



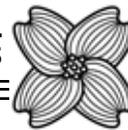
RULES OF

Department of Mental Health

Division 45—Division of Developmental Disabilities

Chapter 5—Standards for Community-Based Services

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TITLE 9 – DEPARTMENT OF MENTAL HEALTH
Division 45 – Division of Developmental Disabilities
Chapter 5 – Standards for Community-Based Services

9 CSR 45-5.010 Certification of Home and Community-Based Providers Serving Persons with Intellectual and Developmental Disabilities

PURPOSE: This rule defines terms, establishes principles, and sets out the process by which agencies providing individualized supported living (ISL), group home, shared living, day habilitation, individualized skills development, community networking, out-of-home respite, intensive therapeutic residential habilitation, and employment services to individuals with intellectual and developmental disabilities through the Medicaid Home and Community-Based Waiver (HCBS) attain certification.

PUBLISHER'S NOTE: The secretary of state has determined that publication of the entire text of the material that 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.

(1) The Division of Developmental Disabilities (division) establishes procedures under which a provider of Medicaid home and community-based waiver services to individuals with intellectual or developmental disabilities attains certification. In establishing those procedures, the division makes the following assumptions:

(A) An individual with an intellectual or developmental disability and the individual's family can best determine the services the individual wants and needs;

(B) The division and the provider collaborate to provide quality services and supports that effectively and efficiently meet needs of individuals with intellectual or developmental disabilities within the contexts of the individual's expressed needs;

(C) Through ongoing monitoring, individuals with intellectual or developmental disabilities and their families are best positioned to determine the quality of the individual's services and supports and the effectiveness of the services and supports in meeting their needs;

(D) The certification process is flexible and person-centered and serves three (3) critical purposes –

1. To determine how well providers fulfill their responsibilities to individuals with intellectual or developmental disabilities;

2. To determine systems changes and practices needed so that the provider will be more responsive to the individual's needs; and

3. To enhance inclusion and self-determination of individuals with intellectual or developmental disabilities as valued members of their communities;

(E) Providers shall subscribe to and meet all principles in this rule. The division shall enforce those principles; and

(F) A residential or day program that attains certification from the division to deliver Medicaid Home and Community-Based Waiver services is not subject to the requirements of 9 CSR 40-1 Licensing Rules.

(2) Terms defined in sections 630.005 and 633.005, RSMo, are incorporated by reference for use in this rule. As used in this rule, unless the context clearly indicates otherwise, the

following terms also mean –

(A) Department – unless otherwise specified, the Department of Mental Health (DMH);

(B) Individual – a person who has been found eligible for services with the Division of Developmental Disabilities; and

(C) Provider – any entity or person under contract or applying for a contract with the Department of Mental Health (DMH) to serve individuals with intellectual or developmental disabilities funded by general revenue or through home and community-based waivers administered by DMH.

(3) Providers certified under this rule shall comply with 42 CFR 441.301, January 2014, hereby incorporated by reference and made a part of this rule as published by and available in the *Code of Federal Regulations*, Office of Federal Register, National Archives and Records Administration, 7 G Street NW, Suite A-734, Washington, DC 20401, (201) 741-6000. 42 CFR 441.301 ensures individuals served have full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS. This rule does not incorporate any subsequent amendments or additions to this publication.

(4) This section prescribes eight (8) sets of principles for providers serving participants of any HCBS waiver operated by DMH.

(A) Individuals are integrated in and have access to the greater community.

1. Individual's decisions are respected.

2. Individuals are supported in being active participants in the community.

3. Individuals have knowledge of or access to information regarding age-appropriate activities reflective of their interests, needs, and preferences.

4. Individuals are supported in participating in non-disability-specific activities/functions that are not limited to individuals with disabilities.

5. Individuals are supported in participating in cultural and ethnic activities that reflect their interests and preferences.

6. Individuals are supported in learning to use and have ready access to public transportation, if available in their community.

7. Individuals are supported in attending religious services and worshiping as they choose.

8. Individuals are supported in regularly receiving and visiting family, friends, or other community members.

9. Individuals are supported by persons who are knowledgeable and respectful of their wants, needs, and preferences.

10. Individuals are able to come and go in the community in accordance with their wants, needs, and preferences.

11. Individuals are supported in their efforts to further their education and skill development, in the area and manner of their choice.

(B) Individuals are provided with opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.

1. Individuals are supported in participating in competitive integrated employment opportunities of their choice within the community.

2. Individuals are assisted in obtaining employment in a setting that is non-disability-specific and fully integrated into the community.



3. Individuals are supported in obtaining employment in a setting that is located among other private businesses and facilitates integration with the greater community.

4. Individuals are supported in obtaining employment in a setting which encourages interaction with the public.

5. Individuals who work in provider owned and controlled employment settings have knowledge of or access to information regarding competitive work outside of the setting.

6. Individuals are supported in obtaining employment in settings physically accessible and which do not limit individuals' mobility or freedom of movement in the workplace, including access to bathrooms and break rooms.

7. Individuals are supported in self-advocacy activities in the workplace.

8. Individuals are supported in making decisions and exercising autonomy to the greatest extent possible. Individual's decisions are respected.

9. Individuals are supported in obtaining employment with wages and benefits, including but not limited to medical benefits, annual leave, sick leave, and retirement programs, to the same extent as individuals not receiving Medicaid-funded HCBS.

10. Individuals seeking employment services are given informed choice of available providers and setting options from which to choose.

11. Employment services are provided in a manner and setting that reflects the individual's wants, assessed needs, and preferences, taking into account the individual's skills, capabilities, and aptitudes.

12. Individuals are supported in developing and maintaining relationships with coworkers.

13. Individuals are supported by staff who are knowledgeable about the individual's capabilities, interests, preferences, and needs related to employment.

14. Individuals are supported in making a budget, which takes into account the individual's financial goals.

15. Individuals are supported in making informed choices related to working, earning, spending, and saving.

16. Individuals are supported in controlling their personal finances/resources.

17. Individuals are supported in becoming financially independent.

(C) Individuals receive services in the community to the same degree of access as individuals not receiving Medicaid-funded HCBS.

1. Individuals who receive specialized supports receive them in a place or manner typical for all other community members.

2. Individuals are supported in living, working, and participating in activities located in settings that are integrated into the community and consistent with their interests.

3. Individuals are provided community options in order to make informed choices of how and where they receive their services and their choices are honored.

4. Individuals are supported in finding living arrangements that are non-disability-specific and fully integrated into the community, which they can afford with their own income.

5. Individuals are supported in learning transportation skills and are transported safely.

6. Individuals' environments are secure, stable, and physically accessible to the individual.

(D) The residence is selected by the individual from among setting options including non-disability-specific settings.

1. Individuals are supported and given informed choice in selecting settings to receive Medicaid waiver services that

are reflective of the individual's wants, needs, and preferences.

2. Individuals are given the opportunity and choice to reside in community settings with individuals not receiving Medicaid Home and Community-Based Services.

3. The setting is physically accessible without obstructions that limit individual mobility in the setting.

4. Individuals own, rent, or occupy, under a legally enforceable agreement, their own specific unit/dwelling. A copy of the lease, residency agreement, or other written agreement is maintained.

5. Individuals' residences are located among other residences that facilitate integration with the greater community.

6. Individuals' residences are indistinguishable from other residences; for example, the use of yard signs or other advertisement should not be used which distinguish the setting as disability specific.

7. Individuals are supported in opening their homes to interact with community members of their choice.

8. Individuals have freedom to move about inside and outside of their residence and are not restricted to or from any areas or rooms within their residence.

9. Individuals have full access to the typical facilities in a home such as a kitchen, dining area, laundry, bathroom, and living room.

10. Individuals have choice with whom they live and how to furnish and decorate their home.

(E) Individuals are assured the right of privacy, respect, and freedom from coercion and restraint.

1. Individuals' right to personal privacy, dignity, and respect is ensured and supported.

2. Provider policy, procedure, and practices shall protect and promote the rights of each individual.

3. Each individual's privacy is respected in their sleeping or living unit, as determined by the individual.

4. In provider owned and/or controlled residential settings, the following applies:

A. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors; and

B. Individuals sharing units have a choice of housemates in that setting.

5. Individuals are informed both orally and in writing, in a manner that the individual understands, of their rights in accordance with sections 630.110 and 630.115, RSMo, and 9 CSR 45-3.030, and responsibilities and advocacy resources, documented in writing and signed by the individual or guardian, as applicable. Notification is made prior to or upon receiving services and annually thereafter. Receipt is acknowledged in writing.

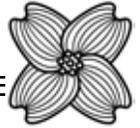
6. Individuals are supported by staff who are knowledgeable and trained annually, with documentation of the training, on individual rights in accordance with sections 630.110 and 630.115, RSMo, and 9 CSR 45-3.030.

7. Annually, individuals shall be given information written or communicated in a format understood by the individual on how to file a grievance with the provider or complaint with the department.

8. Individuals are supported by not having limitations imposed on their rights without due process, as required by 9 CSR 45-3.030.

9. Individuals are supported in an environment where they are free to communicate privately with whom they choose.

10. Individuals have access to telephones appropriate to their needs and accessible at all times. Individuals are able to make and receive calls privately.



11. Individuals who are unable to open or read their own mail are supported by staff to whom they have given consent.

12. Individuals are supported by staff who are trained annually in identifying, preventing, detecting, and reporting abuse and neglect.

13. Abuse and neglect are prohibited by provider policy and procedures. Providers follow their policies and procedures and ensure action is taken to protect individuals who report abuse or neglect.

14. Individuals are supported in planning and participating in discussions regarding their lives.

15. Individuals are supported by staff who are knowledgeable of the provider policies on confidentiality and the Privacy Rule of Health Insurance Portability and Accountability Act of 1996 (HIPAA) Health Information Protection. Staff shall maintain all information about individuals in confidence and shall not share information about individuals without consent.

16. Individuals have access to their records and are supported in maintaining their records where they choose. Staff shall assist them as needed in reviewing records and answering questions.

17. Individuals are supported in environments that support their dignity. Signs shall not be posted in easily visible areas describing information about the individual that is private or confidential.

18. Individuals are supported in their activities of daily living in a manner that is dignified and respectful.

19. Individuals are supported in making decisions and not persuaded through the use of intimidation, force, or threats.

20. Individuals are not treated differently or retaliated against for exercising his/her rights.

21. Individuals are free from mechanical, physical, and chemical restraints.

(F) Individual initiative, autonomy, and independence are optimized in making life choices.

1. Individuals' needs and preferences are honored. Individuals' right to choice and self-determination are respected.

2. Individuals are supported in a manner that meets the individual's expressed wants, needs, and preferences.

3. Individuals determine the quality and the effectiveness of the services and supports in meeting their needs.

4. Individuals are supported in their efforts to be active members of the community.

5. Individuals are encouraged to interact with members of the community both inside and outside their home.

6. Individuals are supported in dressing and grooming consistent with personal preferences.

7. Individuals are supported in carrying out activities of daily living, including dressing, eating, and grooming, in a manner that enhances their self-esteem and self-worth.

8. Individuals receive supports in a manner that promotes positive involvement in the community.

9. Individuals have the option to participate in political activities of their choice in the community.

10. Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.

11. Individuals are supported, and assistance provided as needed, to furnish and decorate their sleeping and living units as they choose.

12. Individuals are encouraged and supported in developing and sustaining friendships and family relationships.

13. Individuals are supported in developing intimate relationships of their choice.

14. Individuals are supported in their efforts to have social contact with the same people and have repeated opportunities for social contact with the same people or groups of people.

15. Individuals are supported in their efforts to be involved in activities at times which take into consideration their wants, needs, and preferences.

16. Individuals are supported by staff who emphasize to others their abilities and interests.

17. Individuals are able to have visitors of their choosing at any time.

18. Individuals have the option to join and be supported in assuming roles in community organizations.

19. Individuals have the option to join and be supported in assuming roles in religious organizations.

20. Individuals have the option to and are supported in volunteering and helping in the community.

21. Individuals are informed and assisted in determining how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those decisions.

22. Individuals with limited ability to communicate are supported by persons knowledgeable of how they communicate physical needs, how they communicate emotional and psychological needs.

23. Individuals are supported in an environment where individuals engage in positive, acceptable interactions.

24. Individuals are self-aware and use personal competencies.

25. Individuals are offered training and ongoing support in developing their self-advocacy skills.

(G) Individuals are supported in making choices regarding services and supports and who provides them.

1. Individuals choose the services and supports they want and need.

2. Individuals are provided options in a manner that allows informed choice in selecting who their provider of services will be and their choices are honored.

3. Individuals are provided options in manner that allows informed choice in selecting settings to receive Medicaid waiver services that are reflective of the individual's wants, needs, and preferences, and their choices are honored.

4. Individuals have choice in selecting their own health care providers to meet their needs.

5. Individuals participate in making decisions about their health care and their decisions are recognized and supported.

6. Individuals' personal preferences are supported.

(H) Individuals are assured their basic needs will be met.

1. Individuals are supported by staff who are knowledgeable of, have access to, and who provide services in accordance with their current Individualized Support Plan (ISP).

2. Individuals have the right to receive physical, emotional, and mental health care from the practitioner of their choice.

3. Individuals obtain routine medical and preventative medical care at intervals typical for the individual's gender, age, and condition.

4. Individuals obtain dental, hearing, and vision exams, and follow-up treatment as recommended by their practitioner.

5. Individuals requiring specialized medical services have access to specialists.

6. Individuals are supported in accessing their physician or medical care consistent with their wants, needs, and preferences.

7. Individuals are supported in eating a diet which honors individual choice and meets nutritional needs.

8. Individuals who have a specialized diet, prescribed



to meet identified healthcare needs of the individual, are informed of the reason for the diet and consent to the diet. Orders for specialized diets are reviewed at least annually by a registered dietician, the individual's physician, physician assistant, or advanced practical nurse (APN). Direct care staff shall be trained by either a dietician or registered nurse in the preparation and implementation of the diet prior to providing independent direct care services. Individual choice shall be honored. Providers may elect to have management staff trained as a trainer for non-nurse delegated diets.

9. Individuals are educated about and supported in choosing to participate in wellness activities and fitness programs, both in their home and in their community.

10. Individuals' health is protected through measures typically taken to prevent communicable diseases for persons with similar health status. Individuals shall be supported by persons who are knowledgeable of infection control practices through annual training.

11. Individuals are educated about the purpose, benefits, risks, and side effects of all prescribed medications and treatments, to assist them in making informed choices about their health care. Individuals are respected in their decision to refuse medication and treatment.

12. Individuals are supported in taking medications, receiving treatments, and utilizing adaptive equipment as prescribed.

13. Individuals are encouraged and supported in learning to safely manage and self-administer their medications as reflected in their ISP.

14. Individuals' medications are reviewed annually by their physician to determine their continued effectiveness. The provider shall develop an effective system of medication administration, including monthly review of the medication system by a registered nurse.

15. Staff who assist in the system of medication administration shall be certified as a DD Medication Aide or be a licensed nurse or pharmacist. Individuals and staff shall be knowledgeable of the individuals' medical conditions and possible side effects of medication.

16. Individuals receive the necessary services, supports, and degree of supervision consistent with the personal abilities of the individual and in accordance with their ISP.

17. Individuals' homes and other environments are clean, safe, and well maintained.

18. Individuals are supported in obtaining living arrangements that are safe and take into account their physical abilities.

19. Individuals' homes and environments are modified and/or adapted to meet identified needs as described in ISPs and are based upon assessments to ensure safety and mobility.

20. Individuals' homes and other environments comply with federal, state, and local building and environmental codes.

21. Individuals' safety is assured through preventive maintenance of vehicles, equipment, and buildings.

22. Individuals have the opportunity to assist in maintaining their home.

23. The temperature of individuals' homes is determined by the individuals who live there. Homes shall have heating and air conditioning equipment capable of maintaining temperatures within a comfortable range for the individual.

24. In situations in which individuals do not have the ability to regulate water temperatures or have a physical or health condition that makes self-regulation unsafe, water temperatures are not to exceed 120 degrees Fahrenheit at the

point of use.

25. Individuals are supported in responding to emergencies in a safe manner.

26. Individuals are supported by staff knowledgeable about emergency procedures, as included in the provider's written procedures and any additional expectations as indicated in the individual's ISP.

