
Rules of
Department of Mental Health
Division 40–Licensing Rules
Chapter 4–Rules for Community Residential Facilities
Not Licensed by the Division of Aging
and Psychiatric Group Homes II

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**Title 9—DEPARTMENT OF
MENTAL HEALTH**

**Division 40—Licensing Rules
Chapter 4—Rules for Community
Residential Facilities Not Licensed
by the Division of Aging and
Psychiatric Group Homes II**

9 CSR 40-4.010 Physical Plant
(Rescinded January 15, 1984)

**9 CSR 40-4.030 General Medical and
Health Care**
(Rescinded January 15, 1984)

**9 CSR 40-4.034 General Medical and
Health Care for the Mentally Disordered**

*Emergency rule filed Sept. 20, 1983,
effective Oct. 1, 1983, expired Jan. 15,
1984.*

9 CSR 40-4.050 Food Services
(Rescinded January 15, 1984)

9 CSR 40-4.070 Adequate Staff
(Rescinded January 15, 1984)

**9 CSR 40-4.074 Adequate Staff for the
Mentally Disordered**

*Emergency rule filed Sept. 20, 1983,
effective Oct. 1, 1983, expired Jan. 15,
1984.*

9 CSR 40-4.095 Recordkeeping

*PURPOSE: This rule prescribes
requirements for a uniform system of
recordkeeping in all community resi-
dential facilities and Psychiatric Group
Homes II as required by section
630.710, RSMo.*

(1) The facility shall keep records on all residents admitted to the facility and shall retain these records for at least five (5) years following the death or discharge of the residents.

(2) The facility shall keep active records complete with current information and readily available for review by the department, the state fire marshal's inspectors or other persons authorized by law.

(3) Records shall be stored in a manner so as to properly safeguard confidentiality.

(4) Individual resident records shall include the following:

(A) Admissions forms containing resident's name, Social Security number, date of birth, place of birth, sex, race, height, weight, color of hair, color of eyes, identifying marks, religion, marital status, photograph sufficiently recent to be used for identification purposes and language spoken or used in natural home if not English; name, address and the telephone number of parents, guardians, next of kin or other responsible party; date of admission, diagnosis and age at onset of disability if known; type and legal status of admission to the facility, sources of financial support and insurance including burial plans and the name, address and telephone number of personal physician;

(B) Signed consent for placement signed by the appropriate department representative and the client or guardian;

(C) Reports of any sudden change in condition, injury, accident or deviation from routine delivery of services shall be entered at the time of occurrence;

(D) Reports of comprehensive evaluations and annual physical examinations, including vision and hearing screening where indicated;

(E) Medications and treatment orders, records of all drugs and medical treatment administered, special diets, immunization records, report of corrective dental work, results of laboratory tests, pelvic examinations, complete blood counts, tuberculin control tests, urinalysis, record of seizures and record of menses;

(F) Restraint and protective devices orders, if any;

(G) Individualized education plan (IEP) and school record, if attending;

(H) Plans for educational/vocational goals and activities;

(I) Quarterly height if in developmental period, and monthly weight; and

(J) The individualized habilitation or treatment plan, including data collection on behavioral objectives and progress.

(5) The facility shall have entries in the resident's record signed and dated by the person making the entry.

(6) If consultation services are either required or paid for by the department, the consultant shall make written reports of findings and recommendations. Recommendations regarding individual residents shall be entered in the resident's personal file. Recommendations regarding the facility as a whole shall be entered in the facility file.

(7) The facility shall retain on its premises, and make available for public inspection to staff, residents, their families or legal representative, and the public, a complete copy of each official notification from the department of violations, deficiencies, licensure approvals, disapprovals and responses, a description of services and charges for services.

(8) Each facility shall maintain a permanent chronological resident registry book showing the date of admission, name of resident, date of discharge and destination at time of discharge.

(9) The head of the facility shall implement a uniform bookkeeping system which is adequate to meet the needs of the facility and is consistent with standard accounting practice.

