rule; II

(F) Completes a community based assessment conducted by an appropriately trained and qualified individual as defined in section (4) of this rule:

1. Time frame requirements for assessment shall be:
 - A. Within five (5) calendar days of admission; II
 - B. At least semiannually; and II
 - C. Whenever a significant change has occurred in the resident's condition, which may require a change in services. II
2. The facility shall use form MO 580-2835, Assessment for Admission To Assisted Living Facilities, (9-06), incorporated by reference, provided by the Department of Health and Senior Services, PO Box 570, Jefferson City, MO 65102-0570 and which is available to long-term care facilities at

www.dhss.mo.gov or by telephone at (573) 526-8548. This rule does not incorporate any subsequent amendments or additions; or II

3. The facility may use another assessment form if approved in advance by the department; II

(G) Develops an individualized service plan (ISP), which means the planning document prepared by an assisted living facility which outlines a resident's needs and preferences, services to be provided, and goals expected by the resident or the resident's legal representative in partnership with the facility; II

(H) Reviews the ISP with the resident, or legal representative of the resident, at least annually or when there is a significant change in the resident's condition which may require a change in services; II

(I) Includes the signatures of an authorized representative of the facility and the resident or the resident's legal representative in the individualized service plan to acknowledge that the service plan has been reviewed and understood by the resident or legal representative; II

(J) Develops and implements a plan to protect the rights, privacy, and safety of all residents and to protect against the financial exploitation of all residents; and II

(K) Complies with the dementia specific training requirements of subsection 8 of section 660.050, RSMo. II

(29) The facility shall not admit or continue to care for a resident who:

(A) Has exhibited behaviors that present a reasonable likelihood of serious harm to himself or herself or others; I/II

(B) Requires physical restraint as defined in this rule; II

(C) Requires chemical restraint as defined in this rule; II

(D) Requires skilled nursing services as defined in section 198.073.4, RSMo for which the facility is not licensed or able to provide; II

(E) Requires more than one (1) person to simultaneously physically assist the resident with any activity of daily living, with the exception of bathing and transferring; or II/III

(F) Is bed-bound or similarly immobilized due to a debilitating or chronic condition. II

(30) The requirements of subsections (29)(D), (E) and (F) shall not apply to a resident receiving hospice care, provided the resident, his or her legally authorized representative or designee, or both, and the facility, physician and licensed hospice provider all

agree that such program of care is appropriate for the resident. II

(31) Programs and Services Requirements for Residents.

(A) The facility shall designate a staff member to be responsible for leisure activity coordination and for promoting the social model, multiple staff role directing all staff to provide routine care in a manner that emphasizes the opportunity for the resident and the staff member to enjoy a visit rather than simply perform a procedure. II/III

(B) The facility shall make available and implement self-care, productive and leisure activity programs which maximize and encourage the resident's optimal functional ability for residents. The facility shall provide person-centered activities appropriate to the resident's individual needs, preferences, background and culture. Individual or group activity programs may consist of the following:

1. Gross motor activities, such as exercise, dancing, gardening, cooking and other routine tasks;
2. Self-care activities, such as dressing, grooming and personal hygiene;
3. Social and leisure activities, such as games, music and reminiscing;
4. Sensory enhancement activities, such as auditory, olfactory, visual and tactile stimulation;
5. Outdoor activities, such as walking and field trips;
6. Creative arts; or
7. Other social, leisure or therapeutic activities that encourage mental and physical stimulation or enhance the resident's well-being. II/III

(C) Staff shall inform residents in advance of any organized group activity including the time and place of the activity. II/III

(32) Requirements for Facilities Providing Care to Residents Having Mental Illness or Mental Retardation Diagnosis.

(A) Each resident who exhibits mental and psychosocial adjustment difficulty(ies) shall receive treatment and services to address the resident's needs and behaviors as stated in the individualized service plan. I/II

(B) If specialized rehabilitative services for mental illness or mental retardation are required to enable a resident to reach and to comply with the individualized service plan, the facility shall ensure the required services are provided. II

(C) The facility shall maintain in the resident's record the most recent progress notes and personal plan developed and provided by



the Department of Mental Health or designated administrative agent for each resident whose care is funded by the Department of Mental Health or designated administrative agent. III