27. Individuals participate in emergency drills (tornado, earthquake, intruder) occurring during daytime, evening, and sleep hours at least four (4) times annually. Individuals participate in fire drills at least four (4) times annually, including one (1) during sleep hours. Documentation of drills shall be maintained.

28. Individuals shall have access to adequate evacuation exits which are appropriate to their abilities and an unobstructed path of egress to safety.

29. Individuals shall have access to at least one (1) fire extinguisher on each floor of the home. At least one (1) fire extinguisher shall be accessible in or near the kitchen area. All fire extinguishers shall have an expiration date or maintenance tag/documentation and indicator of charge. The fire extinguisher shall have directions for use on the equipment and shall be within the expiration date.

30. Individuals' homes shall have operable smoke detectors on each level of the home, including basements. Detectors shall be located in or near each bedroom and in proximity to the area where an individual or staff sleep. Smoke detectors shall be placed in the home according to manufacturer's recommendations.

31. Individuals have adaptive emergency alarm systems based upon need.

32. Individuals' homes which utilize gas appliances and/or have an attached garage shall have operable carbon monoxide detectors on each level of the home, including basements.

33. Individuals have the option to take first aid and cardiopulmonary resuscitation training and have access to basic first aid supplies.

34. Staff shall maintain current first aid and cardiopulmonary resuscitation (CPR) certification for healthcare providers through training using curricula that is comparable to National Safety Council, American Red Cross, or American Heart Association. Training shall include hands-on practice and in-person skills assessment. Online-only certification is not acceptable. Individuals are provided first aid and cardiopulmonary resuscitation by knowledgeable staff, in accordance with their written advance directive.

35. Each provider shall have written policies and procedures approved by the department regarding medical emergencies. Such policies and procedures shall include –

A. Protocol for initiating 911 emergency call;

B. Protocol for use of CPR and first aid;

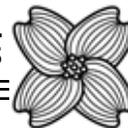
C. Instructions for staff and individuals on how to respond to an incapacitated person; and

D. A system for ensuring emergency response drills on the emergency protocol are conducted at least every six (6) months for all staff.

36. Individuals experiencing events that meet reportable event criteria shall have those events reported to the department, per 9 CSR 10-5.206.

37. Individuals and staff who support them have access to current contact information for family, guardians, or other interested parties identified by the individual.

38. Storage of materials necessary for household maintenance should be stored according to safety standards for the item itself as well as according to supports specified in



the ISP. If there are restrictions, the individual shall be given due process.

39. Staff use and individuals are supported to use safe and sanitary practices in food storage, preparation, and cleanup.

40. Individuals who need assistance to eat are provided needed supports and adaptations, as identified in the ISP.

41. Individuals use mechanical supports only as prescribed. Individuals are supported by staff who are knowledgeable of use of the supports as addressed in the ISP.

42. Individuals are supported in the use and maintenance of adaptive, corrective, mobility, orthotic, and prosthetic equipment, as addressed in the ISP. Individuals and staff are trained in purpose, use, and maintenance of the equipment.

(5) Every two (2) years, all agencies shall seek certification under this section except that agencies accredited by nationally recognized accrediting bodies approved by the division shall not be required to seek certification. The division director shall issue two- (2-) year certificates to agencies successfully completing the process and requirements.

AUTHORITY: section 630.655, RSMo 2016. This rule originally filed as 9 CSR 30-5.050. Original rule filed July 25, 1994, effective March 30, 1995. Emergency amendment filed July 20, 1995, effective July 30, 1995, expired Nov. 26, 1995. Amended: Filed July 20, 1995, effective Nov. 30, 1995. Amended: Filed May 25, 1995, effective Dec. 30, 1995. Rescinded and readopted: Filed Aug. 2, 2023, effective Feb. 29, 2024.*

**Original authority: 630.655, RSMo 1980.*

9 CSR 45-5.020 Individualized Supported Living Services – Quality Outcome Standards (Rescinded March 30, 2005)

AUTHORITY: section 630.050, RSMo 1994. This rule was originally filed as 9 CSR 30-5.020. Emergency rule filed Aug. 4, 1992, effective Sept. 1, 1992, expired Dec. 29, 1992. Original rule filed Aug. 4, 1992, effective Feb. 26, 1993. Amended: Filed May 25, 1995, effective Dec. 30, 1995. Rescinded: Filed Sept. 1, 2004, effective March 30, 2005.

9 CSR 45-5.030 Individualized Supported Living Services – Provider Certification (Rescinded March 30, 2005)

AUTHORITY: section 630.050, RSMo 1994. This rule was originally filed as 9 CSR 30-5.030. Emergency rule filed Aug. 4, 1992, effective Sept. 1, 1992, expired Dec. 29, 1992. Original rule filed Aug. 4, 1992, effective Feb. 26, 1993. Amended: Filed May 25, 1995, effective Dec. 30, 1995. Rescinded: Filed Sept. 1, 2004, effective March 30, 2005.

9 CSR 45-5.040 Missouri Alliance for Individuals with Developmental Disabilities (Rescinded June 30, 2016)

AUTHORITY: section 633.010, RSMo 1994. Original rule filed Feb. 15, 2000, effective Aug. 30, 2000. Rescinded: Filed Dec. 8, 2015, effective June 30, 2016.

9 CSR 45-5.060 Procedures to Obtain Certification

PURPOSE: This rule describes procedures to obtain certification

as a provider of individualized supported living (ISL), group home, shared living, employment services, day habilitation, individualized skills development, community networking, out of home respite, and intensive therapeutic residential habilitation services through the home and community-based waivers for individuals with intellectual and developmental disabilities.

(1) Under section 630.655, RSMo, the department is mandated to develop certification standards and to certify providers to operate, receive funds from the department, and be eligible for Medicaid reimbursement. However, certification in itself does not constitute an assurance or guarantee the department will fund designated services or programs.

(A) A key goal of certification is to enhance the quality of care and life for individuals with a focus on their needs, preferences, and desired outcomes.

(B) The primary function of the certification process is assessment of a provider's compliance with current standards of care and state and federal requirements. A further function is to identify and ensure corrective action is taken for deficiencies identified during the survey process to ensure health and welfare of persons served by the provider.

(2) An entity or individual who has received approval to contract with the department and who has successfully enrolled with MO HealthNet as a provider may request to become a provider of certified services by completing an application form as required by the department for this purpose and submitting the application form and other documentation as specified. The completed application is sent to Department of Mental Health, Office of Licensure and Certification, PO Box 687, Jefferson City, MO 65102, fax (573) 751-9207, or emailed to DMH-OLC@dmh.mo.gov.

(A) The applicant must submit a current written description of the programs and services for which it is seeking certification by the department.

(B) Certification fees are not required.

(C) The department reviews a completed application within thirty (30) calendar days of receipt to determine whether the applicant would be appropriate for certification. The department notifies the provider of its determination. A certificate is issued if –

1. The department has determined the application is complete and all necessary documents have been filed with the application; and

2. The department has determined the provider, programs, and services are compliant with state and federal laws and the corresponding rules.

(D) A site survey of the applicant will be conducted to determine compliance with standards.

(E) Certified providers need to apply for recertification at least sixty (60) calendar days prior to expiration of its existing certificate. Recertification includes a new application and required documentation.

(F) Ninety (90) calendar days after its receipt, the department considers any application for certification withdrawn if it is submitted without all the required information and documents.

(G) An applicant can withdraw its application at any time during the certification process, unless otherwise required by law.

(3) The department conducts site surveys at a provider for the purpose of determining compliance with certification standards, program requirements, and other state and federal



regulations.

(4) The department recognizes and deems as certified a provider that maintains accreditation under standards for services provided by the department from the Commission on Accreditation of Rehabilitation Facilities (CARF), The Council on Quality and Leadership (The Council), or Joint Commission on Accreditation of Healthcare Organizations (Joint Commission). The deemed provider must –

(A) Submit to the department a copy of the most recent accreditation survey report and verification of the accreditation time period and dates within thirty (30) calendar days of receipt from the accreditation agency;

(B) Notify the department when the accreditation agency makes a complaint investigation visit within seven (7) calendar days;

(C) Notify the department of any changes in accreditation status during the time period of accreditation and resurvey within seven (7) calendar days; and

(D) Ensure compliance with all certification rules and regulations pertaining to the service provided, including fire safety regulations;

(E) The Division of Developmental Disabilities may conduct a scheduled or unscheduled site survey of an accredited provider at any time to monitor ongoing compliance with the standards and requirements. If any survey finds conditions that are not in compliance with applicable standards, the division may request corrective action steps.

(5) Deemed providers are not excluded from monitoring of service delivery by other quality integrated functions within the department.

(6) The department provides advance notice and coordinates with the provider to schedule routine, planned surveys.

(A) The department notifies the applicant and the division's regional offices (ROs) regarding survey procedures and a copy of any survey instrument that may be used. Survey procedures include but are not limited to observation and inspection of service sites, interviews with provider staff, individuals being served, and other interested parties, review of provider administrative records necessary to verify compliance with requirements, review of personnel records and service documentation, and observation of program activities.

1. The review of personnel records includes eligibility for employment, documentation of training, and driver's license related to the billing of service.

(B) The applicant agrees, by act of submitting an application, to allow and assist department representatives in fully and freely conducting these survey procedures and to provide department representatives reasonable and immediate access to premises, individuals, and requested information.

(C) A provider shall cooperate with the certification process. The provider shall provide information and documentation that is accurate and complete. Actions of the provider, including but not limited to falsification or fabrication of any information used to determine compliance with requirements, may be grounds to deny issuance of or to revoke certification.

(7) Surveyor(s) will hold entrance and exit conferences with the provider to discuss survey arrangements and survey findings, respectively. If a surveyor identifies a deficiency that

could result in actual jeopardy to the safety, health, or welfare of persons served, the surveyor will not leave the program until an acceptable plan of correction is presented which assures the surveyor that there is no further risk of jeopardy to persons served. The RO will be notified of the conditions that existed and the accepted plan of correction.

(8) Within thirty (30) calendar days after the exit conference, the department will provide a written survey report to the provider's chief executive officer and/or the provider contact on the provider application and the division.

(A) The report details all deficiencies identified during the survey.

(B) Upon specific request, the provider shall make the report available to the staff, individuals served, and to the public.

(9) If deficiencies are identified, the department will include in the survey report a request for the provider to submit a plan of correction.

(A) The plan must address each deficiency and specify the method of correction and the final date of correction, including identification of other individuals having the potential to be affected by the same deficient practice, how the provider will monitor its corrective action including the job title of the individual responsible for monitoring compliance on an ongoing basis, and what systemic changes have been put into place to ensure the deficient practice doesn't occur again. The provider is encouraged to work with the RO to develop a plan of correction. No final date of correction will exceed one hundred eighty (180) calendar days from the exit date of the survey.

(B) Within fifteen (15) calendar days after receiving the plan of correction, the department notifies the provider and the division of its decision to approve, deny, or require revisions of the proposed plan.

(C) The surveyor assures the plan of correction has been implemented and deficiencies corrected. The department determines if it is necessary for the surveyor to make a return visit to the provider based on the criteria of the plan of correction and will notify the division and ROs of revisit.

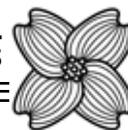
(D) In the event the provider has not submitted a plan of correction acceptable to the department within sixty (60) calendar days of the original date that written notice of deficiencies was presented by certified mail to the provider, it is subject to expiration of certification.

(10) The department sends copies of survey reports, notification about the status of plans of correction, and any other communication relevant to survey to the mailing address and electronic mail address on file in the provider's application and/or the provider's chief executive officer.

(11) The department may grant certification on a temporary, provisional, conditional, or regular status.

(A) Temporary status is granted to a provider if the survey process has not been completed prior to the expiration of an existing certificate and the applicant is not at fault for failure or delay in completing the survey process.

(B) Provisional status for a period not exceeding one (1) year is granted to a new provider, a provider which has undergone a change of ownership, or a currently certified provider adding a waived service based on a review which finds the program in compliance with requirements related to policy and procedure, personnel qualifications and training, and



physical plant and fire safety compliance, when applicable, sufficient to begin providing services. Provisional status is effective the date compliance is determined by the Office of Licensure and Certification (OLC) and after the contract with the provider has been executed by the RO.

1. The department shall conduct a comprehensive site survey of the provisionally certified provider and makes further determination of the provider's certification status no sooner than ninety (90) calendar days after the provider begins providing services to individuals nor later than the expiration date of the provisional certificate.

2. If the provider has begun providing services prior to the expiration of the provisional certificate but for less than ninety (90) calendar days, the OLC director may extend the provisional status for up to one hundred twenty (120) calendar days to allow time for a comprehensive survey to occur.

3. If the provider does not begin serving individuals prior to the expiration date of the provisional certificate, the provisional certificate expires and the provider is required to reapply.

4. If an existing provider of employment services (prevocational services, career planning, job development, and supported employment) wants to add an additional employment service to their certification, the OLC director may waive the provisional certification process and grant regular certification status to the provider for the new service if –

A. The provider submits an application for certification for the new service and the department has determined the application is complete, and all necessary documents have been filed with the application;

B. All required environmental and fire safety surveys have been completed;

C. The provider's certification survey was completed within the past twelve (12) months;

D. The provider is currently in compliance;

E. The RO agrees with waiving the provisional process for the new service; and

F. The provider has not been on conditional status during the past four (4) years.

5. If an existing provider of day habilitation services wants to add community networking or individual skill development, the OLC director may waive the provisional certification and grant regular certification status to the provider for the new service if –

A. The provider submits an application for certification for the new service and the department has determined the application is complete, and all necessary documents have been filed with the application;

B. The provider's certification survey was completed within the past twelve (12) months;

C. The provider is currently in compliance;

D. The RO agrees with waiving the provisional process for the new service; and

E. The provider has not been on conditional status during the past four (4) years.

6. If an existing provider of community networking or individual skill development wants to add community networking or individual skill development to their certification, the OLC director may waive the provisional certification and grant regular certification status to the provider for the new service if –

A. The provider submits an application for certification for the new service and the department has determined the application is complete, and all necessary documents have

been filed with the application;

B. The provider's certification survey was completed within the past twelve (12) months;

C. The provider is currently in substantial compliance;

D. The RO agrees with waiving the provisional process for the new service; and

E. The provider has not been on conditional status during the past four (4) years.

(C) Following the period of provisional status, a regular certificate to provide Medicaid waiver services is awarded to a provider following a comprehensive site survey by the department that determines the provider is in compliance and meets all standards relating to quality of care and the safety, health, rights, and welfare of persons served. If deficiencies are cited during a survey, any and all deficiencies must be corrected prior to the department issuing a certificate. The effective date of the certificate is the date the agency was determined to be in compliance as a result of the comprehensive survey and is effective up to two (2) years.

(D) Conditional status is granted to a provider following a site survey by the department that determines there are pervasive and/or significant deficiencies with standards that may affect quality of care to individuals and there is a reasonable expectation the provider can achieve compliance within a stipulated time period. The department considers patterns and trends of performance identified during the site survey.

1. The period of conditional status shall not exceed one hundred eighty (180) calendar days. The department may directly monitor progress, may require the provider to submit progress reports, or both.

2. The department will conduct an additional site survey within the one hundred eighty (180) calendar day review period and make an additional determination of the provider's compliance with all standards.

3. During the period of conditional status, the department may, at its discretion, take actions per sections (17) and (19) of this rule.

4. At the expiration of conditional status, if the provider is in compliance, the department will issue a certificate with an effective date of the end of the conditional status and expiring two (2) years from the expiration date of the previous certification cycle.

(12) The department may investigate any complaint regarding the operation of a certified or deemed certified program or service. If conditions are found that are not in compliance with applicable certification standards, the department may, at its sole discretion, notify the accrediting organization of any concerns.

(13) The department may conduct a scheduled or unscheduled site survey of a provider at any time to monitor ongoing compliance with the certification standards. If any survey finds conditions that are not in compliance with applicable certification standards, the department may require corrective action steps and may change the provider's certification status consistent with procedures set out in this rule.

(14) The department certifies only the provider(s) named in the application. The provider(s) may not transfer certification without the written approval of the department.

(A) A certificate is the property of the department and is



valid only as long as the provider meets standards of care and other requirements.

(B) Within seven (7) calendar days of the effective date that a certified provider has a change in accreditation status or discontinues operation, the provider shall provide written notice to the OLC and RO of any such change.