(10) The facility shall maintain a record of each resident's money and valuable belongings kept on his/her behalf. The record shall be initialed at the time of admission and shall be kept current with written receipts for all personal possessions and funds received by or deposited with the facility and for all disbursements made to or on behalf of the residents. The facility shall keep a record of the resident's clothing at admission.

(11) The facility shall maintain separate bookkeeping accounts with backup documentation, receipts and notations for each of the following:

(A) Personal spending and clothing;

(B) Medication; and

(C) Each additional special service paid for by the department.

(12) The facility shall maintain a record of scheduled and unscheduled fire and catastrophic drills. The record shall indicate any failures on the part of staff or residents to respond properly during the drill.

(13) The facility shall maintain on file all statements of its policies and procedures.

(14) Each facility shall maintain a personnel file for each employee containing an application for employment which shall include the Social Security number, home address, phone number, health records, reference letters, educational background, work experience with date of employment, reasons for leaving, record of attendance at initial training courses and other workshops, type of position to be filled in the facility and periodic job performance evaluations. Reports of tuberculin control tests and statements that the employee has been screened for communicable diseases



shall also be kept on each employee. Individual personnel records must be made available to the inspectors at the facility at the time of the inspection.

(15) The facility shall furnish the department with reports as may be requested. Proper safeguards to protect the rights of residents and employees shall be maintained.

(16) Every facility shall keep a current table of organization on file.

(17) Each facility shall keep a record of the names and number of hours worked by employees.

(18) Each facility shall keep a signed agreement, approved by the department, with a hospital or center capable of providing treatment to residents in a medical emergency.

(19) Each facility shall keep records of epidemic outbreaks in the facility file.

(20) The facility shall maintain and make available to the department other records that the department may require.

(21) In each Psychiatric Group Home II, a sign-out log shall be maintained. Each resident shall be required to notify staff and to sign out before leaving the premises and to sign in upon returning. Sign-out logs will include where the resident is going and expected time of return.

*AUTHORITY: sections 630.050 and 630.705, RSMo (1994). * Original rule filed Oct. 13, 1983, effective Jan. 15, 1984. Amended: Filed March 14, 1984, effective Aug. 15, 1984. Amended: Filed Jan. 2, 1990, effective June 11, 1990. Amended: Filed July 17, 1995, effective March 30, 1996.*

**Original authority: 630.050, RSMo (1980), amended 1993, 1995 and 630.705, RSMo (1980), amended 1982, 1984, 1985, 1990.*

9 CSR 40-4.115 Admission Criteria

PURPOSE: This rule prescribes criteria for admission in all community residential facilities except Psychiatric Group Homes II as required by section 630.710, RSMo.

(1) Each resident shall have an individualized habilitation or treatment plan either prior to admission or within thirty (30) days of admission.

(2) The facility shall follow its written policies and procedures as approved by the department for resident admission. The facility shall describe how its program is especially designed to meet the needs of the residents it admits and any other client groups served.

(3) The facility shall not admit more residents than its licensed capacity.

(4) If a facility admits a residents whose special needs exceed the facility's ability to provide for adequate medical care or programming as described in the individual habilitation or treatment plan, the facility shall arrange for the provision of the necessary support services.

(5) The facility shall not admit any residents unless the facility has adequate fencing around swimming pools, ponds, sewage lagoons, liquefied petroleum gas (LPG) tanks and other potentially hazardous areas.

(6) The head of a facility licensed as a semi-independent living arrangement shall have evidence supporting the following with respect to each residents:

(A) The resident can evacuate the facility without assistance in case of an emergency unless the following conditions are met:

1. The residents are not in need of constant supervised medical/nursing care;

2. The residents do not have behaviors that are detrimental to themselves or others;

3. The entire building is covered by a full alarm system, including a fire sprinkler system;

4. Each living unit has at least three (3) exits; one (1) of the required exits leads directly outside from the living area at grade level and one (1) of them leads outside from the bedroom at grade level. Exit doors leading outside are equipped with paddle-type hardware mounted close to the floor; and

5. All exits from living units leading to interior corridors are solid core doors and fit tightly so as to prevent the passage of smoke;

(B) The resident has adequate skills or is ready for training in cooking, use of hot water above one hundred fifteen degrees Fahrenheit (115°F), use of toxic chemicals and self-administration of medication, which skills are adequate in consideration of the facility's policies, procedures and staffing to assure the safety of the resident.