(33) No facility shall accept any individual with a physical, cognitive, or other impairment that prevents the individual from safely evacuating the facility with minimal assistance unless the facility meets all requirements of section 198.073, RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and those standards set forth in 19 CSR 30-86.045. I/II

(34) The facility shall follow appropriate infection control procedures. The administrator or his or her designee shall make a report to the local health authority or the department of the presence or suspected presence of any diseases or findings listed in 19 CSR 20-20.020, sections (1)–(3) according to the specified time frames as follows:

(A) Category I diseases or findings shall be reported to the local health authority or to the department within twenty-four (24) hours of first knowledge or suspicion by telephone, facsimile, or other rapid communication;

(B) Category II diseases or findings shall be reported to the local health authority or the department within three (3) days of first knowledge or suspicion;

(C) Category III—The occurrence of an outbreak or epidemic of any illness, disease or condition which may be of public health concern, including any illness in a food handler that is potentially transmissible through food. This also includes public health threats such as clusters of unusual diseases or manifestations of illness and clusters of unexplained deaths. Such incidents shall be reported to the local authority or to the department by telephone, facsimile, or other rapid communication within twenty-four (24) hours of first knowledge or suspicion. I/II

(35) Protective oversight shall be provided twenty-four (24) hours a day. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II

(36) Residents shall receive proper care as defined in the individualized service plan. I/II

(37) In case of behaviors that present a rea-

sonable likelihood of serious harm to himself or herself or others, serious illness, significant change in condition, injury or death, staff shall take appropriate action and shall promptly attempt to contact the person listed in the resident's record as the legally authorized representative, designee or placement authority. The facility shall contact the attending physician or designee and notify the local coroner or medical examiner immediately upon the death of any resident of the facility prior to transferring the deceased resident to a funeral home. I/II

(38) The facility shall encourage and assist each resident based on his or her individual preferences and needs to be clean and free of body and mouth odor. II

(39) If the resident brings unsealed medications to the facility, the medications shall not be used unless a pharmacist, physician or nurse examines, identifies and determines the contents to be suitable for use. The person performing the identification shall document his or her review. II/III

(40) Self-control of prescription medication by a resident may be allowed only if approved in writing by the resident's physician and included in the resident's individualized service plan. A resident may be permitted to control the storage and use of nonprescription medication unless there is a physician's written order or facility policy to the contrary. Written approval for self-control of prescription medication shall be rewritten as needed but at least annually and after any period of hospitalization. II/III

(41) All medication shall be safely stored at proper temperature and shall be kept in a secured location behind at least one (1) locked door or cabinet. Medication shall be accessible only to persons authorized to administer medications. II/III

(A) If access is controlled by the resident, a secured location shall mean in a locked container, a locked drawer in a bedside table or dresser or in a resident's private room if locked in his or her absence, although this does not preclude access by a responsible employee of the facility.

(B) Schedule II controlled substances shall be stored in locked compartments separate from non-controlled medications, except that single doses of Schedule II controlled substances may be controlled by a resident in compliance with the requirements for self-control of medication of this rule.

(C) Medication that is not in current use and is not destroyed shall be stored separate-

ly from medication that is in current use. II/III

(42) All prescription medications shall be supplied as individual prescriptions except where an emergency medication supply is allowed. All medications, including over-the-counter medications, shall be packaged and labeled in accordance with applicable professional pharmacy standards, and state and federal drug laws. Labeling shall include accessory and cautionary instructions as well as the expiration date, when applicable, and the name of the medication as specified in the physician's order. Medication labels shall not be altered by facility staff and medications shall not be repackaged by facility staff except as allowed by section (43) of this rule. Over-the-counter medications for individual residents shall be labeled with at least the resident's name. II/III

(43) Controlled substances and other prescription and non-prescription medications for administration when a resident temporarily leaves a facility shall be provided as follows:

(A) Separate containers of medications for the leave period may be prepared by the pharmacy. The facility shall have a policy and procedure for families to provide adequate advance notice so that medications can be obtained from the pharmacy.

(B) Prescription medication cards or other multiple-dose prescription containers currently in use in the facility may be provided by any authorized facility medication staff member if the containers are labeled by the pharmacy with complete pharmacy prescription labeling for use. Original manufacturer containers of non-prescription medications, along with instructions for administration, may be provided by any authorized facility medication staff member.

(C) When medications are supplied by the pharmacy in customized patient medication packages that allow separation of individual dose containers, the required number of containers may be provided by any authorized facility medication staff member. The individual dose containers shall be placed in an outer container that is labeled with the name and address of the facility and the date.