(C) Within seven (7) calendar days of the effective date that a certified provider is sold or undergoes a change of ownership, the provider shall submit a written notice to the OLC and the RO of any such change. A change in ownership is considered to have occurred under the following circumstances:

1. A new corporation, partnership, limited partnership, limited liability company, or other entity assumes ownership of the operation;
2. An individual incorporates or forms a partnership;
3. With respect to a certificate holder which is a general partnership, a change occurs in the majority interest of the partners;
4. With respect to a certificate holder which is a limited partnership, a change occurs in the majority interest of the general or limited partners;
5. With respect to a certificate holder which is a corporation, a change occurs in the persons who own, hold, or have the power to vote the majority of any class of stock issued by the corporation; and
6. A certificate holder's change of Federal Employer Identification Number (FEIN).

(D) Providers may not change the premises of a group home, day habilitation program, or onsite employment service site without prior notification to the OLC and RO and approval by DMH and the Missouri Department of Public Safety.

(E) A provider must be certified to provide a waived service prior to providing the service. Any provider that establishes a new program or type of program shall operate that program in accordance with applicable standards. A provisional review, site survey, or comprehensive site survey is conducted as determined by the department.

(15) The department may revoke or deny issuance of certification based on a determination that –

- (A) The nature of the deficiencies results in substantial probability of or actual jeopardy to individuals being served;
- (B) Serious or repeated incidents of abuse or neglect of individuals being served or violations of rights have occurred;
- (C) Fraudulent fiscal practices have transpired or significant and repeated errors in billings to the department have occurred;
- (D) Failure to participate in the certification process in good faith, including falsification or fabrication of any information used to determine compliance with requirements;
- (E) The nature and extent of deficiencies results in the failure to conform to the certification standards of the program or service being offered;
- (F) Compliance with standards has not been attained by a provider upon expiration of conditional certification;
- (G) Failure to allow the surveyors entry into service site areas or to access individuals receiving services;
- (H) Contract for service delivery has ended with the department;
- (I) Any provider, or member, partner, administrator, executive director, or program director is found to have disqualifying offense under section 630.170, RSMo, unless an exception has been granted through the DMH Exceptions

Committee under sections 630.656 and 630.170, RSMo; or

(J) Any provider, or member, partner, administrator, executive director, or program director of a certified agency is found to have ever acted or omitted their duty in a manner which materially and adversely affected the health, safety, welfare, or property of an individual receiving services.

(16) If a certified provider discontinues operation as evidenced by the fact that no individual has received a certified service from the provider for the previous twelve (12) months or any time the department is unable to freely gain entry to conduct an inspection, the provider is considered no longer certified. The department notifies the provider in writing that the certificate is void.

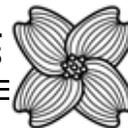
(17) The department director, at its discretion, may –

- (A) Place a monitor at a program if there is substantial probability of or actual jeopardy to the safety, health, rights, or welfare of individuals being served.
 1. The cost of the monitor is charged to the provider at a rate which will recoup all reasonable expenses incurred by the department.
 2. The department shall remove the monitor when a determination is made that the safety, health, rights, and welfare of individuals being served are no longer at risk;
- (B) Take other action to ensure and protect the safety, health, or welfare of individuals being served; and
- (C) Initiate additional service delivery review through other quality integrated functions established within the department.

(18) A provider which has had certification denied or revoked may appeal in writing to the director of the department within thirty (30) calendar days following notice of the denial or revocation being presented by certified mail to the provider. The director of the department shall conduct a hearing under procedures set out in Chapter 536, RSMo, and issue findings of fact, conclusions of law, and a decision which shall be final.

(19) The department has authority to impose administrative sanctions.

- (A) The department may suspend the certification process pending completion of an investigation when a provider that has applied for certification or the staff of that provider is under investigation for fraud, financial abuse, abuse or neglect of persons served, revocation of persons' rights without due process, or improper clinical practices. This includes but is not limited to investigations by any state authority for Medicaid audit and compliance, any state authority for child or adult abuse, neglect or financial exploitation, the Health and Human Services Office of Inspector General, or other local, state, or federal law enforcement.
 - (B) The department may administratively sanction a certified provider that has been found to have committed fraud, financial abuse, abuse of persons served, or improper clinical practices, or that had reason to know its staff were engaged in such practices.
 - (C) Administrative sanctions include but are not limited to suspension of certification, clinical utilization review requirements, clinical audit, suspension of new admissions or referrals, implementation of a corrective action plan, denial or revocation of certification, or other actions as determined by the department.



(D) The department has the authority to refuse to accept an application for certification from a provider that has had certification denied or revoked or that has been found to have committed fraud, financial abuse, or improper clinical practices, or whose staff and clinicians were engaged in improper practices.

(E) A provider which has certification denied or revoked as an administrative sanction may appeal these sanctions pursuant to section (18).

(20) A provider may request the department's exceptions committee waive a requirement for certification if the head of the provider organization provides evidence that a waiver is in the best interests of the individuals it serves.

(A) A request for a waiver is in writing and includes justification for the request.

(B) The request is submitted to Exceptions Committee, Department of Mental Health, PO Box 687, Jefferson City, MO 65102.

(C) The exceptions committee holds meetings in accordance with Chapter 610, RSMo, and responds with a written decision within forty-five (45) calendar days of receiving a request.

(D) The exceptions committee may issue a waiver on a time-limited or other basis.

(E) If a waiver request is denied, the provider has forty-five (45) calendar days from date of denial to fully comply with the standard unless a different time period is specified by the committee.

AUTHORITY: sections 630.050 and 630.655, RSMo 2016. 45 CFR parts 160 and 164, the Health Insurance Portability and Accountability Act of 1996. Emergency rule filed Feb. 13, 2002, effective March 1, 2002, expired Aug. 27, 2002. Original rule filed Feb. 13, 2002, effective Aug. 30, 2002. Emergency amendment filed April 1, 2003, effective April 14, 2003, expired Oct. 14, 2003. Amended: Filed April 1, 2003, effective Oct. 30, 2003. Rescinded and readopted: Filed June 28, 2023, effective Jan. 30, 2024.*

**Original authority: 630.050, RSMo 1980, amended 1993, 1995, 2008, and 630.655, RSMo 1980.*

9 CSR 45-5.105 Definitions for Fire Safety Rules

PURPOSE: This rule establishes definitions for the fire safety rules promulgated under this chapter.

(1) The following terms shall mean:

(A) Alterations, changes made to the structure or floor plan of the facility by removing or adding walls and doors or adding space;

(B) Commercial range is any range or stovetop classified as commercial by the manufacturer or larger in size than a common residential range, equipped with four (4) or more burners/elements and may be equipped with a cooking grill or griddle surface;

(C) Dead-end is a corridor or hallway with no exit at the end that causes occupants to retrace their path to reach an exit;

(D) Department of Public Safety, Division of Fire Safety is the state agency to which the department delegates its authority for fire safety inspections of on-site day habilitation programs and waiver group homes subject to rules promulgated under 9 CSR 45 Chapter 5;

(E) Exit is the portion of a means of egress that is separated from all other areas of the building or structure by construction

or equipment required to provide a protected way of travel to the exit discharge. Exits include exterior exit doors, exit passageways, horizontal exits, separated exit stairs, and separated exit ramps;

(F) Exit access is the portion of a means of egress that leads to an exit;

(G) Exit discharge is the portion of a means of egress between the termination of an exit and a public way;

(H) Fire barrier is a structural element, either vertical or horizontal, such as a wall or floor assembly that is designed and constructed with a specified fire resistance rating to limit the spread of fire and restrict the movement of smoke. Such barriers may have protected openings;

(I) Fire door is a combination of the fire door, frame, hardware and other accessories which together provide a specific degree of fire protection to the opening;

(J) Fire resistance rating is the length of time in minutes or hours that materials or structural elements can withstand fire exposure;

(K) Flame resistant material is the property of material or their structural elements that prevents or retards the passage of excessive heat, hot gases, or flames under the conditions in which they are used;

(L) Flame retardant is a chemical applied to material or other substance that is designed to retard ignition or the spread of fire;

(M) Home type range is a typical home type cooking stove;

(N) Interior finish includes the interior wall and ceiling finish, and interior floor finish;

(O) Level exit discharge is a horizontal plane that is located from the point at which an exit terminates and the exit discharge begins. The horizontal plane shall not vary more than two inches (2") in rise or fall;

(P) Level is the portion of a building included between the upper surface of a floor and the ceiling above it, or any upper surface of a floor and the ceiling above it that is separated by more than five (5) steps on a stairway;

(Q) Means of egress is a continuous and unobstructed way of travel from any point in a building or structure to a public way. A means of egress consists of three (3) distinct parts: the exit access, the exit, and the exit discharge;

(R) Means of escape is a way out of a residential unit that does not conform to the strict definition of means of egress but does meet the intent of the definition by providing an alternative way out of a building;

(S) Mixed occupancy is when a facility is located in the same building or structure as another occupancy. This may include a business or place of assembly;

(T) Non-combustible material is a material that, in the form in which it is used and under the conditions anticipated, will not ignite, burn, support combustion, or release flammable vapors when subjected to fire or heat. Examples of such materials include steel, concrete, and masonry.

(U) Public way is a street, alley, or other similar parcel of land essentially open to the outside air that is deeded, dedicated, or otherwise permanently appropriated to the public for public use and having a clear width and height of not less than ten feet (10');

(V) Remote exit or means of egress is when two (2) exits or two (2) exit access doors are required. Each exit or exit access door shall be placed at a distance apart equal to at least one-half (1/2) the length of the maximum overall diagonal dimension of the building or area to be used;

(W) Self-closing means to be equipped with an approved device that will ensure closing after having been opened;



(X) Smoke barrier is a structural element, either vertical or horizontal, such as a wall, floor, or ceiling assembly that is designed and constructed to restrict the movement of smoke. A smoke barrier may or may not have a fire resistance rating;

(Y) Supervised automatic sprinkler system is a system with the initiating devices monitored by the fire alarm control panel. This may include switches used to monitor the position of valves, a low air pressure switch, a water flow switch, and a tamper switch; and

(Z) Waiver Group Home- a residential facility owned and operated by a provider that provides Medicaid waiver services. A certified group home is similar in appearance to a single-family dwelling and provides care, supervision, and skills training in activities of daily living, home management, and community integration. Group homes do not provide shared living or individualized supported living services.

(2) In the context of rules promulgated under 9 CSR 45, the term department shall mean the Department of Mental Health (DMH).

(3) Terms not defined in this rule shall be understood as defined in the fire safety code of the National Fire Protection Association (NFPA).

*AUTHORITY: section 630.655, RSMo 2016. * Original rule filed Sept. 5, 2003, effective April 30, 2004. Amended: Filed March 20, 2018, effective Nov. 30, 2018.*

**Original authority: 630.655, RSMo 1980.*

9 CSR 45-5.110 Fire Safety for Facility-based Day Habilitation and Employment Service Settings

PURPOSE: This rule establishes fire safety requirements for facility-based day habilitation and employment service settings funded through the Medicaid home and community-based waivers. The department delegates its authority for fire safety inspections under this rule to the Department of Public Safety, Division of Fire Safety.

(1) General Requirements.

(A) People participating in facility-based day habilitation and employment service settings are restricted to using the floor of the building that is at ground level exit discharge. Exception: People participating in facility-based day habilitation and employment services may use the floor below and above the level of exit discharge if the entire building is protected throughout with an approved automatic sprinkler system.

(B) No facility-based day habilitation and employment service shall be located in the same building as a high hazard occupancy.

(C) The staff of the facility shall conduct at least one (1) fire drill at least once a month. In addition, a natural disaster drill will be conducted at least twice per year. The staff shall maintain a written record at the facility of the date, type of drill, time required to evacuate the building, whether the evacuation was completed, notation of any problems evacuating, and the number of occupants present during the drill.

(D) Unscheduled drills shall be held at the Division of Fire Safety inspector's discretion.

(E) During severe weather, fire drills may be postponed.

(F) Each fire drill shall evacuate all persons from the building and be conducted as follows:

1. Drills simulate an actual fire condition;

2. Occupants and staff members do not obtain clothing or personal effects after the alarm has sounded;

3. The occupants and staff members proceed to a predetermined point outside the building that is sufficiently remote to avoid fire danger, or to a predetermined point inside of the building to defend in place; and

4. Occupants and staff members remain in place until a recall is issued or until they are dismissed.

(G) No window in a facility shall have bars or any other item placed over it in a stationary manner that would impede a rescue or evacuation attempt.

(H) All flammable/combustible liquids, matches, toxic cleaning supplies, poisonous materials, medicines, or other hazardous items shall be stored so as to be inaccessible to the occupants.

(I) The building numbers shall be plainly visible from the street in case of emergency: at least four (4) inches in height and contrasting color with the building.

(J) Good housekeeping practices ensuring fire safety will be maintained daily.

(K) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(L) Fresh-cut Christmas trees shall not be used, unless they are treated with a flame resistant material and documentation of the treatment is on file at the facility and available for review by the Division of Fire Safety inspector.

(M) The facility may use a cellular phone when all of the following conditions are met:

1. The phone must always have a signal;
2. The phone must always be charged;
3. The phone must be able to make and receive normal calls;
4. The phone must remain at the facility at all times; and
5. The emergency plan for the facility must address the use of cellular phones.

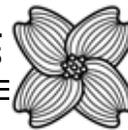
(N) The facility shall notify the nearest fire department that the facility is in operation and have required documentation completed and signed by the local fire authority (fire department notification form) on file at the facility and available for review by the Division of Fire Safety inspector.

(O) Facilities served by a volunteer or membership fire department shall be a member in good standing with the fire department. A copy of the membership or receipt for membership shall be on file at the facility and available for review.

(P) The facility shall, as soon as possible, no later than the following business day, report any fire in the facility to the Division of Fire Safety and the Department of Mental Health.

(Q) The Division of Fire Safety may make additional requirements that provide adequate life safety protection if it is determined that the safety of the occupants is endangered. Every building or structure shall be constructed, arranged, equipped, maintained, and operated to avoid danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time necessary for escape from the building.

(R) Prior to new construction, remodeling existing structures, and any structural alterations to existing facilities, the provider shall submit two (2) copies of plans and specifications prepared to scale for review and approval. One (1) copy shall be submitted to the Department of Mental Health's Licensure and Certification Unit; the second copy to the Division of Fire Safety. The plans shall include a narrative indicating the utilization of each area of the facility. The architect or contractor shall certify in writing that the plans are in



compliance with these certification rules. The provider shall not begin construction until the plans have been reviewed and approved by the Division of Fire Safety. All plans for new construction, remodeling, or additions shall comply with the Americans with Disabilities Act, Accessibility Guidelines.

(S) During the construction or remodeling process, the provider shall request a framing and wiring inspection and an inspection for the rough-in wiring for the fire alarm system by the Division of Fire Safety before the walls are enclosed. Failure to request these inspections in a timely manner may result in an unapproved fire inspection from the Division of Fire Safety.

(T) The ceiling height in all facilities shall be a minimum of seven feet six inches (7'6"). An allowance will be made by the Division of Fire Safety inspector for some areas that are below seven feet six inches (7'6") for the installation of ductwork and plumbing, with no part of the ceiling less than six feet eight inches (6' 8").

(U) Facilities shall comply with all local building codes, fire codes, and ordinances.

(V) The latest edition of the National Fire Protection Association (NFPA), Chapter 101, *Life Safety Code* prevails in the interpretation of these rules.

(W) Each facility-based day habilitation and employment service setting shall be inspected at least once annually by a Division of Fire Safety inspector. The Department of Mental Health will initiate the fire safety inspection. If a facility is found out of compliance with the fire safety rules, the department will apply procedures for achieving compliance as promulgated under 9 CSR 45-5.060.

(2) Means of Egress Requirements.

(A) Each floor occupied in the facility shall have not less than two (2) remotely located means of egress. Each exit door in existing approved facilities shall not be less than thirty-two inches (32") wide. All exit doors in new construction and facilities approved for service delivery after the effective date of this rule shall be a minimum of thirty-six inches (36") wide.

(B) No door in the path of travel to the means of egress shall be less than thirty-two inches (32") wide in an approved existing facility.

(C) At no time shall the occupants of the facility exit through a bathroom, storage room, furnace room, kitchen, garage, or any other room deemed hazardous by the Division of Fire Safety inspector.