1. If the record documents that a resident cannot use toxic chemicals or does not respect the danger of toxic chemicals, their use and storage shall be such that the resident never has access to them. Procedures shall require that toxins are always kept locked

unless in use. Procedures shall include precautions to be utilized when toxins are in use.

2. If the record documents that the resident cannot safely use hot water, hot water at all taps accessible to the resident shall be kept below one hundred fifteen degrees Fahrenheit (115°F). Use of hot water includes the ability to distinguish hot faucets from cold faucets, to manipulate faucets and to call for help in emergencies.

3. If residents self-administer medications, authorization to do so shall be included in the doctor's orders and approved by those persons participating in the development of the individualized habilitation plan (IHP). If the required authorization is not documented in each resident's record or if, despite the documentation, a facility chooses to distribute or administer medications, the following guidelines apply:

A. All staff administering medications shall have completed a course in medications administration approved by the placement office or regional center;

B. The record shall have doctor's orders for all medications being administered except for nonprescription topical medications;

C. The same person who prepares the medication shall also administer it and chart it at the time it is administered; and

D. Doctor's orders shall be reviewed every ninety (90) days;

(C) The resident is ready for training or has acquired adequate self-care skills including, but not limited to, personal hygiene, laundry, grooming, eating skills, telephone use and money management;

(D) The resident is capable of competitive employment, employment in a sheltered workshop or a job-training program or, if elderly, is capable of participating in leisure time activities and programs; and

(E) The resident can function safely within the physical environment of a living unit.

(7) Within thirty (30) days of admission, each resident who is mentally retarded or developmentally disabled shall be screened for hepatitis B unless his/her medical record indicates one (1) of the following:

(A) S/he has been previously immunized from hepatitis B; or

(B) S/he has been found to be immune by previous screening.

*AUTHORITY: sections 630.050 and 630.705, RSMo (1994). * Original rule filed Oct. 13, 1983, effective Jan. 15, 1984. Amended: Filed March 14, 1984, effective Aug. 15, 1984. Amended: Filed July 15, 1985, effective Feb. 1,*

1986. Amended: Filed Sept. 4, 1985, effective Feb. 1, 1986. Amended: Filed Jan. 2, 1990, effective June 11, 1990. Amended: Filed April 1, 1993, effective Dec. 9, 1993. Amended: Filed July 17, 1995, effective March 30, 1996.

**Original authority: 630.050, RSMo (1980), amended 1993, 1995 and 630.705, RSMo (1980), amended 1982, 1984, 1985, 1990.*

9 CSR 40-4.116 Admission Criteria for Psychiatric Group Homes II

PURPOSE: This rule prescribes criteria for admission to Psychiatric Group Homes II as required by section 630.710, RSMo.

(1) Each resident shall have an individualized treatment plan either prior to admission or within thirty (30) days of admission.

(2) The facility shall follow its written policies and procedures for the admission of residents. The facility shall describe how its program is especially designed to meet the needs of the residents it admits.

(3) The facility shall not admit more residents than its licensed capacity.

(4) The facility shall not admit, nor keep in residence, any person whose special needs exceed the facility's provisions for medical care or for adequate programming as described in the individualized treatment plan.

(5) The facility shall not admit any residents under the age of seventeen (17) years.

(6) The facility shall not admit any residents over the age of twenty-one (21) years.

(7) When the facility retains a resident older than twenty-one (21) years, the facility shall provide documentation in the resident file as follows:

(A) For clients of the Department of Mental Health (DMH), the documentation shall include an approval by the director of the regional placement office for continuing the placement; and

(B) For residents who are not clients of DMH, the documentation shall include a statement from a board-eligible or certified psychiatrist indicating the clinical justification for continuing the resident's placement.