(D) When multiple doses of a medication are required and it is not reasonably possible to obtain prescription medication labeled by the pharmacy, and it is not appropriate to send a container of medication currently in use in the facility, up to a twenty-four (24)-hour supply of each prescription or non-prescription medication may be provided by a licensed nurse in United States Pharmacopeia



(USP) approved containers labeled with the facility name and address, resident's name, medication name and strength, quantity, instructions for use, date, initials of individual providing, and other appropriate information.

(E) When no more than a single dose of a medication is required, any authorized facility medication staff member may prepare the dose as for in-facility administration in a USP approved container labeled with the facility name and address, resident's name, medication name and strength, quantity, instructions for use, date, initials of person providing, and other appropriate information.

(F) The facility may have a policy that limits the quantity of medication sent with a resident without prior approval of the prescriber.

(G) Returned containers shall be identified as having been sent with the resident, and shall not later be returned to the pharmacy for reuse.

(H) The facility shall maintain accurate records of medications provided to and returned by the resident. II/III

(44) Upon discharge or transfer of a resident, the facility shall release prescription medications, including controlled substances, held by the facility for the resident when the physician writes an order for each medication to be released. Medications shall be labeled by the pharmacy with current instructions for use. Prescription medication cards or other containers may be released if the containers are labeled by the pharmacy with complete pharmacy prescription labeling. II/III

(45) Injections shall be administered only by a physician or licensed nurse, except that insulin injections may also be administered by a certified medication technician or level I medication aide who has successfully completed the state-approved course for insulin administration, taught by a department-approved instructor. Anyone trained prior to December 31, 1990, who completed the state-approved insulin administration course taught by an approved instructor shall be considered qualified to administer insulin in an assisted living facility. A resident who requires insulin, may administer his or her own insulin if approved in writing by the resident's physician and trained to do so by a licensed nurse or physician. The facility shall monitor the resident's condition and ability to continue self-administration. I/II

(46) The administrator shall develop and implement a safe and effective system of medication control and use, which assures that all residents' medications are administered by

personnel at least eighteen (18) years of age, in accordance with physicians' instructions using acceptable nursing techniques. The facility shall employ a licensed nurse eight (8) hours per week for every thirty (30) residents to monitor each resident's condition and medication. Administration of medication shall mean delivering to a resident his or her prescription medication either in the original pharmacy container, or for internal medication, removing an individual dose from the pharmacy container and placing it in a small cup container or liquid medium for the resident to remove from the container and self-administer. External prescription medication may be applied by facility personnel if the resident is unable to do so and the resident's physician so authorizes. All individuals who administer medication shall be trained in medication administration and, if not a physician or a licensed nurse, shall be a certified medication technician or level I medication aide. I/II

(47) Medication Orders.

(A) No medication, treatment or diet shall be administered without an order from an individual lawfully authorized to prescribe such and the order shall be followed. II/III

(B) Physician's written and signed orders shall include: name of medication, dosage, frequency and route of administration and the orders shall be renewed at least every three (3) months. Computer generated signatures may be used if safeguards are in place to prevent their misuse. Computer identification codes shall be accessible to and used by only the individuals whose signatures they represent. Orders that include optional doses or include *pro re nata* (PRN) administration frequencies shall specify a maximum frequency and the reason for administration. II/III

(C) Telephone and other verbal orders shall be received only by a licensed nurse, certified medication technician, level I medication aide or pharmacist, and shall be immediately reduced to writing and signed by that individual. A certified medication technician or level I medication aide may receive a telephone or other verbal order only for a medication or treatment that the technician or level I medication aide is authorized to administer. If a telephone or other verbal order is given to a medication technician or level I medication aide, an initial dosage shall not be administered until the order has been reviewed by telephone, facsimile or in person by a licensed nurse or pharmacist. The review shall be documented by the reviewer co-signing the telephone or other verbal order. II

(D) The review shall be documented by the

licensed nurse's or pharmacist's signature within seven (7) days. III

(E) The facility shall submit to the physician written versions of any oral or telephone orders within four (4) days of the giving of the oral or telephone order. III

(F) Influenza and pneumococcal polysaccharide immunizations may be administered per physician-approved facility policy after assessment for contraindications—