(D) All exit doors shall swing in the direction of egress travel and have door closures attached. In smaller facilities that care for ten (10) or fewer individuals, the exit doors may swing inward providing all of the individuals are ambulatory. Door closures are not required in smaller facilities.

(E) Emergency lighting that has a battery backup shall be installed to light the path of egress. The location and number of emergency lights shall be determined by the Division of Fire Safety. These lights shall be tested monthly and documentation kept indicating what lights are tested and the date and name of the person performing the test.

(F) Lighted exit signs with a battery backup shall be installed above exit doors and as needed throughout the facility to direct the occupants to the exits. Lighted exit signs shall be tested monthly and documentation kept indicating what lights are tested and the date and name of the person performing the test.

(G) No locks that require a key or special knowledge to unlock the lock from the inside shall be allowed. Delayed egress locks complying with section 7.2.1.6.1 of the 2012 edition NFPA 101 are permitted, provided that no more than one (1) such device is

located in any egress path.

(H) Overhead garage doors are not recognized as exit doorways.

(I) Mirrors shall not be placed on exit doors or adjacent to any exit in such a manner to confuse the direction of the exit. All exit doors shall be readily recognizable.

(J) All hallways shall have a clear width of at least thirty-six inches (36") wide and shall be kept free of all articles that might impede the occupants' evacuation from the home.

(K) Dead-end corridors/hallways shall not exceed twenty feet (20').

(L) All facilities that have a set of stairs or use stairs as an exterior fire escape shall be constructed as follows:

1. All stairs shall be at least thirty-six inches (36") wide. Fire escapes shall be constructed of noncombustible materials;

2. A maximum rise of eight inches (8");

3. A minimum tread of nine inches (9");

4. A maximum height between landings of twelve feet (12');

5. A minimum landing size of forty-four inches (44");

6. Handrails placed on both sides of sturdy construction and positioned thirty-four to thirty-eight inches (34"-38") above the tread;

7. An outside diameter of the handrails of at least one and one-fourth inches (1 1/4") and no greater than two inches (2") in size;

8. Handrails with a clearance of at least one and one-half inches (1 1/2") between the handrail and the wall or upright to which it is attached; and

9. Spiral staircase or winder is not permitted.

(M) Every ramp used in the component of the means of egress shall be a minimum of forty-four inches (44") wide, and have landings at the top and bottom being the same width as the ramp. Ramp height shall comply with the following:

1. Ramps less than three inches (3") in height have a slope of one inch (1") per eight inches (8") of run;

2. Ramps with a height of three to six inches (3"-6") have a slope of one inch (1") per ten inches (10") of run; and

3. Ramps with a height greater than six inches (6") have a slope of one inch (1") per twelve inches (12") of run.

(N) All ramps shall have a slip-resistant surface and be designed so that water or snow does not accumulate on their surface.

(O) All ramps over ten inches (10") in height shall have guardrails and handrails on both sides.

(3) Windows for Emergency Rescue and Ventilation.

(A) Every room or space greater than three hundred (300) square feet used by individuals shall have at least one (1) outside window for emergency rescue and ventilation. The window shall comply with the following:

1. Is operable from the inside without the use of tools;

2. Provides a clear opening of at least twenty inches (20") wide, twenty-four inches (24") in height, and has a total clear opening space no less than 5.7 square feet in size;

3. The bottom of the window opening is no more than forty-four inches (44") above the floor;

4. Any latching device is operated easily;

5. Provides a clear opening that is a rectangular solid, with a minimum width and height that provides the required 5.7 square feet opening and a minimum depth of twenty inches (20") to allow passage through the opening;

6. The windows shall be accessible by the fire department and open into an area having access to a public way.

(B) Subsection (3)(A) does not apply in the following situations:



1. In buildings protected throughout by an approved, supervised automatic sprinkler system;

2. When the room or space has a door leading directly to the outside of the building; or

3. If it is an interior room greater than three hundred (300) square feet in size and has two (2) remotely located means of egress and the egress doors are a minimum of thirty-six inches (36") wide and swings in the direction of egress.

(4) Travel Distance to Exits.

(A) The travel distance between any room door intended as an exit access or an exit shall not exceed one hundred feet (100').

(B) The travel distance between any point in a room and an exit shall not exceed one hundred fifty feet (150').

(C) The travel distance in (A) and (B) above shall be permitted to be increased by fifty feet (50') in buildings protected throughout by a supervised automatic sprinkler system that is approved by the Division of Fire Safety inspector, based on the National Fire Protection Association Standards for Sprinkler Systems.

(5) Protection.

(A) Any vertical openings and stairwells shall be enclosed and protected with a one- (1-) hour fire barrier and self-closing device attached to the door.

(B) All furnace rooms, rooms containing water heaters, boiler rooms, laundry rooms, and storage rooms shall be separated from the remainder of the building by construction having not less than a one- (1-) hour fire resistance rating. All doors to these rooms shall have a self-closing device attached and a one- (1-) hour fire resistive rating. The one- (1-) hour rating required for these rooms or areas are not required if the facility installs a one and three quarters inch (1 ¾") thick solid core wood door or a twenty (20) minute fire rated door with a self-closure device installed and an automatic sprinkler head supplied by the domestic water supply or has an approved automatic sprinkler system. A fire alarm initiating device shall be installed in these rooms or areas. Before approval of the sprinkler installation using plastic pipe the provider must present documentation the pipe (minimum ½ inch diameter) and fittings are tested and approved to the 1881 or 1887 standard for use in sprinkler applications. If the sprinkler option is chosen, the above appliances must be enclosed in a smoke resistant enclosure. The door to these rooms shall be a minimum of one and three quarters inch (1 ¾") solid bonded wood core door with a self-closing device or a twenty minute fire rated door. No open penetrations including combustion air or return air vents are allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire alarm or smoke detectors are allowed.

(C) Facility-based day habilitation and employment service settings shall be separated from other occupancies in the same building in accordance with the following:

Use Group	Fire Wall Separation in Hours
Place of assembly	2
Business	1
Mercantile	2
Institutional restrained	1
Hotels or dormitories	2

(6) Interior Finish.

(A) Interior wall and ceiling finishes throughout shall be a minimum Class B finish, as specified in the definition section

of these fire safety rules. Textile material having a napped, tufted, looped, woven, non-woven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic materials shall not be used as an interior wall, ceiling, or floor finish.

(B) All wall studs, ceiling joists, and floor joists shall be covered with a minimum of Class B finish, and no exposed studs or joists shall be allowed.

(C) Hangings or draperies shall not be placed over exit doors or be located to conceal or obscure any exit. All other hangings and draperies shall be treated with a flame retardant material with verification to this effect on file for the Division of Fire Safety inspector to review. An exception can be made for window valances and shall be noted by the inspector on the fire inspection survey.

(7) Detection, Alarms, Extinguishment.

(A) All facility-based day habilitation and employment service settings programs serving forty-nine (49) people or less shall have smoke detectors installed on each level, in all occupied spaces, storage rooms, and throughout all corridors and in all other locations as deemed necessary by the Division of Fire Safety inspector. All smoke detectors shall be powered by the building's electrical system and have a nine- (9-) volt battery backup and be interconnected. Smoke detectors shall be installed and arranged so that the activation of any smoke detector causes the operation of an alarm in all detectors that is clearly audible throughout the building, including in bathrooms, corridors, and activity rooms, and above the noise of radios, televisions, and noises of normal activity.

(B) All facility-based day habilitation and employment service settings programs serving fifty (50) people or more shall have a full coverage electrical fire alarm system. Pull stations shall be mounted at each exit door, and horns/strobes shall be installed throughout the facility. Smoke detectors shall be installed in all rooms, throughout all corridors, in all living spaces, storage rooms, and offices. Additional smoke detectors may be required by the Division of Fire Safety inspector as deemed necessary. Heat detectors shall be installed in all mechanical rooms, kitchens, laundry rooms, closets, and throughout the attic. The battery backup control panel shall be Underwriters Laboratories, Inc. (UL) or Factory Mutual (F.M.) listed and installed on a dedicated circuit in the breaker box. The fire alarm system shall be installed and maintained in accordance with the NFPA 72 Fire Alarm Code and in good working order.

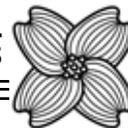
(C) The fire alarm system shall be monitored by a monitoring company or transmitted directly to the fire department when fifty (50) or more individuals are present.

(D) All facilities shall have the fire alarm system tested, inspected, and approved annually by a fire alarm company in accordance with the NFPA 72 Fire Alarm Code. A copy of the test report and approved inspection report of the system shall be kept on file at the facility for review by the Division of Fire Safety inspector and the department.

(E) Occupant notification shall be provided automatically without delay. Pre-signal systems shall be prohibited.

(F) Any facility that has hearing-impaired occupants shall make adequate provisions so that the activation of any fire alarm system shall notify the occupants of the building. The Division of Fire Safety inspector may require additional requirements for the hearing-impaired occupants to insure adequate modification.

(G) All smoke detectors that are ten (10) years old or older shall be replaced with new smoke detectors of the same style. The new smoke detectors shall have the installation date written on



the side of the detector for the Division of Fire Safety inspector to reference. All smoke detectors that are connected to a fire alarm system shall be replaced after ten (10) years of service, or recalibrated by the smoke detector's manufacturer. If the smoke detectors are recalibrated, temporary smoke detectors shall be installed so that the fire alarm system continues working properly and providing protection to the occupants while the original smoke detectors are being serviced.

(H) Facilities using any equipment or appliances using wood or fossil fuel that pose a potential carbon monoxide risk, including facilities with attached garages, shall install a carbon monoxide detector(s). The detector(s) shall be installed according to the manufacturer's instructions. The Division of Fire Safety may require additional carbon monoxide detectors if the Division of Fire Safety inspector determines that the safety of the occupants is endangered.

1. Carbon monoxide detectors shall be in good operating condition. If a battery-operated detector is not operational, the facility shall install a detector that is powered by the building's electrical system with a battery backup.

2. If an elevated carbon monoxide level is detected during a fire inspection, the facility shall have all gas-fired appliances checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until the facility has documentation on file at the facility verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order, and the facility is determined safe by the Division of Fire Safety inspector, the fire inspection shall not be approved.

3. If a level of carbon monoxide is determined that endangers the lives of the occupants in care, the Division of Fire Safety inspector shall take measures necessary to protect the occupants. This may include evacuation of the building or closing the facility. The facility shall obtain and have on file at the facility, documentation verifying all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The facility shall be reinspected by the Division of Fire Safety inspector and determined safe before the occupants can return to the building or the facility can reopen.

(I) At least one (1) portable (five pound (5 lb)) 2A-10B:C fire extinguisher shall be required in all facilities. One (1) fire extinguisher shall be located in the kitchen. Additional fire extinguishers shall be placed throughout the facility, with a travel distance no greater than seventy-five feet (75') between fire extinguishers. Additional fire extinguishers may be required by the Division of Fire Safety inspector depending on the floor plan arrangement of space and the number of levels used.

(J) Fire extinguishers shall be installed and maintained according to the instructions of the Division of Fire Safety inspector and inspected and approved annually by a fire extinguisher company. Documentation of the inspection and approval shall be on file at the facility and available for review by the Division of Fire Safety inspector.

(8) Heating, Ventilating, Air Conditioning, and Mechanical Equipment.

(A) Unvented fuel-fired room heaters, portable electric space heaters and floor furnaces shall not be permitted for use.

(B) No facility shall be allowed to heat the facility with a wood burning stove, fireplace, or wood burning furnace located inside of the structure.

(C) All gas and electric heating equipment shall be equipped with thermostatic controls. All water heaters, if gas fired, shall

have the exhaust properly vented with galvanized pipe with screws at all joints or with a material recommended by the manufacturer. All water heaters shall have a properly sized pressure relief valve installed with a drip leg. The drip leg pipe on the pressure relief valve shall extend to approximately six inches (6") above the floor and shall be of rigid material such as copper or black iron pipe. Chlorinated polyvinyl chloride (CPVC) or PVC pipe can only be used if manufactured specifically for use on drip legs. No drip leg may be reduced in size from the opening of temperature and pressure valve.

(D) Facilities with a water heater two hundred thousand British thermal units (200,000 Btus) per hour input or larger, or that is heating with a boiler, shall have a valid permit from the Division of Fire Safety posted on the premises. A copy of the permit shall be kept on file at the Division of Fire Safety.

(E) All furnace rooms shall be properly vented. Furnace flue pipes shall be constructed of galvanized pipe or material recommended by the manufacturer. All galvanized pipe shall be secured by screws at every joint in the pipe.

(F) All joints in the gas supply pipe shall be located outside of the furnace cabinet housing.

(G) Gas shutoff valve shall be located next to all gas appliances, furnaces, hot water heaters.

(H) All furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to disconnect the electrical supply.

(I) If a furnace or water heater is located inside a garage, the burner or ignition source shall be at least eighteen inches (18") above the finished floor and enclosed inside a fire resistant room having a fire rating of thirty (30) minutes. The door to this room shall also have a fire rating of thirty (30) minutes and have a door closure attached. Open penetrations, including combustion air or return air vents, shall not be allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire alarm or smoke detectors are allowed.

(J) All furnace rooms and rooms containing the water heater shall have adequate combustion air for the units. The vent size opening for the combustion air shall be measured at one (1) square inch per one thousand (1,000) Btus input if the combustion air is drawn from inside the structure and one (1) square inch per four thousand (4,000) Btus input if the air is drawn from outside of the structure. There shall be two (2) combustion air vent openings in each furnace room, one (1) located at the lower level and the other at the upper level. Combustion air or return air vents shall not penetrate the rated or smoke enclosure.

(K) One (1) combustion air vent opening shall be permitted if the vent opening communicates directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btus input of the total gas appliances located in this room. The gas appliances must be installed per manufacturer's instructions and have the proper clearance around the unit or a minimum of one inch (1") from the sides and back, and six inches (6") from the front of the unit.

(L) Air conditioning, heating, ventilating ductwork, and related equipment shall be installed in a safe manner and be in good operating condition as determined by the Division of Fire Safety.

(M) All elevators shall be inspected bi-annually by a state licensed elevator inspector and shall obtain an annual state operating permit form from the Division of Fire Safety and post it as required.

(N) If any combustibles are stored in a furnace room, they must be enclosed in a metal container.



(9) Electrical Services.

(A) Electrical wiring shall be installed and maintained in good working order. If the Division of Fire Safety inspector considers the wiring to be unsafe for the occupants or it is installed improperly, an inspection by a licensed electrician may be required prior to fire safety approval. The inspection by the licensed electrician shall be based on National Fire Protection Association, Chapter 70, *National Electrical Code*.

(B) No electrical extension cords will be allowed, unless approved in writing by the Division of Fire Safety inspector.

(10) Equivalency Concepts. Nothing in this rule is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety as alternatives required by this rule. These alternatives may be used only if technical documentation to demonstrate equivalency and the system, method, or device is submitted and approved by the Missouri Division of Fire Safety.

AUTHORITY: section 630.655, RSMo 2016. Original rule filed Sept. 5, 2003, effective April 30, 2004. Amended: Filed March 20, 2018, effective Nov. 30, 2018.*

**Original authority: 630.655, RSMo 1980.*

9 CSR 45-5.130 Fire Safety for Group Homes Serving 4–9 People

PURPOSE: This rule establishes fire safety requirements for group homes serving four to nine (4–9) people funded through the Medicaid home and community-based waiver. This rule does not apply to individual supported living in private residences. The department delegates its authority for fire safety inspections under this rule to the Department of Public Safety, Division of Fire Safety.

(1) General Requirements.

(A) The staff shall conduct at least one (1) fire drill per month and one (1) natural disaster drill per quarter, with a minimum of one (1) fire and one (1) natural disaster drill per year conducted while the individuals are sleeping. A drill must be conducted within one (1) week of the arrival of a new individual. The staff shall maintain a written record at the facility of the date, type of drill, time required to evacuate the building, whether the evacuation was completed, notation of any problems evacuating, and number of occupants present during the drill.

(B) Unscheduled drills shall be held at the Division of Fire Safety inspector's discretion.

(C) During severe weather, fire drills may be postponed.