(8) The facility shall admit any persons with a psychiatric diagnosis of one (1) of the following:

- (A) Schizophrenic disorders;
- (B) Behavior or conduct disorders;
- (C) Bipolar disorders;
- (D) Major depression recurrent;
- (E) Organic brain syndrome of which one (1) or more previously mentioned disorders is a major component of behavior;
- (F) Attention deficient disorder;
- (G) Personality disorders (except antisocial);
- (H) Obsessive compulsive disorders; and
- (I) Paranoid disorder.

(9) The facility shall not admit anyone with a primary diagnosis of mental retardation, alcoholism or drug abuse.

(10) The facility may admit residents who require mechanical or human assistance to evacuate, if admitted in accordance with 9 CSR 40-4.155(2).

*AUTHORITY: sections 630.050 and 630.705, RSMo (1994). * Original rule filed July 17, 1995, effective March 30, 1996.*

**Original authority: 630.050, RSMo (1980), amended 1993, 1995 and 630.705, RSMo (1980), amended 1982, 1984, 1985, 1990.*

9 CSR 40-4.135 Care, Treatment, Habilitation and Rehabilitation

PURPOSE: This rule prescribes requirements for services and supports in all community residential facilities and Psychiatric Group Homes II as required by section 630.710, RSMo.

(1) Every resident of a licensed community residential facility and Psychiatric Group Home II shall have an individualized treatment plan (ITP) or individualized habilitation plan (IHP). The plan shall be reviewed at least quarterly and updated annually. The annual update of the plan shall be implemented within three hundred sixty-five (365) days after the implementation of the previous plan.

(2) The IHP or ITP shall be person-centered and shall address community membership and involvement, resident choice and positive relationships with people who are not paid staff.

(3) The responsibility for the development, monthly or quarterly review and annual update of the ITP or IHP shall be as follows:

(A) The head of the facility is responsible for the plan with respect to residents who are not clients of the department; and

(B) The regional center, department facility, or administrative agent or designee shall be responsible for the plan with respect to residents who are clients of the department but the head of the facility shall participate in the development of the plan, the monthly or quarterly reviews and annual updates.

(4) The head of the facility shall assure that the resident participates in the development of the individualized habilitation or treatment plan.

(5) The IHP for each resident of a semi-independent living arrangement shall include affirmative evidence that the resident had been assessed for skills relating to hot water and toxic chemicals. If a resident cannot safely use hot water and toxic chemicals, it shall be so documented in the record.

(6) The person responsible for implementation of individual objectives of the ITP or IHP shall collect data on their implementation and shall prepare a monthly summary.

(7) The head of the facility shall schedule social and recreational activities both in the facility and in the community.

(8) School-age residents shall be enrolled in the local public school, state school for the severely handicapped or private school approved by the Department of Elementary and Secondary Education, except as provided for in section (8).

(9) If a school-age resident is not enrolled in school, the head of the facility shall document in the resident's record efforts that have been taken to involve the resident and why these efforts have failed.

(10) The facility shall assure every resident an adequate supply of neat, clean, suitable and seasonable clothing. Clothing shall be appropriate to the resident's age and to the occasion. Identification marks on clothing shall be unobtrusive.

(11) The facility shall provide each resident his/her own toothbrush, washcloth, towel, and comb, hairbrush, or both. Personal hygiene items shall be stored in such a way so as to maintain sanitary conditions and prevent transmission of communicable diseases. Adult residents shall have individual shaving equipment as appropriate.

(12) The facility shall train residents in activities of daily living skills.

(13) Except in semi-independent living arrangements, every resident shall have a tub bath or shower daily.

(14) The facility shall provide training in eating skills and in the use of adaptive equipment where it serves the eating-skill development process.