1. The facility shall develop a policy that provides recommendations and assessment parameters for the administration of such immunizations. The policy shall be approved by the facility medical director for facilities having a medical director, or by each resident's attending physician for facilities that do not have a medical director, and shall include the requirements to:

A. Provide education to each resident or the resident's designee or legally authorized representative regarding the potential benefits and side effects of the immunization; II/III

B. Offer the immunization to the resident or obtain permission from the resident's designee or legally authorized representative when the immunization is medically indicated unless the resident has already been immunized as recommended by the policy; II/III

C. Provide the opportunity to refuse the immunization; and II/III

D. Perform an assessment for contraindications; II/III

2. The assessment for contraindications and documentation of the education and opportunity to refuse the immunization shall be dated and signed by the nurse performing the assessment and placed in the medical record; or

3. The facility shall with the approval of each resident's physician, access screening and immunization through outside sources such as county or city health departments. II/III

(G) The administration of medication shall be recorded on a medication sheet or directly in the resident's record and, if recorded on a medication sheet, shall be made part of the resident's record. The administration shall be recorded by the same individual who prepares the medication and administers it. II/III

(48) The facility may keep an emergency medication supply if approved by a pharmacist or physician. Storage and use of medications in the emergency medication supply shall assure accountability. When the emergency medication supply contains controlled substances, the facility shall be registered



with the Bureau of Narcotics and Dangerous Drugs (BNDD) and shall be in compliance with 19 CSR 30-1.052 and other applicable state and federal controlled substance laws and regulations. II/III

(49) Automated dispensing systems may be controlled by the facility or may be controlled on-site or remotely by a pharmacy.

(A) Automated dispensing systems may be used for an emergency medication supply.

(B) Automated dispensing systems that are controlled by a pharmacy may be used for continuing doses of controlled substance and non-controlled substance medications. When continuing doses are administered from an automated dispensing system that is controlled by a pharmacy, a pharmacist shall review and approve each new medication order prior to releasing the medication from the system. The pharmacy and the facility may have a policy and procedure to allow the release of initial doses of approved medications when a pharmacist is not available in lieu of a separate emergency medication supply. When initial doses are used when a pharmacist is not available, a pharmacist shall review and approve the order within twenty-four (24) hours of administration of the first dose.

(C) Automated dispensing systems shall be used in compliance with state and federal laws and regulations. When an automated dispensing system controlled by the facility contains controlled substances for an emergency medication supply, the facility shall be registered with the BNDD. When an automated dispensing system is controlled by a pharmacy, the facility shall use it in compliance with 20 CSR 2220-2.900. II/III

(50) Stock supplies of nonprescription medication may be kept when specific medications are approved in writing by a consulting physician, a registered nurse or a pharmacist. II/III

(51) Records shall be maintained upon receipt and disposition of all controlled substances and shall be maintained separately from other records, for two (2) years.

(A) Inventories of controlled substances shall be reconciled as follows:

1. Controlled Substance Schedule II medications shall be reconciled each shift; and II

2. Controlled Substance Schedule III-V medications shall be reconciled at least weekly and as needed to ensure accountability. II

(B) Inventories of controlled substances shall be reconciled by the following:

1. Two (2) medication personnel, one of whom is a licensed nurse; or

2. Two (2) medication personnel, who are certified medication technicians or level I medication aides, when a licensed nurse is not available. II

(C) Receipt records shall include the date, source of supply, resident name and prescription number when applicable, medication name and strength, quantity and signature of the supplier and receiver. Administration records shall include the date, time, resident name, medication name, dose administered and the initials of the individual administering. The signature and initials of each medication staff documenting on the medication administration record must be signed in the signature area of the medication record. II

(D) When self-control of medication is approved a record shall be made of all controlled substances transferred to and administered from the resident's room. Inventory reconciliation shall include controlled substances transferred to the resident's room. II

(52) Documentation of waste of controlled substances at the time of administration shall include the reason for the waste and the signature of another facility medication staff member who witnesses the waste. If a second medication staff member is not available at the time of administration, the controlled substance shall be properly labeled, clearly identified as unusable, stored in a locked area, and destroyed as soon as a medication staff member is available to witness the waste. When a second medication staff member is not available and the controlled substance is contaminated by patient body fluids, the controlled substance shall be destroyed immediately and the circumstances documented. II/III