(D) Each fire drill shall evacuate all persons from the building, or evacuate to an area of refuge and defend in place and each fire drill shall be conducted as follows:

1. Drills simulate an actual fire condition;

2. Occupants (referred to hereafter as "individuals") and staff members do not obtain clothing or personal effects after the alarm has sounded;

3. The individuals and staff members proceed to a predetermined point outside the building that is sufficiently remote to avoid fire danger, or in case of natural disaster drill to a predetermined point inside of the building; and

4. Individuals and staff members remain in place until a recall is issued or until they are dismissed.

5. Exception. If there is potential harm to residents during drills because a resident is medically fragile, the provider may arrange the drill to not involve the medically fragile. However,

all individuals who are medically fragile must participate in a drill at least once per year. This must be documented in the home.

(E) No window in a facility shall have bars or any other item placed over them in a stationary manner that would impede a rescue or evacuation.

(F) All flammable/combustible liquids, matches, toxic cleaning supplies, poisonous materials, or other hazardous items shall be stored so as to be inaccessible to the occupants if the occupants cannot handle the materials safely. If there are firearms and/or ammunition on the premises, they shall be kept in a locked space without access by individuals.

(G) Clothes dryers shall be vented to the outside or as recommended by the manufacturer and maintained properly.

(H) The house numbers shall be plainly visible from the street in case of emergency, at least four inches (4") in height and a contrasting color with the building.

(I) Good housekeeping practices ensuring fire safety will be maintained daily.

(J) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(K) Fresh-cut Christmas trees shall not be used unless they are treated with a flame resistant material and documentation of the treatment is on file at the facility and available for review by the Division of Fire Safety inspector.

(L) Candles and other devices that have an open flame shall not be used indoors. However, short-term supervised use of candles for special occasions or dinners is permitted.

(M) The facility may use a cellular phone when all of the following conditions are met:

1. The phone must always have a signal;

2. The phone must always be charged;

3. The phone must be able to make and receive normal calls;

4. The phone must remain at the facility at all times; and

5. The emergency plan for the facility must address the use of cellular phones.

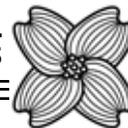
(N) The facility shall notify the nearest fire department that the facility is in operation and have required documentation completed and signed by the local fire authority (fire department notification form) on file at the facility and available for review by the Division of Fire Safety inspector.

(O) Facilities served by a volunteer or membership fire department shall be a member in good standing with the fire department. A copy of the membership or receipt for membership shall be on file at the facility and available for review.

(P) The facility shall, as soon as possible but no later than the following business day, report any fire in the facility to the Division of Fire Safety and the Department of Mental Health.

(Q) The Division of Fire Safety may make additional requirements that provide adequate life safety protection if it is determined that the safety of the occupants is endangered. Every building or structure shall be constructed, arranged, equipped, maintained, and operated to avoid danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time necessary for escape from the building.

(R) Prior to new construction, remodeling existing structures, and any structural alterations to existing facilities, the provider shall submit two (2) copies of plans and specifications prepared to scale for review and approval. One (1) copy shall be submitted to the Department of Mental Health's Licensure and Certification Unit, the second copy to the Division of Fire Safety. The plans shall include a narrative indicating



the utilization of each area of the facility. The architect or contractor shall certify in writing that the plans are in compliance with these certification rules. The provider shall not begin construction until the plans have been reviewed and approved by the Division of Fire Safety. All plans for new construction, remodeling, or additions shall comply with the Americans with Disabilities Act, Accessibility Guidelines.

(S) During the construction or remodeling process, the provider shall request a framing and wiring inspection and an inspection for the rough-in wiring for the fire alarm system by the Division of Fire Safety before the walls are enclosed. Failure to have these inspections constitutes cause for disapproval by the Division of Fire Safety.

(T) Facilities that were certified and areas approved for care prior to the effective date of this rule shall have ceilings at least seven feet (7') in height. Facilities initially certified and areas initially approved for care on or after the effective date of this rule shall meet all the requirements of this rule and shall have ceilings at least seven feet, six inches (7'6") in height. If structural alterations are made in facilities certified prior to the effective date of this rule, those facilities shall meet all the requirements of this rule and shall have ceilings at least seven feet, six inches (7'6") in height in the altered space. Allowance will be made by the Division of Fire Safety inspector for the installation of ductwork and plumbing. No more than forty percent (40%) of the ceiling in each room shall be below minimal height, with no portion of the ceiling lower than six feet, eight inches (6' 8").

(U) Facilities shall comply with all local building codes, fire codes, and ordinances.

(V) The latest edition of the National Fire Protection Association (NFPA), Chapter 101, *Life Safety Code* prevails in the interpretation of these rules.

(W) Each group home shall be inspected at least once annually by a Division of Fire Safety inspector. The Department of Mental Health will initiate the fire safety inspection. If a facility is found out of compliance with the fire safety rules, the department will apply procedures for achieving compliance as promulgated under 9 CSR 45-5.060.

(2) Means of Egress Requirements.

(A) Each floor occupied in the home shall have not less than two (2) remotely located means of egress. Required means of egress shall not be a window. Each exit door shall not be less than thirty inches (30") wide, except that newly constructed doorways shall be at least thirty-six inches (36") wide.

(B) Individual sleeping rooms in all new group homes certified after the effective date of this rule shall have two (2) means of egress, or a primary means of egress and a means of escape.

(C) Wheelchairs, walkers, and other support equipment shall not be stored in corridors.

(D) No door in the path of travel to the means of egress shall be less than thirty inches (30") wide. Except that newly constructed doorways shall be at least thirty-six inches (36").

(E) No primary means of escape or planned exit shall lead through a bathroom, storage room, furnace room, garage, or any other room deemed hazardous by the fire inspector. Exception: Kitchens shall not be considered hazardous unless they have commercial stoves without extinguishing equipment or other features that lend themselves to rapid fire development.

(F) All required outside exit doors shall swing in the direction of egress travel if there are more than six (6) individuals living in the home and one (1) or more person(s) is non-ambulatory.

In other words, if there are six (6) individuals or less and all are ambulatory, the required exit doors do NOT have to swing in the direction of egress travel.

(G) Emergency lighting that has a battery backup shall be installed to light the path of egress. The Division of Fire Safety inspector shall determine the location and number of emergency lights. Emergency lights shall be tested monthly and documentation indicating which lights were tested, the date tested, and the name of the person performing the test kept for review by the Division of Fire Safety.

(H) No locks that require a key or special knowledge to unlock the lock from the inside shall be allowed. Delayed egress locks complying with section 7.2.1.6.1 of the 2012 edition NFPA 101 are permitted, provided that no more than one (1) such device is located in any egress path.

(I) Overhead garage doors are not recognized as exit doorways.

(J) Mirrors shall not be placed on exit doors or adjacent to any exit in such a manner to confuse the direction of the exit. All exit doors shall be readily recognizable.

(K) All hallways shall have a clear width of at least thirty-six inches (36") wide and shall be kept free of all articles that might impede the occupants' evacuation from the home.

(L) Dead-end corridors/hallways shall not exceed twenty feet (20').

(M) Facilities initially certified and areas initially approved on or after the effective date of this rule, shall meet the following requirements. All facilities that have a set of stairs or use stairs as a fire escape shall be constructed as follows:

1. All stairs shall be at least thirty-six inches (36") wide. New fire escapes shall be constructed of noncombustible materials. Existing fire escapes shall be of sturdy construction and, at the discretion of the Division of Fire Safety, may be required to be load tested;

2. A maximum rise of eight inches (8");

3. A minimum tread of nine inches (9");

4. A maximum height between landings of twelve feet (12');

5. A minimum landing size of forty-four inches by forty-four inches (44" x 44");

6. Handrails placed on both sides of sturdy construction and positioned thirty-four to thirty-eight inches (34"-38") above the tread;

7. An outside diameter of the handrails of at least one and one-fourth inches (1 1/4") and no greater than two inches (2") in size;

8. Handrails with a clearance of at least one and one-half inches (1 1/2") between the handrail and the wall or upright to which it is attached;

9. Spiral staircases or winders are not permitted.

(N) Every ramp used in the component of the means of egress shall be a minimum of forty-four inches (44") wide, and have landings at the top and bottom being the same width as the ramp. Ramp height shall comply with the following:

1. Ramps less than three inches (3") in height have a slope of one inch (1") per eight inches (8") of run;

2. Ramps with a height of three to six inches (3"-6") have a slope of one inch (1") per ten inches (10") of run;

3. Ramps with a height greater than six inches (6") have a slope of one inch (1") per twelve inches (12") of run.

(O) All ramps shall have a slip-resistant surface and be designed so that water or snow does not accumulate on their surface.

(P) All ramps over ten inches (10") in height shall have guardrails and handrails on both sides.



(3) Travel Distance to Exits.

(A) The travel distance between any room door intended as an exit access and an exit shall not exceed one hundred feet (100').

(B) The travel distance between any point in a room and an exit shall not exceed one hundred fifty feet (150').

(C) The travel distance between any point in a sleeping room and an exit access door in that room shall not exceed fifty feet (50'). Exception: The travel distance in (A) and (B) of this subsection shall be permitted to be increased by fifty feet (50') in buildings protected throughout by a supervised automatic sprinkler system that is approved by the Division of Fire Safety inspector, based on the National Fire Protection Association, Standards for Sprinkler Systems.

(4) Protection.

(A) Vertical openings shall be protected so that no primary means of egress is exposed to an unprotected vertical opening. The vertical opening shall be considered protected if the opening is cut off and enclosed in a manner that provides a fire-resisting capability of not less than one- (1-) hour and resists the passage of smoke. All doors or openings shall have fire- and smoke-resisting capability equivalent to that of the enclosure and shall be self-closing or automatic closing.

(B) Exception. Specific residential facilities that were certified prior to the effective date of this rule with or without twenty-(20-) minute fire barriers in interior stairways as required by subsection (4)(A) shall be considered in compliance with current requirements, unless renovations or significant changes have occurred in the way the building is being used or the number of residents is increased.

(C) All furnace rooms, rooms containing water heaters, boiler rooms, storage rooms, laundry rooms, and all other rooms or areas deemed hazardous by the Division of Fire Safety inspector shall be separated from the remainder of the building by a construction having not less than a one- (1-) hour fire resistance rating. Doors to these rooms must be closed at all times. Doors to these rooms shall also have a one- (1-) hour fire resistance rating. The door(s) shall also have door closure(s) attached.

(D) Exception: Specific residential facilities that were certified prior to the effective date of this rule shall be considered in compliance with subsection (4)(C) of this rule if the facility installs a sprinkler head off the domestic water supply or has an approved automatic sprinkler system and a fire alarm initiating device shall be installed in the high hazard area.

(E) Exception. The one- (1-) hour fire resistance rating required for rooms or areas listed in subsection (4)(C) of this rule is not required if the facility installs a sprinkler head off the domestic water supply or has an approved automatic sprinkler system and a fire alarm initiating device shall be installed in the high hazard area, and a one and three-fourths inches (1 3/4") thick solid core door or a twenty- (20-) minute fire rated door is installed with a self-closing device attached to prevent the passage of smoke. Before approval of the sprinkler installation using plastic pipe the provider must present documentation the pipe and fittings are tested and approved to the 1881 or 1887 standard for use in sprinkler applications. If the sprinkler option is chosen, the above appliances must be enclosed in smoke resistant enclosures. The door to these rooms shall be a minimum of one and three-fourths inches (1 3/4") solid bonded wood core door with a self-closing device or a twenty minute fire rated door. No open penetrations including combustion air or return air vents shall be allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire

alarm or smoke detectors are allowed.

(F) Every unoccupied attic space shall be subdivided by draft stops having a one- (1-) hour fire rating, into areas not to exceed three thousand (3,000) square feet. Exception: Subdivisions described in this subsection are not required if the space is protected throughout by an approved, automatic sprinkler system.

(5) Interior Finish.

(A) Interior wall and ceiling finishes throughout shall be a minimum Class B finish, as specified in the definition section of these fire safety rules. Textile material having a napped, tufted, looped, woven, non-woven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic materials shall not be used as an interior wall, ceiling, or floor finish.

(B) All wall studs, ceiling joists, and floor joists shall be covered with a minimum of Class B finish, and no exposed studs or joists shall be allowed.

(C) Hangings or draperies shall not be placed over exit doors or be located to conceal or obscure any exit. All other hangings and draperies shall be treated with a flame retardant material with verification to this effect on file for the Division of Fire Safety inspector to review. Exception shall be made for small window valances. These exceptions shall be noted on the fire inspection survey.

(6) Detection, Alarms, Extinguishment.

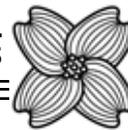
(A) Smoke detectors shall be installed in all sleeping rooms, throughout all corridors, in all living spaces, storage rooms, offices, and any other areas that are deemed necessary by the Division of Fire Safety inspector. Smoke detectors shall be in good operating condition and functional at all times. Smoke detectors may be battery powered. However, if smoke detectors are not operational during two (2) separate inspections, the facility will be required to install smoke detectors that are powered by the home's electrical system and have a battery backup. These detectors shall be interconnected so that the activation of one (1) detector will cause an alarm in all detectors. Smoke detectors that are not operational must be documented on inspection surveys. All new construction or facilities licensed and approved after the date of these rules shall have smoke detectors powered by the building's electrical system, have a battery backup, and be interconnected so activation of a single smoke alarm causes alarm in all smoke detectors.

(B) All smoke detectors that are ten (10) years old or older shall be replaced with new smoke detectors of the same style. The new smoke detectors shall have the installation date written on the side of the detector for the Division of Fire Safety inspector to reference.

(C) All smoke detectors that are connected to a fire alarm system shall be replaced after ten (10) years of service, or recalibrated by the smoke detector's manufacturer. If the smoke detectors are recalibrated, temporary smoke detectors shall be installed so that the fire alarm system continues working properly and providing protection to the occupants while the original smoke detectors are being serviced.

(D) Any residence that has hearing-impaired occupants shall make adequate provisions so that the activation of any fire alarm system shall notify the occupants of the home. The Division of Fire Safety inspector may require additional requirements for the hearing-impaired occupants to insure adequate notification.

(E) Occupant notification shall be provided automatically



without delay. Pre-signal systems shall be prohibited.

(F) All homes with fire alarm systems shall continue to have the fire alarm system tested, inspected, and approved annually by a fire alarm company and a copy of the test report and approval of the system kept on file at the residence for review by the Division of Fire Safety inspector.

(G) Residences using any equipment or appliances using wood or fossil fuel that pose a potential carbon monoxide risk, including facilities with attached garages, shall install a carbon monoxide detector(s). The detector(s) shall be installed according to the manufacturer's instructions. The Division of Fire Safety inspector may require additional carbon monoxide detectors if the Division of Fire Safety inspector determines that the safety of the occupants is endangered.

1. Carbon monoxide detectors shall be in good operating condition. If a battery operated detector is not operational, the facility shall install a detector that is powered by the home's electrical system with a battery backup.

2. If an elevated carbon monoxide level is detected during a fire inspection, the residence shall have all gas-fired appliances checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until the residence has documentation on file at the home verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order, and the facility is determined safe by the Division of Fire Safety, the fire inspection shall not be approved.

3. If a level of carbon monoxide is determined that endangers the lives of the occupants, the Division of Fire Safety inspector shall take measures necessary to protect the occupants. This may include evacuation of the home or closing the residence. The residence shall obtain and have on file at the home, documentation verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The residence shall be reinspected by the Division of Fire Safety inspector and determined safe before the occupants can return to the home or the residence can reopen.

(H) At least one (1) portable (five pound (5 lb)) 2A-10B:C fire extinguisher shall be required in all homes. One (1) fire extinguisher shall be located in the kitchen. Additional fire extinguishers shall be placed throughout the home and the travel distance shall be no greater than seventy-five feet (75') between fire extinguishers. Additional fire extinguishers may be required by the Division of Fire Safety depending on the floor plan arrangement of space and the number of levels used.

(I) Fire extinguishers shall be installed and maintained according to the instructions of the Division of Fire Safety and inspected and approved annually by a fire extinguisher company. Documentation of the inspection and approval shall be on file at the facility and available for review by the Division of Fire Safety inspector.

(J) Homes shall meet the following requirements of subsections (6)(J) and (6)(K) of this rule. Homes using a commercial stove, deep fryer, or two (2) home type ranges placed side by side, shall be equipped with a range hood and extinguishing system with an automatic cutoff of the fuel supply and exhaust system in case of fire. The hood and hood extinguishment system shall be inspected by a qualified technician to insure they are in good working condition and installed/maintained correctly. The technician shall base this inspection on National Fire Protection Association, Chapter 96, Standard for Fire Protection of Commercial Cooking Operations. Exceptions: 1) Home type ranges separated by an eighteen inch (18") cabinet shall not be required to have an extinguishing system installed above

them. 2) Facilities that cook on a home type range with no more than four (4) burners and/or grill, does not need to install a fire extinguishing system above the range.