(15) If a facility does not have trained staff or otherwise is incapable of meeting sections (16)—(26) regarding seclusion, restraints or time-outs, the head of the facility shall arrange for the transfer of the resident requiring restraints to a state-operated facility or other appropriate facility.

(16) The facility shall not use seclusion or aversive stimuli.

(17) The facility shall not use physical restraint, mechanical restraint or chemical restraint for—

- (A) The convenience of staff;
- (B) Punishment;
- (C) A substitute for activities or programs; and
- (D) A degree or in a quantity that interferes with a resident's habilitation or treatment plan.

(18) The facility shall not use physical restraint, mechanical restraint, chemical restraint or protective devices unless—

- (A) It is necessary to protect the resident or others from serious physical injury;
- (B) Less restrictive alternatives have failed;
- (C) Authorization is obtained in accordance with section (20);
- (D) It is applied by staff trained in the use of restraints; and
- (E) It is applied in a way that will not cause physical injury, bodily discomfort or psychological trauma to the resident.

(19) If a facility has a policy prohibiting the use of physical restraint, that policy shall be in writing and stipulate the following:

- (A) The facility specifically states in writing that it will never use physical restraint under any circumstances;
- (B) The policy prohibiting use of physical restraint is appropriate and realistic for residents being served;
- (C) The admission criteria would prohibit admitting any resident who would likely need to be physically restrained; and
- (D) The facility describes how explosive behavior will be managed without the use of physical restraint.

(20) The facility shall not use restraint or protective devices unless it has been authorized as follows:

(A) In emergency situations, physical restraint may be applied without prior authorization;

(B) Chemical restraint and mechanical restraint shall require a prior written order from the attending physician and the approval of the head of the facility. An authorization, including *pro re nata* (PRN) orders shall be for a single application only. In an emergency, a physician may give or change an order by telephone but the order shall be signed by the physician within forty-eight (48) hours; and

(C) Protective devices shall require a prior order from the attending physician, the approval of the head of the facility and except in emergencies, the approval of the interdisciplinary team. PRN orders shall be allowed if renewed every ninety (90) days and are in compliance with section (20).

(21) The facility shall require orders for mechanical restraint, chemical restraints and protective devices to include:

- (A) The name of the resident;
- (B) The name and signature of the person(s) ordering the restraint or protective device;
- (C) The reason for ordering the restraint or protective device including specific behavior and the frequency of behaviors that led to the order and what less restrictive alternatives had been attempted; and
- (D) The type and duration of the restraint or protective device.

(22) The facility shall limit the duration of restraint as follows:

- (A) An application of physical restraint shall end as soon as the precipitating causes have ended;
- (B) An application of mechanical restraint shall end as soon as the precipitating causes have ended or be evaluated after two (2) hours and continued by order of the physician; and
- (C) An application of a protective device shall end as specified by a physician in a current order.

(23) The facility shall have residents checked periodically as follows:

- (A) Residents under chemical restraint shall be checked as specified by the attending physician, but not to exceed two (2) hours, in terms of the effect of the medication. Checks shall be made by staff trained in the administration of medications; and
- (B) Residents under mechanical restraints shall be checked every fifteen (15) minutes in terms of the resident's comfort, body adjustment and circulation. After one (1) hour, a

resident in mechanical restraint shall be given an opportunity for motion and exercise.

(24) When behavior necessitating restraint recurs beyond the initial twenty-four (24)-hour period more than once (1) within a week or twice (2) within a month, the head of the facility and the interdisciplinary team shall immediately develop a plan to respond to the behavior in a systematic manner in order to reduce the likelihood of its recurrence. This plan shall be incorporated in the resident's individualized habilitation or treatment plan and shall include:

- (A) Behavior to be eliminated;
- (B) Less restrictive methods and medications used;
- (C) Current method and medications to be used;
- (D) Schedule for use of the method;
- (E) Person responsible for the program; and
- (F) Data to be collected to assess progress toward the objective.