(53) At least every other month, a pharmacist or registered nurse shall review the controlled substance record keeping including reconciling the inventories of controlled substances. This shall be done at the time of the drug regimen review of each resident. All discrepancies in controlled substance records shall be reported to the administrator for review and investigation. The theft or loss of controlled substances shall be reported as follows:

(A) The facility shall notify the department's Section for Long Term Care (SLTC) and other appropriate authorities of any theft or significant loss of any controlled substance medication written as an individual prescription for a specific resident upon the discovery of the theft or loss. The facility shall consider at least the following factors in determining if a loss is significant:

1. The actual quantity lost in relation to the total quantity;

2. The specific controlled substance lost;

3. Whether the loss can be associated with access by specific individuals;

4. Whether there is a pattern of losses, and if the losses appear to be random or not;

5. Whether the controlled substance is a likely candidate for diversion; and

6. Local trends and other indicators of diversion potential;

(B) If an insignificant amount of such controlled substance is lost during lawful activities, which includes but are not limited to receiving, record keeping, access auditing, administration, destruction and returning to the pharmacy, a description of the occurrence shall be documented in writing and maintained with the facility's controlled substance records. The documentation shall include the reason for determining that the loss was insignificant; and

(C) When the facility is registered with the BNDD, the facility shall report to or document for the BNDD any loss of any stock supply controlled substance in compliance with 19 CSR 30-1.034. II/III

(54) A physician, pharmacist or registered nurse shall review the medication regimen of each resident. This shall be done at least every other month. The review shall be performed in the facility and shall include, but shall not be limited to, indication for use, dose, possible medication interactions and medication/food interactions, contraindications, adverse reactions and a review of the medication system utilized by the facility. Irregularities and concerns shall be reported in writing to the resident's physician and to the administrator/manager. If after thirty (30) days, there is no action taken by a resident's physician and significant concerns continue regarding a resident's or residents' medication order(s), the administrator shall contact or recontact the physician to determine if he or she received the information and if there are any new instructions. II/III

(55) All medication errors and adverse reactions shall be promptly documented and reported to the administrator and the resident's physician. If the pharmacy made a dispensing error, it shall also be reported to the issuing pharmacy. II/III

(56) Medications that are not in current use shall be disposed of as follows:

(A) Single doses of contaminated, refused, or otherwise unusable non-controlled substance medications may be destroyed by any authorized medication staff member at the time of administration. Single doses of unusable controlled substance medications may be



destroyed according to section (52) of this rule;

(B) Discontinued medications may be retained up to one hundred twenty (120) days prior to other disposition if there is reason to believe, based on clinical assessment of the resident, that the medication might be reordered;

(C) Medications may be released to the resident or family upon discharge according to section (44) of this rule;

(D) After a resident has expired, medications, except for controlled substances, may be released to the resident's legal representative upon written request of the legal representative that includes the name of the medication and the reason for the request;

(E) Medications may be returned to the pharmacy that dispensed the medications pursuant to 20 CSR 2220-3.040 or returned pursuant to the Prescription Drug Repository Program, 19 CSR 20-50.020. All other medications, including all controlled substances and all expired or otherwise unusable medications, shall be destroyed within thirty (30) days as follows:

1. Medications shall be destroyed within the facility by a pharmacist and a licensed nurse or by two (2) licensed nurses or when two (2) licensed nurses are not available on staff by two (2) individuals who have authority to administer medications, one (1) of whom shall be a licensed nurse or a pharmacist; and

2. A record of medication destroyed shall be maintained and shall include the resident's name, date, medication name and strength, quantity, prescription number, and signatures of the individuals destroying the medications; and

(F) A record of medication released or returned to the pharmacy shall be maintained and shall include the resident's name, date, medication name and strength, quantity, prescription number, and signatures of the individuals releasing and receiving the medications. II/III

(57) Residents experiencing short periods of incapacity due to illness or injury or recuperation from surgery may be allowed to remain or be readmitted from a hospital if the period of incapacity does not exceed forty-five (45) days and written approval of a physician is obtained for the resident to remain in or be readmitted to the facility. II

(58) The facility shall maintain a record in the facility for each resident, which shall include the following:

(A) Admission information including the resident's name; admission date; confidentiality number; previous address; birth date; sex; marital status; Social Security number; Medicare and Medicaid numbers (if applicable); name, address and telephone number of the resident's physician and alternate; diagnosis, name, address and telephone number of the resident's legally authorized representative or designee to be notified in case of emergency; and preferred dentist, pharmacist and funeral director; III