(K) The range hood fire extinguishment system shall be connected to the control panel of the fire alarm system. The activation of the range hood fire extinguishment system shall cause the fire alarm system to activate throughout the building.

(7) Heating, Ventilating, Air Conditioning, and Mechanical Equipment.

(A) Unvented fuel-fired room heaters, portable electric space heaters and floor furnaces shall not be permitted for use.

(B) No facility shall be allowed to heat the home with a wood burning stove, fireplace, or wood burning furnace located inside of the structure as a primary source of heat. Fireplaces need to be approved for use by the Division of Fire Safety inspector. If the fireplace is approved for use all chimneys shall be inspected annually and cleaned if necessary by a qualified technician or company, with documentation kept for review by the Division of Fire Safety.

(C) All gas and electric heating equipment shall be equipped with thermostatic controls. All water heaters, if gas fired, shall have the exhaust properly vented with galvanized pipe with screws at all joints or with a material recommended by the manufacturer. All water heaters shall have a properly sized pressure relief valve installed with a drip leg. The drip leg pipe on the pressure relief valve shall extend to approximately six inches (6") above the floor and shall be of rigid material such as copper or black iron pipe. Chlorinated polyvinyl chloride (CPVC) or PVC pipe can only be used if manufactured specifically for use on drip legs. No drip leg may be reduced in size from the opening of temperature and pressure valve.

(D) Facilities with a water heater two hundred thousand British thermal units (200,000 Btus) per hour input or larger, or that are heating with a boiler, shall have a valid permit from the Division of Fire Safety posted on the premises. A copy of the permit shall be kept on file at the Division of Fire Safety.

(E) All furnace rooms shall be properly vented. Furnace flue pipes shall be constructed of galvanized pipe or material recommended by the manufacturer. All galvanized pipe shall be secured by screws at every joint in the pipe.

(F) All joints in the gas supply pipe shall be located outside of the furnace cabinet housing.

(G) A gas shutoff valve shall be located next to all gas appliances, furnaces, and water heaters.

(H) All furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to disconnect the electrical supply.

(I) If a furnace or water heater is located inside a garage, the burner or ignition source shall be at least eighteen inches (18") above the finished floor and enclosed inside a fire resistant room having a fire rating of thirty (30) minutes. The door to this room shall also have a minimum thirty- (30-) minute fire rating and have a door closure attached. Open penetrations, including combustion air or return air vents, shall not be allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire alarm or smoke detectors are allowed.

(J) All furnace rooms and rooms containing the water heater shall have adequate combustion air for the units. The vent size opening for the combustion air shall be measured at one (1) square inch per one thousand (1,000) Btus input if the combustion air is drawn from inside the structure and one (1) square inch per four thousand (4,000) Btus input if the air



is drawn from outside of the structure. There shall be two (2) combustion air vent openings in each furnace room, one (1) located at the lower level and the other at the upper level. Combustion air or return air vents shall not penetrate the rated or smoke enclosure.

(K) One (1) combustion air vent opening shall be permitted if the vent opening communicates directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btus input of the total gas appliances located in this room. The gas appliances must be installed per the manufacturer's instructions with proper clearance or have a minimum clearance of one inch (1") from the sides and back, and six inches (6") from the front of the unit.

(L) Air conditioning, heating, ventilating ductwork, and related equipment shall be installed in a safe manner and be in good operating condition as determined by the Division of Fire Safety inspector.

(M) Any furnace or air handling equipment that has airflow of two thousand (2,000) cubic feet per minute or more, shall have a fan shutdown switch that is interconnected with the fire alarm system.

(N) All elevators shall be inspected bi-annually by a state licensed elevator inspector and shall obtain an annual state operating permit form from the Division of Fire Safety and post it as required.

(O) If any combustibles are stored in a furnace room, they must be enclosed in a metal container.

(8) Electrical Services.

(A) Electrical wiring shall be installed and maintained in good working order. If the Division of Fire Safety considers the wiring to be unsafe for the occupants or it is installed improperly, an inspection by a licensed electrician may be required prior to fire safety approval. The inspection by the licensed electrician shall be based on National Fire Protection Association, Chapter 70, *National Electrical Code*.

(B) No electrical extension cords will be allowed, unless approved in writing by the Division of Fire Safety inspector. Extension cords shall not be permanently affixed to the structure or replace permanent wiring. Exception: The use of Underwriters Laboratories, Inc. (UL) approved fused power surge strips is acceptable.

(9) Equivalency Concepts. Nothing in this rule is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety as alternatives required by this rule. These alternatives may be used only if technical documentation to demonstrate equivalency and the system, method, or device is submitted and approved by the Missouri Division of Fire Safety.

AUTHORITY: section 630.655, RSMo 2016. Original rule filed Sept. 5, 2003, effective April 30, 2004. Amended: Filed March 20, 2018, effective Nov. 30, 2018.*

**Original authority: 630.655, RSMo 1980.*

9 CSR 45-5.140 Fire Safety for Group Homes Serving 10–16 People

PURPOSE: This rule establishes fire safety requirements for group homes serving ten to sixteen (10–16) people funded through the Medicaid home and community-based waiver. The department delegates its authority for fire safety inspections under this rule to

the Department of Public Safety, Division of Fire Safety.

(1) General Requirements.

(A) The staff shall conduct at least one (1) fire drill per month and one (1) natural disaster drill per quarter, with a minimum of two (2) drills, one (1) fire and one (1) natural disaster, conducted annually while the individuals are sleeping. A drill must be conducted within one (1) week of the arrival of a new individual. The staff shall maintain a written record at the facility of the date, type of drill, time required to evacuate the building whether the evacuation was completed, notation of any problems evacuating, and number of occupants present during the drill.

(B) Unscheduled drills shall be held at the Division of Fire Safety inspector's discretion.

(C) During severe weather, fire drills may be postponed.

(D) Each fire drill shall evacuate all persons from the building, or evacuate to an area of refuge and defend in place and conducted as follows:

1. Drills simulate an actual fire condition;

2. Occupants (referred to hereafter as "individuals") and staff members do not obtain clothing or personal effects after the alarm has sounded;

3. The occupants and staff members proceed to a predetermined point outside the building that is sufficiently remote to avoid fire danger, or to a predetermined point inside of the building;

4. Individuals and staff members remain in place until a recall is issued or until they are dismissed; and

5. Exception. If there is potential harm to individuals during drills because a resident is medically fragile, the provider may arrange the drill to not involve the medically fragile. However, all individuals who are medically fragile must participate in a drill at least once per year. This must be documented in the home.

(E) No window in a facility shall have bars or any other item placed over them in a stationary manner that would impede a rescue or evacuation.

(F) All flammable/combustible liquids, matches, toxic cleaning supplies, poisonous materials, or other hazardous items shall be stored so as to be inaccessible to the occupants if the occupants cannot handle the materials safely. If there are firearms and/or ammunition on the premises, they shall be kept in a locked space without access by individuals.

(G) Clothes dryers shall be vented to the outside or as recommended by the manufacturer and maintained properly.

(H) The house numbers shall be plainly visible from the street in case of emergency, at least four inches (4") in height and contrasting color with the building.

(I) Good housekeeping practices ensuring fire safety will be maintained daily.

(J) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(K) Fresh-cut Christmas trees shall not be used unless they are treated with a flame resistant material and documentation of the treatment is on file at the facility and available for review by the Division of Fire Safety.

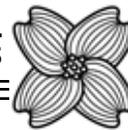
(L) Candles and other devices that have an open flame shall not be used indoors. However, short-term supervised use of candles for special occasions or dinners is permitted.

(M) The facility may use a cellular phone when all of the following conditions are met:

1. The phone must always have a signal;

2. The phone must always be charged;

3. The phone must be able to make and receive normal



calls;

4. The phone must remain at the facility at all times; and

5. The emergency plan for the facility must address the use of cellular phones.

(N) The facility shall notify the nearest fire department that the facility is in operation and have required documentation completed and signed by the local fire authority (fire department notification form) on file at the facility and available for review by the Division of Fire Safety inspector.

(O) Facilities served by a volunteer or membership fire department shall be a member in good standing with the fire department. A copy of the membership or receipt for membership shall be on file at the facility and available for review.

(P) The facility shall, as soon as possible but no later than the following business day, report any fire in the facility to the Division of Fire Safety office and the Department of Mental Health.

(Q) The Division of Fire Safety may make additional requirements that provide adequate life safety protection if it is determined that the safety of the occupants is endangered. Every building or structure shall be constructed, arranged, equipped, maintained, and operated to avoid danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time necessary for escape from the building.

(R) Prior to new construction, remodeling existing structures, and any structural alterations to existing facilities, the provider shall submit two (2) copies of plans and specifications prepared to scale for review and approval. One (1) copy shall be submitted to the Department of Mental Health's Licensure and Certification Unit; the second copy to the Division of Fire Safety. The plans shall include a narrative indicating the utilization of each area of the facility. The architect or contractor shall certify in writing that the plans are in compliance with these certification rules. The provider shall not begin construction until the plans have been reviewed and approved by the Division of Fire Safety. All plans for new construction, remodeling, or additions shall comply with the Americans with Disabilities Act, Accessibility Guidelines.

(S) During the construction or remodeling process, the provider shall request a framing and wiring inspection and an inspection for the rough-in wiring for the fire alarm system by the Division of Fire Safety before the walls are enclosed. Failure to request these inspections in a timely manner may result in an unapproved fire inspection from the Division of Fire Safety.

(T) The ceiling height in all facilities shall be a minimum of seven feet six inches (7'6"). An allowance will be made by the Division of Fire Safety for some areas that are below seven feet six inches (7'6") for the installation of ductwork and plumbing. No more than forty percent (40%) of the ceiling in each room shall be below minimal height, with no portion of the ceiling lower than six feet eight inches (6' 8").

(U) Facilities shall comply with all local building codes, fire codes, and ordinances.

(V) The latest edition of the National Fire Protection Association (NFPA), Chapter 101, *Life Safety Code* prevails in the interpretation of these rules.

(W) Each group home shall be inspected at least once annually by a Division of Fire Safety inspector. The department will initiate the fire safety inspection. If a facility is found out of compliance with the fire safety rules, the department will apply procedures for achieving compliance as promulgated under 9 CSR 45-5.060.

(2) Means of Egress Requirements.

(A) Each floor occupied in the home shall have not less than two (2) remotely located means of egress. Required means of egress shall not be a window. Existing licensed and approved facilities shall have exit doors with a minimum width of thirty inches (30") wide. All new construction and facilities licensed and approved after the effective date of these rules shall have exit doors with a minimum width of thirty-six inches (36").

(B) Individual sleeping rooms in all new group homes certified after the effective date of this rule shall have two (2) means of egress, or a primary means of egress and a means of escape.

(C) Wheelchairs, walkers, and other support equipment shall not be stored in corridors.

(D) No door in the path of travel to the means of egress shall be less than thirty inches (30") wide. Except that newly constructed doorways shall be at least thirty-six inches (36").

(E) No primary means of escape shall lead through a bathroom, storage room, furnace room, kitchen, garage, or any other room deemed hazardous by the Division of Fire Safety.

(F) All exit doors shall swing in the direction of egress travel and shall have door closures attached.

(G) Emergency lighting that has a battery backup shall be installed to light the path of egress. The location and number of emergency lights shall be determined by the Division of Fire Safety inspector. Emergency lights shall be tested once per month and documentation indicating which lights were tested, the date tested, and the name of the person performing the test kept for review by the Division of Fire Safety.

(H) Lighted exit signs with a battery backup shall be installed above exit doors and as needed throughout the facility to direct the occupants to the exits. Lighted exit signs shall be tested once per month and documentation shall be kept for review by the Division of Fire Safety.

(I) No locks that require a key or special knowledge to unlock the lock from the inside shall be allowed. Delayed egress locks complying with section 7.2.1.6.1 of the 2012 edition NFPA 101 are permitted, provided that no more than one (1) such device is located in any egress path.

(J) Overhead garage doors are not recognized as exit doorways.

(K) Mirrors shall not be placed on exit doors or adjacent to any exit in such a manner to confuse the direction of the exit. All exit doors shall be readily recognizable.

(L) All hallways shall have a clear width of at least thirty-six inches (36") wide and shall be kept free of all articles that might impede the occupants' evacuation from the home.

(M) Dead-end corridors/hallways shall not exceed twenty feet (20').

(N) Each wing or corridor of the facility shall be separated into fire compartment areas by fire doors and walls, having not less than a one- (1-) hour rating. All fire doors shall be equipped with a door closure and may be held open at all times with an electrical magnetic switch that is interconnected to the fire alarm system.

(O) Facilities initially certified and areas initially approved on or after the effective date of this rule, shall meet the following requirements. All facilities that have a set of stairs or use stairs as a fire escape shall be constructed as follows:

1. All stairs shall be at least thirty-six inches (36") wide. Fire escapes shall be constructed of noncombustible materials. Existing fire escapes shall be of sturdy construction and, at the discretion of the Division of Fire Safety, may be required to be load tested;

2. A maximum rise of eight inches (8");



3. A minimum tread of nine inches (9");
4. A maximum height between landings of twelve feet (12');
5. A minimum landing size of forty-four inches (44");
6. Handrails placed on both sides of sturdy construction and positioned thirty-four to thirty-eight inches (34"–38") above the tread;
7. An outside diameter of the handrails of at least one and one-fourth inches (1 1/4") and no greater than two inches (2") in size;
8. Handrails with a clearance of at least one and one-half inches (1 1/2") between the handrail and the wall or upright to which it is attached;
9. Spiral staircase or winder is not permitted.

(P) Every ramp used in the component of the means of egress shall be a minimum of forty-four inches (44") wide, and have landings at the top and bottom being the same width as the ramp. Ramp height shall comply with the following:

1. Ramps less than three inches (3") in height have a slope of one inch (1") per eight inches (8") of run;
2. Ramps with a height of three to six inches (3"–6") have a slope of one inch (1") per ten inches (10") of run;
3. Ramps with a height greater than six inches (6") have a slope of one inch (1") per twelve inches (12") of run.

(Q) All ramps shall have a slip-resistant surface and be designed so that water or snow does not accumulate on their surface.

(R) All ramps over ten inches (10") in height shall have guardrails and handrails on both sides.

(3) Travel Distance to Exits.

(A) The travel distance between any room door intended as an exit access and an exit shall not exceed one hundred feet (100').

(B) The travel distance between any point in a room and an exit shall not exceed one hundred fifty feet (150').

(C) The travel distance between any point in a sleeping room and an exit access door in that room shall not exceed fifty feet (50'). Exception: The travel distance in (A) and (B) of this section shall be permitted to be increased by fifty feet (50') in buildings protected throughout by a supervised automatic sprinkler system that is approved by the Division of Fire Safety, based on the National Fire Protection Association, Standards for Sprinkler Systems.

(4) Protection.

(A) Vertical openings shall be protected so that no primary means of egress is exposed to an unprotected vertical opening. The vertical opening shall be considered protected if the opening is cut off and enclosed in a manner that provides a fire-resisting capability of not less than one (1) hour and resists the passage of smoke. Any doors or openings shall have fire- and smoke-resisting capability equivalent to that of the enclosure and shall be self-closing or automatic closing.

(B) Exception. Specific residential facilities that were certified prior to the effective date of this rule with twenty- (20-) minute fire barriers shall be considered in compliance with current requirements, unless renovations or significant changes have occurred in the way the building is being used or the number of residents are increased.

(C) Interior stairways shall be closed with one- (1-) hour fire barriers, with all openings equipped with smoke actuated automatic-closing or self-closing doors having a fire resistance comparable to that required for the enclosure.

(D) All furnace rooms, rooms containing water heaters,

boiler rooms, storage rooms, laundry rooms, and all other rooms or areas deemed hazardous by the Division of Fire Safety inspector shall be separated from the remainder of the building by construction having not less than a one- (1-) hour fire-resistance rating. All doors to these rooms shall have a self-closing device attached and shall have a minimum one- (1-) hour fire rating.