(25) The facility shall use time-out only as follows:

- (A) A resident is placed in time-out only under conditions set out in a written behavior modification program incorporated in his/her individualized habilitation or treatment plan;
- (B) The resident's IHP or ITP identifies the precise behavior which may precipitate time-out and identifies staff persons authorized to implement time-out procedures;
- (C) A single time-out period does not exceed fifteen (15) minutes;
- (D) The date, time and duration of each time-out period shall be documented in the resident's file; and
- (E) The client is not placed alone in a locked room.

(26) Temporary exclusion or removal of a resident as a behavior control method but not as a formal behavior modification procedure shall be governed by written policies regarding control and discipline, as required by 9 CSR 40-2.075(2)(A)3.E.

(27) Mechanical supports are not considered restraints.

(28) Mechanical supports shall be prescribed by a licensed physician, designed and applied under the supervision of a registered occupational therapist, physical therapist, registered nurse or physician, who shall issue an order indicating how often residents shall be checked for proper body alignment, circulation, position change and other bodily functions which might be affected by use of mechanical supports. The orders shall be

reviewed at least quarterly by the physician, occupational therapist, physical therapist or registered nurse. Residents in mechanical supports shall be checked at a minimum of twice daily, upon application of the supports and upon their removal unless more frequent checks are required by the order.

(29) A notation of all observations and checks of the person placed under restraint, in time-out or in mechanical supports shall be entered in the resident's record.

(30) Physical and mechanical restraints shall only be applied by staff who have completed a department-approved training program on the application and use of restraints.

*AUTHORITY: sections 630.050 and 630.705, RSMo (1994). * Original rule filed Oct. 13, 1983, effective Jan. 15, 1984. Amended: Filed March 14, 1984, effective Aug. 15, 1984. Amended: Filed July 15, 1985, effective Feb. 1, 1986. Amended: Filed Jan. 2, 1990, effective June 11, 1990. Amended: Filed April 1, 1993, effective Dec. 9, 1993. Amended: Filed July 17, 1995, effective March 30, 1996.*

**Original authority: 630.050, RSMo (1980), amended 1993, 1995 and 630.705, RSMo (1980), amended 1982, 1984, 1985, 1990.*

9 CSR 40-4.145 Maintenance, Housekeeping and Laundry

PURPOSE: This rule prescribes maintenance, housekeeping and laundry requirements for all community residential facilities and Psychiatric Group Homes II as required by section 630.710, RSMo.

(1) The facility shall have an effective plan for maintenance and housekeeping including sufficient staff, equipment and supplies. The facility shall—

(A) Maintain the building in good repair and in a safe, clean and orderly condition;

(B) Maintain walls, ceilings and floors in good repair and free from peeling wallpaper or paint, cracks or holes, loose or cracked tiles or carpeting, loose handrails or railings, loose or broken windows and other similar hazards;

(C) Maintain the interior and exterior finishes of the building in a clean, attractive and safe condition;

(D) Maintain carpeting, draperies, furniture and other furnishings in a clean, attractive and safe condition;

(E) Maintain the electrical system including electric wires and appliances in a safe and functioning condition;

(F) Maintain plumbing, heating and fire protection systems in a safe and functioning condition;

(G) Maintain the facility including basements, attics, stairwells and unoccupied rooms to minimize fire hazards;

(H) Maintain the grounds and other buildings on the grounds, regardless of whether or not they are intended for resident use, in a safe, sanitary and presentable condition;

(I) Maintain temperature and humidity within normal comfort range by heating, air conditioning or other means;

(J) Prevent odors; and

(K) Store refuse so as to be inaccessible to vermin and not to create a nuisance.

(2) The facility shall have a pest-control program which eliminates insects and rodents from buildings. The facility shall use and store chemicals in a safe, cautious manner to avoid poisonous or toxic contamination.