(B) A review monthly or more frequently, if indicated, of the resident's general condition and needs; a monthly review of medication consumption of any resident controlling his or her own medication, noting if prescription medications are being used in appropriate quantities; a daily record of administration of medication; a logging of the medication regimen review process; a monthly weight; a record of each referral of a resident for services from an outside service; and a record of any resident incidents including behaviors that present a reasonable likelihood of serious harm to himself or herself or others and accidents that potentially could result in injury or did result in injuries involving the resident; and

(C) Any physician's orders. The facility shall submit to the physician written versions of any oral or telephone orders within four (4) days of the giving of the oral or telephone order. III

(59) A record of the resident census shall be retained in the facility. III

(60) Resident records shall be maintained by the operator for at least five (5) years after a resident leaves the facility or after the resident reaches the age of twenty-one (21), whichever is longer and must include reason for discharge or transfer from the facility and cause of death, as applicable. III

(61) Staffing Requirements.

(A) The facility shall have an adequate number and type of personnel for the proper care of residents, the residents' social well being, protective oversight of residents and upkeep of the facility. At a minimum, the staffing pattern for fire safety and care of residents shall be one (1) staff person for every fifteen (15) residents or major fraction of fifteen (15) during the day shift, one (1) person for every twenty (20) residents or major fraction of twenty (20) during the evening shift and one (1) person for every twenty-five (25) residents or major fraction of twenty-five (25) during the night shift. I/II

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)*	1	3-15
3 p.m. to 9 p.m. (Evening)*	1	3-20
9 p.m. to 7 a.m. (Night)*	1	3-25

*If the shift hours vary from those indicated, the hours of the shifts shall show on the work schedules of the facility and shall not be less than six (6) hours. III

(B) The administrator shall count toward staffing when physically present in the facility. II

(C) The required staff shall be in the facility awake, dressed and prepared to assist residents in case of emergency. I/II

(D) Meeting these minimal staffing requirements may not meet the needs of residents as outlined in the residents' assessments and individualized service plans. I/II

(E) There shall be a licensed nurse employed by the facility to work at least eight (8) hours per week at the facility for every thirty (30) residents or additional major fraction of thirty (30). The nurse's duties shall include, but shall not be limited to, review of residents' charts, medications, and special diets or other orders, review of each resident's adjustment to the facility, and observation of each individual resident's general physical and mental condition. The nurse shall inform the administrator of any problems noted, and these shall be brought to the attention of the resident's physician. II/III

(62) Prior to or on the first day that a new employee works in the facility he or she shall receive orientation of at least two (2) hours appropriate to his or her job function. This shall include at least the following:

- (A) Job responsibilities;
- (B) Emergency response procedures;
- (C) Infection control and handwashing procedures and requirements;
- (D) Confidentiality of resident information;
- (E) Preservation of resident dignity;
- (F) Information regarding what constitutes abuse/neglect and how to report abuse/neglect to the department (1-800-392-0210);
- (G) Information regarding the Employee Disqualification List;
- (H) Instruction regarding the rights of residents and protection of property;
- (I) Instruction regarding working with residents with mental illness; and
- (J) Instruction regarding person-centered care and the concept of a social model of care, and techniques that are effective in



enhancing resident choice and control over his or her own environment. II/III

(63) In addition to the orientation training required in section (62) of this rule any facility that provides care to any resident having Alzheimer's disease or related dementia shall provide orientation training regarding mentally confused residents such as those with Alzheimer's disease and related dementias as follows:

(A) For employees providing direct care to such persons, the orientation training shall include at least three (3) hours of training including at a minimum an overview of mentally confused residents such as those having Alzheimer's disease and related dementias, communicating with persons with dementia, behavior management, promoting independence in activities of daily living, techniques for creating a safe, secure and socially oriented environment, provision of structure, stability and a sense of routine for residents based on their needs, and understanding and dealing with family issues; and II/III

(B) For other employees who do not provide direct care for, but may have daily contact with, such persons, the orientation training shall include at least one (1) hour of training including at a minimum an overview of mentally confused residents such as those having dementias as well as communicating with persons with dementia; and II/III

(C) For all employees involved in the care of persons with dementia, dementia-specific training shall be incorporated into ongoing in-service curricula. II/III

(64) All in-service or orientation training relating to the special needs, care and safety of residents with Alzheimer's disease and other dementia shall be conducted, presented or provided by an individual who is qualified by education, experience or knowledge in the care of individuals with Alzheimer's disease or other dementia. II/III

(65) Requirements for training related to safely transferring residents.