(E) Exception. The one- (1-) hour fire resistance rating required for rooms or areas listed in subsection (4)(C) of this rule is not required if the facility installs a sprinkler head off the domestic water supply or has an approved automatic sprinkler system and a fire alarm initiating device shall be installed in the high hazard area. For group homes certified after the effective date of this rule, a one and three-fourths inches (1 3/4") thick solid core door or a twenty- (20-) minute fire rated door shall be installed with a self-closing device attached to prevent the passage of smoke. Before approval of the sprinkler installation using plastic pipe the provider must present documentation the pipe and fittings are tested and approved to the 1881 or 1887 standard for use in sprinkler applications. If the sprinkler option is chosen, the above appliances must be enclosed in smoke resistant enclosures. The door to these rooms shall be a minimum of one and three-fourths inches (1 3/4") solid bonded wood core door with a self-closing device or a twenty minute fire rated door. No open penetrations including combustion air or return air vents shall be allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire alarm or smoke detectors are allowed.

(F) Every unoccupied attic space shall be subdivided by draft stops having a one- (1-) hour fire rating, into areas not to exceed three thousand (3,000) square feet. Exception: Subdivisions described in this subsection are not required if the space is protected throughout by an approved, automatic sprinkler system.

(G) All doors to sleeping rooms shall have a fire resistance rating of twenty (20) minutes.

(5) Interior Finish.

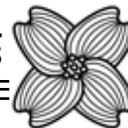
(A) Interior wall and ceiling finishes throughout shall be a minimum Class B finish, as specified in the definition section of these fire safety rules. Textile material having a napped, tufted, looped, woven, non-woven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic materials shall not be used as an interior wall, ceiling, or floor finish.

(B) All wall studs, ceiling joists, and floor joists shall be covered with a minimum of Class B finish, and no exposed studs or joists shall be allowed.

(C) Hangings or draperies shall not be placed over exit doors or be located to conceal or obscure any exit. All other hangings and draperies shall be treated with a flame retardant material with verification to this effect on file for the Division of Fire Safety to review. Exception shall be made for small window valances. These exceptions shall be noted on the fire inspection survey.

(6) Detection, Alarms, Extinguishment.

(A) All facilities shall have a full coverage electrical fire alarm system. Pull stations shall be mounted at each exit door and horn strobes shall be installed throughout the facility. Smoke detectors shall be installed in all sleeping rooms, throughout all corridors, in all living spaces, storage rooms, and offices. Additional smoke detectors may be required by the Division of Fire Safety inspector as deemed necessary. Heat detectors shall be installed in all mechanical rooms, kitchens and



throughout the attic. The battery backup control panel shall be Underwriters Laboratory (UL) or Factory Mutual (F.M.) listed and installed on a dedicated circuit breaker box. The fire alarm system shall be installed and maintained in good working order and shall be UL or F.M. listed. The fire alarm system shall be installed and maintained per the National Fire Alarm Code (NFPA 72) and the *National Electrical Code*.

(B) All smoke detectors that are ten (10) years old or older shall be replaced with new smoke detectors of the same style. The new smoke detectors shall have the installation date written on the side of the detector for the Division of Fire Safety to reference.

(C) All smoke detectors that are connected to a fire alarm system shall be replaced after ten (10) years of service, or recalibrated by the smoke detector's manufacturer. If the smoke detectors are recalibrated, temporary smoke detectors shall be installed so that the fire alarm system continues working properly and providing protection to the occupants while the original smoke detectors are being serviced.

(D) Any residence that has hearing-impaired occupants shall make adequate provisions so that the activation of any fire alarm system shall notify the occupants of the home. The Division of Fire Safety may require additional requirements for the hearing-impaired occupants to insure adequate notification.

(E) Occupant notification shall be provided automatically without delay. Pre-signal systems shall be prohibited.

(F) All facilities shall have the fire alarm system tested, inspected, and approved annually by a fire alarm company and a copy of the test report and approval of the system kept on file at the facility for review by the Division of Fire Safety.

(G) Facilities using any equipment or appliances using wood or fossil fuel, and that pose a potential carbon monoxide risk, including facilities with attached garages, shall install a carbon monoxide detector(s). The detector(s) shall be installed according to the manufacturer's instructions. The Division of Fire Safety inspector may require additional carbon monoxide detectors if the Division of Fire Safety inspector determines that the safety of the occupants is endangered.

1. Carbon monoxide detectors shall be in good operating condition. If a battery-operated detector is not operational, the facility shall install a detector that is powered by the home's electrical system with a battery backup.

2. If an elevated carbon monoxide level is detected during a fire inspection, the facility shall have all gas-fired appliances checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until the facility has documentation on file at the home verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order, and the facility is determined safe by the Division of Fire Safety, the fire inspection shall not be approved.

3. If a level of carbon monoxide is determined that endangers the lives of the occupants, the Division of Fire Safety shall take measures necessary to protect the occupants. This may include evacuation of the building or closing the facility. The facility shall obtain and have on file at the facility, documentation verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The facility shall be re-inspected by the Division of Fire Safety and determined safe before the occupants can return to the building or the facility can reopen.

(H) At least one (1) portable (five pound (5 lb)) 2A-10B:C fire extinguisher shall be required in all facilities. One (1) fire extinguisher shall be located in the kitchen. Additional

fire extinguishers shall be placed throughout the facility, with a travel distance no greater than seventy-five feet (75') between fire extinguishers. Additional fire extinguishers may be required by the Division of Fire Safety inspector depending on the floor plan arrangement of space and the number of levels used.

(I) Fire extinguishers shall be installed and maintained according to the instructions of the Division of Fire Safety inspector and inspected and approved annually by a fire extinguisher company. Documentation of the inspection and approval shall be on file at the facility and available for review by the Division of Fire Safety inspector.

(J) Facilities using a commercial stove, deep fryer, or two (2) home type ranges placed side by side, or a home type range that produces a grease laden vapor shall be equipped with a range hood and extinguishing system with an automatic cutoff of the fuel supply and exhaust system in case of fire. A qualified technician shall inspect these systems to insure they are in good working condition and installed/maintained correctly. The qualified technician shall base this inspection on the National Fire Protection Association, Chapter 96, Standard for Fire Protection of Commercial Cooking Operations. Exception: 1) Home type ranges separated by an eighteen inch (18") cabinet shall not be required to have an extinguishing system installed above them. 2) Facilities that cook on a home type range, and have a menu that does not include frying, or emitting a grease laden vapor, and have an approval letter from the Department of Mental Health, do not need to install a fire extinguishing system above the range.

(K) The range hood fire extinguishment system shall be connected to the control panel of the fire alarm system. The activation of the range hood fire extinguishment system shall cause the fire alarm system to activate throughout the building.

(7) Heating, Ventilating, Air Conditioning, and Mechanical Equipment.

(A) Unvented fuel-fired room heaters, portable electric space heaters and floor furnaces shall not be permitted for use.

(B) No facility shall be allowed to heat the home with a wood burning stove, fireplace, or wood burning furnace located inside of the structure as a primary source of heat.

(C) All gas and electric heating equipment shall be equipped with thermostatic controls. All water heaters, if gas fired, shall have the exhaust properly vented with galvanized pipe with screws at all joints or with a material recommended by the manufacturer. All water heaters shall have a properly sized pressure relief valve installed with a drip leg. The drip leg pipe on the pressure relief valve shall extend to approximately six inches (6") above the floor and shall be of rigid material such as copper or black iron pipe. Chlorinated polyvinyl chloride (CPVC) or PVC pipe can only be used if manufactured specifically for use on drip legs. No drip leg may be reduced in size from the opening of temperature and pressure valve.

(D) Facilities with a water heater two hundred thousand British thermal units (200,000 Btus) per hour input or larger, or that is heating with a boiler, shall have a valid permit from the Division of Fire Safety posted on the premises. A copy of the permit shall be kept on file at the Division of Fire Safety.

(E) All furnace rooms shall be properly vented. Furnace flue pipes shall be constructed of galvanized pipe or material recommended by the manufacturer. All galvanized pipe shall be secured by screws at every joint in the pipe.

(F) All joints in the gas supply pipe shall be located outside of the furnace cabinet housing.



(G) A gas shutoff valve shall be located next to all gas appliances, furnaces, and water heaters.

(H) All furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to disconnect the electrical supply.

(I) If a furnace or water heater is located inside a garage, the burner or ignition source shall be at least eighteen inches (18") above the finished floor and enclosed inside a fire resistant room having a fire rating of thirty (30) minutes. The door to this room shall also have a minimum thirty- (30-) minute fire rating and have a door closure attached. Open penetrations, including combustion air or return air vents, shall not be allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire alarm or smoke detectors shall be allowed.

(J) All furnace rooms and rooms containing the water heater shall have adequate combustion air for the units. The vent size opening for the combustion air shall be measured at one (1) square inch per one thousand (1,000) Btus input if the combustion air is drawn from inside the structure and one (1) square inch per four thousand (4,000) Btus input if the air is drawn from outside of the structure. There shall be two (2) combustion air vent openings in each furnace room, one (1) located at the lower level and the other at the upper level. Combustion or return openings shall not allow the passage of smoke to the facility.

(K) One (1) combustion air vent opening shall be permitted if the vent opening communicates directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btus input of the total gas appliances located in this room. The gas appliances must be installed per the manufacturer’s instructions with proper clearance or have a minimum clearance of one inch (1") from the sides and back, and six inches (6") from the front of the unit.

(L) Air conditioning, heating, ventilating ductwork, and related equipment shall be installed in a safe manner and be in good operating condition as determined by the Division of Fire Safety.

(M) Any furnace or air handling equipment that has air flow of two thousand (2,000) cubic feet per minute or more, shall have a fan shutdown switch that is interconnected with the fire alarm system.

(N) All elevators shall be inspected bi-annually by a state licensed elevator inspector and shall obtain an annual state operating permit form from the Division of Fire Safety and post it as required.

(O) If any combustibles are stored in a furnace room, they must be enclosed in a metal container.

(8) Electrical Services.

(A) Electrical wiring shall be installed and maintained in good working order. If the Division of Fire Safety considers the wiring to be unsafe for the occupants or if it is installed improperly, an inspection by a licensed electrician may be required prior to fire safety approval. The inspection by the licensed electrician shall be based on the National Fire Protection Association, Chapter 70, *National Electrical Code*.

(B) No electrical extension cords will be allowed, unless approved in writing by the Division of Fire Safety. Extension cords shall not be permanently affixed to the structure or replace permanent wiring. Exception: The use of Underwriters Laboratories, Inc. (UL) approved fused power surge strips is acceptable.

(9) Equivalency Concepts. Nothing in this rule is intended to

prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety as alternatives required by this rule. These alternatives may be used only if technical documentation to demonstrate equivalency and the system, method, or device is submitted and approved by the Missouri Division of Fire Safety.

AUTHORITY: section 630.655, RSMo 2016. Original rule filed Sept. 5, 2003, effective April 30, 2004. Amended: Filed March 20, 2018, effective Nov. 30, 2018.*

**Original authority: 630.655, RSMo 1980.*

9 CSR 45-5.150 Fire Safety for Group Homes Serving 17 or More People

PURPOSE: This rule establishes fire safety requirements for group homes serving seventeen (17) or more people funded through the Medicaid home and community-based waiver. The department delegates its authority for fire safety inspections under this rule to the Department of Public Safety, Division of Fire Safety.

(1) General Requirements.

(A) The staff shall conduct at least one (1) fire drill per month and one (1) natural disaster drill per quarter, with a minimum of two (2) drills, one (1) fire and one (1) natural disaster, conducted annually while the individuals are sleeping. A drill must be conducted within one (1) week of the arrival of a new individual. The staff shall maintain a written record at the facility of the date, type of drill, time required to evacuate the building, whether the evacuation was completed, notation of any problems evacuating, and number of occupants present during the drill.

(B) Unscheduled drills shall be held at the Division of Fire Safety inspector’s discretion.

(C) During severe weather, fire drills may be postponed.

(D) Each fire drill shall evacuate all persons from the building, or evacuate to an area of refuge and defend in place and be conducted as follows:

1. Drills simulate an actual fire condition;
2. Occupants (referred to hereafter as “individuals”) and staff members do not obtain clothing or personal effects after the alarm has sounded;
3. The individuals and staff members proceed to a predetermined point outside the building that is sufficiently remote to avoid fire danger, or to a predetermined point inside of the building; and

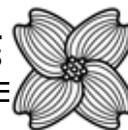
4. Individuals and staff members remain in place until a recall is issued or until they are dismissed.

5. Exception. If there is potential harm to individuals during drills because a resident is medically fragile, the provider may arrange the drill to not involve the medically fragile. However, all individuals who are medically fragile must participate in a drill at least once per year. This must be documented in the home.

(E) No window in a facility shall have bars or any other item placed over them in a stationary manner that would impede a rescue or evacuation.

(F) All flammable/combustible liquids, matches, toxic cleaning supplies, poisonous materials, or other hazardous items shall be stored so as to be inaccessible to the occupants if the occupants cannot handle the materials safely. If there are firearms and/or ammunition on the premises, they shall be kept in a locked space without access by individuals.

(G) Clothes dryers shall be vented to the outside and



maintained per the manufacturer's instructions.

(H) The house numbers shall be plainly visible from the street in case of emergency, at least four inches (4") in height and contrasting color with the building.

(I) Good housekeeping practices ensuring fire safety will be maintained daily.

(J) Stairways, walks, ramps, and porches shall be kept free of ice and snow.

(K) Fresh-cut Christmas trees shall not be used unless they are treated with a flame resistant material and documentation of the treatment is on file at the facility and available for review by the Division of Fire Safety.

(L) Candles and other devices that have an open flame shall not be used indoors. However, short-term supervised use of candles for special occasions or dinners is permitted.

(M) The facility may use a cellular phone when all of the following conditions are met:

1. The phone must always have a signal;
2. The phone must always be charged;
3. The phone must be able to make and receive normal calls;

4. The phone must remain at the facility at all times; and

5. The emergency plan for the facility must address the use of cellular phones.

(N) The facility shall notify the nearest fire department that the facility is in operation and have required documentation completed and signed by the local fire authority (fire department notification form) on file at the facility and available for review by the Division of Fire Safety inspector.

(O) Facilities served by a volunteer or membership fire department shall be a member in good standing with the fire department. A copy of the membership or receipt for membership shall be on file at the facility and available for review.

(P) The facility shall, as soon as possible, no later than the following business day, report any fire in the facility to the Division of Fire Safety office and the Department of Mental Health.

(Q) The Division of Fire Safety may make additional requirements that provide adequate life safety protection if it is determined that the safety of the occupants is endangered. Every building or structure shall be constructed, arranged, equipped, maintained, and operated to avoid danger to the lives and safety of its occupants from fire, smoke, fumes, or resulting panic during the period of time necessary for escape from the building.

(R) Prior to new construction, remodeling existing structures, and any structural alterations to existing facilities, the provider shall submit two (2) copies of plans and specifications prepared to scale for review and approval. One (1) copy shall be submitted to the Department of Mental Health's Licensure and Certification Unit; the second copy to the Division of Fire Safety. The plans shall include a narrative indicating the utilization of each area of the facility. The architect or contractor shall certify in writing that the plans are in compliance with these certification rules. The provider shall not begin construction until the plans have been reviewed and approved by the Division of Fire Safety. All plans for new construction, remodeling, or additions shall comply with the Americans with Disabilities Act, Accessibility Guidelines.

(S) During the construction or remodeling process, the provider shall request a framing and wiring inspection and an inspection for the rough-in wiring for the fire alarm system by the Division of Fire Safety before the walls are enclosed. Failure to have these inspections conducted will result in an

unapproved fire inspection from the Division of Fire Safety.

(T) The ceiling height in all facilities shall be a minimum of seven feet six inches (7'6"). An allowance will be made by the Division of Fire Safety for some areas that are below seven feet six inches (7'6") for the installation of ductwork and plumbing. No more than forty percent (40%) of the ceiling in each room shall be below minimal height, with no portion of the ceiling less than six feet eight inches (6' 8").

(U) Facilities shall comply with all local building codes, fire codes, and ordinances.

(V) The latest edition of the National Fire Protection Association (NFPA), Chapter 101, *Life Safety Code* prevails in the interpretation of these rules.

(W) Each residential facility shall be inspected at least once annually by a Division of Fire Safety inspector. The department will initiate the fire safety inspection. If a facility is found out of compliance with the fire safety rules, the department will apply procedures for achieving compliance as promulgated under 9 CSR 45-5.060.