(3) The facility shall provide laundry services either commercially or within the facility. The facility shall—

(A) Provide space for sorting, processing and storage of soiled linens separate from space used for clean linens;

(B) Provide for the prewash of linens soiled by incontinent residents;

(C) Vent dryers properly;

(D) Assure that each resident has a minimum of two (2) complete sets of linen, to allow one (1) set to be in use and one (1) set on reserve. One (1) set of linen identified as follows: One (1) bath towel, one (1) face or hand towel, one (1) pillowcase, two (2) sheets and one (1) washcloth; and

(E) Assure that at least one (1) clean set of linen is available to each resident at all times.

*AUTHORITY: sections 630.050 and 630.705, RSMo (1994). * Original rule filed Oct. 13, 1983, effective Jan. 15, 1984. Amended: Filed March 14, 1984, effective Aug. 15, 1984. Amended: Filed July 17, 1995, effective March 30, 1996.*

**Original authority: 630.050, RSMo (1980), amended 1993, 1995 and 630.705, RSMo (1980), amended 1982, 1984, 1985, 1990.*

9 CSR 40-4.155 Fire Safety

PURPOSE: This rule prescribes fire safety requirements for all community residential facilities and Psychiatric

Group Homes II, as required by section 630.710, RSMo.

Editor's Note: The secretary of state has determined that the publication of this rule in its entirety would be unduly cumbersome or expensive. The entire text of the material referenced has been filed with the secretary of state. This material may be found at the Office of the Secretary of State or at the headquarters of the agency and is available to any interested person at a cost established by state law.

(1) The facility shall be protected as follows:

(A) Facilities with less than four (4) residents shall have at least one (1) Underwriters' Laboratory (UL) or Factory Mutual (FM) individual home-type detector on each floor and in each hazardous area. A home-type detector is one powered by an individual battery and which senses smoke or smoke and heat and sounds an audible alarm. The number and location of detectors shall be determined by the fire marshal's inspector. Detectors shall be tested monthly and batteries shall be changed as needed. A record shall be kept of the dates of testing and changing of batteries;

(B) Facilities having four (4) or more residents shall have a full coverage electrical fire alarm system with battery backup, a master control panel, smoke detectors, heat sensors and pull station. All equipment must be UL- or FM-certified. A zone locator shall be required for more than ten (10) residents unless the facility was licensed prior to July 11, 1983, for more than ten (10) residents without having a zone locator; and

(C) Fire protection equipment required under this section shall be installed in accordance with National Fire Protection Association (NFPA) codes.

(2) The facility shall have departmental approval and an electrical alarm system including a full coverage fire sprinkler system prior to—

(A) Placing any resident above the second floor; and

(B) Placing above or below the first floor any resident who requires mechanical or human assistance to evacuate the facility.

(3) Approved, portable fire extinguishers shall be located on each floor of the facility so that no person will have to travel more than one hundred feet (100') from any point to reach the nearest extinguisher. Additional, approved fire extinguishers, type A-B-C or extinguishing systems, shall be provided for every kitchen, laundry, storage room, boiler

room, furnace room, elevator motor room and other mechanical equipment rooms. All personnel employed in the facility shall be instructed in the operation of the fire alarm system and the various types of extinguishers.

(4) Fire alarm systems and sprinkler systems shall be inspected annually by a competent authority who shall test and certify in writing that the system is operating properly. Annual inspections performed for insurance purposes are acceptable.

(5) In facilities having twenty (20) or more residents dining together or having a commercial stove or deep fryer, every cooking range and deep fryer shall be provided with a range hood and extinguishing system with automatic cutoff of fuel supply and exhaust system in case of fire.

(6) The facility shall provide adequate fencing around swimming pools, ponds, sewage lagoons, liquefied petroleum gas (LPG) tanks and other potentially hazardous areas.

(7) Combustible supplies and equipment, the contents of which are easily ignited, burn with an intense flame or result in the production of dense smoke or fumes (for example, oil base paint, paint thinner, cleaning supplies and gasoline), shall be separated from other parts of the building in accordance with stipulations of state and local fire authorities.

(8) The boiler or heating room shall be separated from the rest of the living quarters by construction as required under state or local fire regulations. The heating unit and boiler shall be inspected annually and approved by qualified authorities such as service representatives of a commercial heating company or a public utility company.