(A) The facility shall ensure that all staff responsible for transferring residents are appropriately trained to transfer residents safely. Individuals authorized to provide this training include a licensed nurse, a physical therapist, a physical therapy assistant, an occupational therapist or a certified occupational therapy assistant. The individual who provides the transfer training shall observe the caregiver's skills when checking competency in completing safe transfers, shall document the date(s) of training and competency

and shall sign and maintain training documentation. Initial training shall include a minimum of two (2) classroom instruction hours in addition to the on-the-job training related to safely transferring residents who need assistance with transfers. II/III

(B) The facility shall ensure that a minimum of one (1) hour of transfer training is provided by a licensed nurse annually regarding safe transfer skills. II/III

AUTHORITY: sections 198.073 and 198.076, RSMo Supp. 2011. Original rule filed Aug. 23, 2006, effective April 30, 2007. Amended: Filed March 13, 2008, effective Oct. 30, 2008. Amended: Filed March 1, 2012, effective Sept. 30, 2012.*

**Original authority: 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006, 2007 and 198.076, RSMo 1979, amended 1984, 2007.*

19 CSR 30-86.052 Dietary Requirements for Residential Care Facilities and Assisted Living Facilities

PURPOSE: This rule establishes standards for meeting dietary needs of residents in residential care facilities I and II.

Editor's Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 1986.

(1) Each resident shall be served food prepared and served under safe, sanitary conditions that is prepared consistent with the preferences of the resident and in accordance with attending physician's orders. The nutritional needs of the residents shall be met. Balanced nutritious meals using a variety of foods shall be served. Consideration shall be given to the food habits, preferences, medical needs and physical abilities of the residents. II/III

(2) Each resident shall receive and the facility shall provide at least three (3) meals daily, at regular times comparable to normal meal-times in the community. At least two (2) meals daily shall be hot. II/III

(3) There shall be no more than fourteen (14) hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is provided at bedtime. Up to sixteen (16) hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to

this meal span, and a nourishing snack is served. III

(4) Fresh water shall be available to the resident at all times. II/III

(5) Dining room service for residents shall be attractive and each resident shall receive appropriate table service. III

(6) Menus shall be planned in advance and shall be readily available for personnel involved in food purchase and preparation. Food shall be served as planned although substitutes of equal nutritional value and complementary to the remainder of the meal can be made if recorded. III

(7) A three (3)-day supply of food shall be maintained in the facility. III

(8) If a physician prescribes in writing a modified diet for a resident, the resident may be accepted or remain in the facility if—

(A) The physician monitors the resident's condition on a regular periodic basis and at least quarterly; II

(B) The diet, food preparation and serving is reviewed at least quarterly by a consulting nutritionist, dietitian, registered nurse or physician and there is written documentation of the review; II/III

(C) The modified diet menu is posted in the kitchen and includes portions to be served; III and

(D) The facility has entered into a written agreement for dietary consultation with a nutritionist, dietitian registered nurse or physician. III

(9) Nothing in this rule shall be construed as taking precedence over the resident's right to make decisions regarding his or her eating and dining preferences.

(A) In assisted living facilities, information about the resident's eating and dining preferences shall be incorporated in his or her individualized service plan based on an assessment that includes the resident's culture, life-long routines, habits, patterns and preferences. III

(B) In assisted living facilities, if the resident's eating and dining preferences have a potential health risk, staff shall inform the resident or his or her legally authorized representative of the potential health risks and document this in his or her individualized service plan. III

AUTHORITY: sections 198.076, RSMo 2000 and 198.005 and 198.073, RSMo Supp. 2006. This rule originally filed as 13 CSR*



15-15.052. Original rule filed July 13, 1983, effective Oct. 13, 1983. 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. 10, 1988. Moved to 19 CSR 30-86.052, effective Aug. 28, 2001. Amended: Aug. 23, 2006, effective April 30, 2007.

**Original authority: 198.005, RSMo 2006; 198.073, RSMo 1979, amended 1984, 1992, 1999, 2006; and 198.076, RSMo 1979, amended 1984.*