(2) Means of Egress Requirements.

(A) Each floor occupied in the home shall have not less than two (2) remotely located means of egress. Required means of egress shall not be a window. Each exit door shall not be less than thirty-six inches (36") wide.

(B) Individual sleeping rooms in all new group homes certified after the effective date of this rule shall have two (2) means of egress, or a primary means of egress and a means of escape.

(C) Wheelchairs, walkers, and other support equipment shall not be stored in corridors.

(D) No door in the path of travel to the means of egress shall be less than thirty-six inches (36") wide.

(E) No primary means of escape shall lead through a bathroom, storage room, furnace room, kitchen, garage, or any other room deemed hazardous by the Division of Fire Safety inspector.

(F) All exit doors shall swing in the direction of egress travel and shall have door closures attached.

(G) Emergency lighting that has a battery backup shall be installed to light the path of egress. The location and number of emergency lights shall be determined by the Division of Fire Safety inspector. Emergency lights shall be tested monthly and documentation indicating which lights were tested, the date tested, and the name of the person performing the test kept for review by the Division of Fire Safety.

(H) Lighted exit signs with a battery backup shall be installed above exit doors and as needed throughout the facility to direct the occupants to the exits.

(I) No locks that require a key or special knowledge to unlock the lock from the inside shall be allowed. Delayed egress locks complying with section 7.2.1.6.1 of the 2012 edition NFPA 101 are permitted, provided that no more than one (1) such device is located in any egress path.

(J) Overhead garage doors are not recognized as exit doorways.

(K) Mirrors shall not be placed on exit doors or adjacent to any exit in such a manner to confuse the direction of the exit. All exit doors shall be readily recognizable.

(L) All hallways shall have a clear width of at least thirty-six inches (36") wide and shall be kept free of all articles that might impede the occupants' evacuation from the home.

(M) Dead-end corridors/hallways shall not exceed twenty feet (20').

(N) Each wing or corridor of the facility shall be separated



into fire compartment areas by fire doors and walls, having not less than a one- (1-) hour rating. All fire doors shall be equipped with a door closure and may be held open at all times with an electrical magnetic switch that is interconnected to the fire alarm system.

(O) Facilities initially certified and areas initially approved on or after the effective date of this rule, shall meet the following requirements. All facilities that have a set of stairs, or use stairs as a fire escape shall be constructed as follows:

1. All stairs shall be at least thirty-six inches (36") wide. Fire escapes shall be constructed of noncombustible materials. Existing fire escapes shall be of sturdy construction and, at the discretion of the Division of Fire Safety, may be required to be load tested;

2. A maximum rise of eight inches (8");

3. A minimum tread of nine inches (9");

4. A maximum height between landings of twelve feet (12');

5. A minimum landing size of forty-four inches (44");

6. Handrails placed on both sides of sturdy construction and positioned thirty-four to thirty-eight inches (34"-38") above the tread;

7. An outside diameter of the handrails of at least one and one-fourth inches (1 1/4") and no greater than two inches (2") in size;

8. Handrails with a clearance of at least one and one-half inches (1 1/2") between the handrail and the wall or upright to which it is attached;

9. Spiral staircase or winder is not permitted.

(P) Every ramp used in the component of the means of egress shall be a minimum of forty-four inches (44") wide, and have landings at the top and bottom being the same width as the ramp. Ramp height shall comply with the following:

1. Ramps less than three inches (3") in height have a slope of one inch (1") per eight inches (8") of run;

2. Ramps with a height of three to six inches (3"-6") have a slope of one inch (1") per ten inches (10") of run;

3. Ramps with a height greater than six inches (6") have a slope of one inch (1") per twelve inches (12") of run.

(Q) All ramps shall have a slip-resistant surface and be designed so that water or snow does not accumulate on their surface.

(R) All ramps over ten inches (10") in height shall have guardrails and handrails on both sides.

(3) Travel Distance to Exits.

(A) The travel distance between any room door intended as an exit access or an exit shall not exceed one hundred feet (100').

(B) The travel distance between any point in a room and an exit shall not exceed one hundred fifty feet (150').

(C) At the discretion of the Division of Fire Safety inspector and in consideration of the presence of an automated sprinkler system, the distances in subsections (A) and (B) of this section may be extended by fifty feet (50').

(4) Protection.

(A) Vertical openings shall be protected so that no primary means of egress is exposed to an unprotected vertical opening. The vertical opening shall be considered protected if the opening is cut off and enclosed in a manner that provides a fire-resisting capability of not less than one- (1-) hour and resists the passage of smoke. Any doors or openings shall have fire- and smoke-resisting capability equivalent to that of the enclosure and shall be self-closing or automatic closing.

(B) Exception. Specific residential facilities that were certified prior to the effective date of this rule with twenty- (20-) minute fire barriers shall be considered in compliance with current requirements, unless renovations or significant changes have occurred in the way the building is being used or the number of residents is increased.

(C) Interior stairways shall be closed with one- (1-) hour fire barriers, with all openings equipped with smoke-actuated automatic-closing or self-closing doors having a fire resistance comparable to that required for the enclosure.

(D) All furnace rooms, rooms containing water heaters, boiler rooms, storage rooms, laundry rooms, and all other rooms or areas deemed hazardous by the Division of Fire Safety inspector shall be separated from the remainder of the building by construction having not less than a one- (1-) hour fire resistance rating. All doors to these rooms shall have a self-closing device attached and shall have a minimum one- (1-) hour fire rating.

(E) All doors to sleeping rooms shall have a fire resistance rating of twenty (20) minutes.

(F) All buildings shall be protected throughout by an approved, automatic sprinkler system installed and maintained in accordance with the National Fire Protection Association, Standards for Installation of Sprinkler Systems. Quick response or residential sprinkler heads shall be installed throughout the structure.

(G) The sprinkler system shall initiate the fire alarm system upon activation of water flow.

(H) Tamper switches shall be installed on the sprinkler system valves and shall transmit a supervisory signal to the fire alarm control panel.

(I) All facilities shall have the sprinkler system tested, inspected, and approved annually by a fire sprinkler company. A copy of the test report and approval of the system shall be kept on file at the facility for review by the Division of Fire Safety inspector.

(5) Interior Finish.

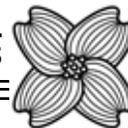
(A) Interior wall and ceiling finishes throughout shall be a minimum Class B finish, as specified in the definition section of these fire safety rules. Textile material having a napped, tufted, looped, woven, non-woven, or similar surface shall not be applied to walls or ceilings. Foam plastic materials or other highly flammable or toxic materials shall not be used as an interior wall, ceiling, or floor finish.

(B) All wall studs, ceiling joists, and floor joists shall be covered with a minimum of Class B finish, and no exposed studs or joists shall be allowed.

(C) Hangings or draperies shall not be placed over exit doors or be located to conceal or obscure any exit. All other hangings and draperies shall be treated with a flame retardant material with verification to this effect on file for the Division of Fire Safety inspector to review. Exception shall be made for small window valances. These exceptions shall be noted on the fire inspection survey.

(6) Detection, Alarms, Extinguishment.

(A) All facilities shall have a full coverage electrical fire alarm system. Pull stations shall be mounted at each exit door. Horns and strobe lights connected to the fire alarm shall be installed throughout the facility. Smoke detectors shall be installed in all sleeping rooms, throughout all corridors, in all living spaces, storage rooms, and offices. Additional smoke detectors may be required by the Division of Fire Safety as deemed necessary. Heat detectors shall be installed in all mechanical



rooms, kitchens, and throughout the attic. The battery backup control panel shall be Underwriters Laboratories, Inc. (UL) or Factory Mutual (F.M.) listed and installed on a dedicated circuit in the breaker box. The fire alarm system shall be installed and maintained in good working order and should be Underwriters Laboratories, Inc. (UL) or Factory Mutual (F.M.) listed. The fire system shall be installed and maintained per the National Fire Alarm Code (NFPA 72) and the *National Electrical Code*.

(B) All smoke detectors that are ten (10) years old or older shall be replaced with new smoke detectors of the same style. The new smoke detectors shall have the installation date written on the side of the detector for the Division of Fire Safety to reference.

(C) All smoke detectors that are connected to a fire alarm system shall be replaced after ten (10) years of service, or recalibrated by the smoke detector's manufacturer. If the smoke detectors are recalibrated, temporary smoke detectors shall be installed so that the fire alarm system continues working properly and providing protection to the occupants while the original smoke detectors are being serviced.

(D) Any facility that has hearing-impaired occupants shall make adequate provisions so that the activation of any fire alarm system shall notify the occupants of the home. The Division of Fire Safety inspector may require additional requirements for the hearing-impaired occupants to insure adequate notification.

(E) Occupant notification shall be provided automatically without delay. Pre-signal systems shall be prohibited.

(F) All facilities shall have the fire alarm system tested, inspected, and approved annually by a fire alarm company and a copy of the test report and approval of the system kept on file at the facility for review by the Division of Fire Safety inspector.

(G) Facilities using any equipment or appliances using wood or fossil fuel, and that pose a potential carbon monoxide risk, including facilities with attached garages, shall install a carbon monoxide detector(s). The detector(s) shall be installed according to the manufacturer's instructions. The Division of Fire Safety inspector may require additional carbon monoxide detectors if the Division of Fire Safety inspector determines that the safety of the occupants is endangered.

1. Carbon monoxide detectors shall be in good operating condition. If a battery-operated detector is not operational, the facility shall install a detector that is powered by the home's electrical system with a battery backup.

2. If an elevated carbon monoxide level is detected during a fire inspection, the facility shall have all gas-fired appliances checked by a heating and air conditioning company to identify the source of the carbon monoxide. Until the facility has documentation on file at the home verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order, and the facility is determined safe by the Division of Fire Safety inspector, the fire inspection shall not be approved.

3. If a level of carbon monoxide is determined that endangers the lives of the occupants, the Division of Fire Safety inspector shall take measures necessary to protect the occupants. This may include evacuation of the building or closing the facility. The facility shall obtain and have on file at the facility, documentation verifying that all gas-fired appliances were checked by a heating and air conditioning company and are in safe working order. The facility shall be reinspected by the fire inspector and determined safe before the occupants can return to the building or the facility can reopen.

(H) At least one (1) portable (five pound (5 lb)) 2A-10B:C

fire extinguisher shall be required in all facilities. One (1) fire extinguisher shall be located in the kitchen. Additional fire extinguishers shall be placed throughout the facility, with a travel distance no greater than seventy-five feet (75') between fire extinguishers. Additional fire extinguishers may be required by the Division of Fire Safety inspector depending on the floor plan arrangement of space and the number of levels used.

(I) Fire extinguishers shall be installed and maintained according to the instructions of the Division of Fire Safety inspector and inspected and approved annually by a fire extinguisher company. Documentation of the inspection and approval shall be on file at the facility and available for review by the Division of Fire Safety inspector.

(J) Facilities using a commercial stove, deep fryer, or two (2) home type ranges placed side by side, or a home type range that produces a grease laden vapor shall be equipped with a range hood and extinguishing system with an automatic cutoff of the fuel supply and exhaust system in case of fire. The Division of Fire Safety inspector shall inspect these systems to insure they are in good working condition and installed/maintained correctly. The Division of Fire Safety inspector shall base this inspection on the National Fire Protection Association, Chapter 96, *Standard for Fire Protection of Commercial Cooking Operations*.

(K) The range hood fire extinguishment system shall be connected to the control panel of the fire alarm system. The activation of the range hood fire extinguishment system shall cause the fire alarm system to activate throughout the building.

(7) Heating, Ventilating, Air Conditioning, and Mechanical Equipment.

(A) Unvented fuel-fired room heaters, portable electric space heaters and floor furnaces shall not be permitted for use.

(B) No facility shall be allowed to heat the home with a wood burning stove, fireplace, or wood burning furnace located inside of the structure as a primary source of heat.

(C) All gas and electric heating equipment shall be equipped with thermostatic controls. All water heaters, if gas fired, shall have the exhaust properly vented with galvanized pipe with screws at all joints or with a material recommended by the manufacturer. All water heaters shall have a properly sized pressure relief valve installed with a drip leg. The drip leg pipe on the pressure relief valve shall extend to approximately six inches (6") above the floor and shall be of rigid material such as copper or black iron pipe. Chlorinated polyvinyl chloride (CPVC) or PVC pipe can only be used if manufactured specifically for use on drip legs. No drip leg may be reduced in size from the opening of the temperature and pressure valve.

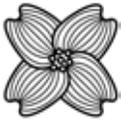
(D) Facilities with a water heater two hundred thousand British thermal units (200,000 Btus) per hour input or larger, or that is heating with a boiler, shall have a valid permit from the Division of Fire Safety posted on the premises. A copy of the permit shall be kept on file at the Division of Fire Safety.

(E) All furnace rooms shall be properly vented. Furnace flue pipes shall be constructed of galvanized pipe or material recommended by the manufacturer. All galvanized pipe shall be secured by screws at every joint in the pipe.

(F) All joints in the gas supply pipe shall be located outside of the furnace cabinet housing.

(G) A gas shutoff valve shall be located next to all gas appliances, furnaces, and hot water heaters.

(H) All furnaces shall be equipped with an electrical fused switch to protect the unit from electrical overloading and to



disconnect the electrical supply.

(I) If a furnace or water heater is located inside a garage, the burner or ignition source shall be at least eighteen inches (18") above the finished floor and enclosed inside a fire resistant room as described in subsection (4)(C) of this rule having a fire rating of thirty (30) minutes. The door to this room shall also have a minimum thirty (30) minute fire rating and have a door closure attached. Open penetrations, including combustion air or return air vents, shall not be allowed to penetrate these enclosures or doors. Louvers that close on activation of the fire alarm or smoke detectors are allowed.

(J) All furnace rooms and rooms containing the gas water heater shall have adequate combustion air for the units. The vent size opening for the combustion air shall be measured at one (1) square inch per one thousand (1,000) Btus input if the combustion air is drawn from inside the structure and one (1) square inch per four thousand (4,000) Btus input if the air is drawn from outside of the structure. There shall be two (2) combustion air vent openings in each furnace room, one (1) located at the lower level and the other at the upper level. Combustion air or return air vents shall not penetrate the rated or smoke enclosure.

(K) One (1) combustion air vent opening shall be permitted if the vent opening communicates directly to the outside of the structure. This opening shall be one (1) square inch per three thousand (3,000) Btus input of the total gas appliances located in this room. The gas appliances must be installed per the manufacturer's instructions with proper clearance or have a minimum clearance of one inch (1") from the sides and back, and six inches (6") from the front of the unit.

(L) Air conditioning, heating, ventilating ductwork, and related equipment shall be installed in a safe manner and be in good operating condition as determined by the Division of Fire Safety inspector.

(M) Any furnace or air handling equipment that has airflow of two thousand (2,000) cubic feet per minute or more, shall have a fan shutdown switch that is interconnected with the fire alarm system.

(N) All elevators shall be inspected bi-annually by a state licensed elevator inspector and shall obtain an annual state operating permit form from the Division of Fire Safety and post it as required.

(O) If any combustibles are stored in a furnace room, they must be enclosed in a metal container.

(8) Electrical Services.

(A) Electrical wiring shall be installed and maintained in good working order. If the Division of Fire Safety considers the wiring to be unsafe for the occupants or if it is installed improperly, an inspection by a licensed electrician may be required prior to fire safety approval. The inspection by the licensed electrician shall be based on the National Fire Protection Association, Chapter 70, *National Electrical Code*.

(B) No electrical extension cords will be allowed, unless approved in writing by the Division of Fire Safety. Extension cords shall not be permanently affixed to the structure or replace permanent wiring. Exception: The use of UL approved fused power surge strips is acceptable.

(9) Equivalency Concepts. Nothing in this rule is intended to prevent the use of systems, methods, or devices of equivalent or superior quality, strength, fire resistance, effectiveness, durability, and safety as alternatives required by this rule. These alternatives may be used only if technical documentation to demonstrate equivalency and the system, method, or device is

submitted and approved by the Missouri Division of Fire Safety.

AUTHORITY: section 630.655, RSMo 2016. Original rule filed Sept. 5, 2003, effective April 30, 2004. Amended: Filed March 20, 2018, effective Nov. 30, 2018.*

**Original authority: 630.655, RSMo 1980.*