(9) The heating of residential facilities shall be restricted to steam, hot water or warm air systems employing either central heating plants with installation so as to safeguard the inherent fire hazard or approved installations of outside wall heaters which bear the approved label of the American Gas Association or the American Insurance Association. Alternate modern types of heating systems may be accepted, if approved by the department. The use of portable heaters of any kind is prohibited. If approved wall heaters are used, adequate guards shall be provided to safeguard residents. The heating apparatus employed shall not constitute a burn hazard to the residents. Floor-type heaters or furnaces shall not be permitted. All doors to the boiler and furnace room shall be solid core or equivalent and be self-clos-

ing. There shall be adequate ventilation to the outside atmosphere to properly support combustion in the furnace.

(10) Heating and ventilation systems and equipment shall be installed and maintained in compliance with standards of the American Insurance Association or American Gas Association.

(11) All artificial lighting shall be restricted to electricity. Electric wiring, motors and other electrical equipment shall be in compliance with the *National Electric Code*.

(12) The use of wood, gas or electric fireplaces shall not be permitted unless they are installed in compliance with National Fire Protection Association codes and the facility has prior approval of the department.

(13) Exits shall meet the following requirements:

(A) Each floor used by residents and each living unit in semi-independent living arrangements shall have at least two (2) exits remote from each other. At least one (1) of these exits must lead directly outside at ground level or to an outside stairway or to an enclosed stairway that is separated by one and one-half (1 1/2)-hour fire-resistant rating construction from each floor and has an exit leading directly to the outside. Neither of the required exits shall lead through a furnace room, a boiler room, a bedroom or a bathroom. (This subsection does not apply to family living arrangements described in section (14) of this rule.);

(B) In facilities with twenty (20) or more residents, neither of the required exits shall be through a kitchen. This subsection does not apply to the individual living units of semi-independent living arrangements;

(C) Outside stairways shall be substantially constructed to support residents during evacuation. They shall be kept clear of ice and snow. Newly constructed fire escapes shall be at least thirty-six inches (36") wide, shall have either eight-inch (8") maximum risers, nine-inch (9") minimum tread, no winders, maximum height between landings of twelve feet (12'), minimum dimensions of landing of forty-four inches (44"), landings at each exit door, handrails on both sides and be of sturdy construction using at least two-inch (2") lumber and shall be continuous to ground level. Exit(s) to newly constructed fire escapes shall be at least thirty-six inches (36") wide and the door shall swing outward. Outside stairways in facilities with three (3) or more stories shall be constructed of iron or steel;

(D) The facility shall keep all means of egress, including exits, corridors, passageways, aisles and exit through rooms free of any item that would obstruct the exit route;

(E) Every resident's sleeping room, unless it has a door opening to the outside at ground level, shall have an exit access door leading directly to a corridor which leads to an exit. Exit doors shall be at least thirty inches (30") wide;

(F) Exits shall be so placed that the entrance door of every resident's bedroom and of every living, dining and activity room is no more than one hundred feet (100') along the line of travel from the nearest exit. This distance may be increased up to one hundred fifty feet (150') if the entire building is completely protected by a standard automatic sprinkler system;

(G) Corridor length between smokestop partitions, horizontal exits or from either to the end of the corridor on any resident sleeping floor shall not exceed one hundred fifty feet (150');

(H) Corridors, aisles or passageways to be used as a means of horizontal exit shall be at least thirty-four inches (34") wide;

(I) Exits shall be at least thirty inches (30") wide except for newly constructed doorways which shall be at least thirty-six inches (36") wide. In facilities with eleven (11) or more residents or nonambulatory residents, exit doors shall swing outward. Locks, if provided, shall not require the use of a key from the inside of the building. A latch or other fastening device shall be provided with a knob, handle, panic bar or other simple type of releasing device;

(J) Facilities with four (4) or more residents, including semi-independent living arrangements with four (4) or more residents, shall have emergency lighting for exits, stairs and corridors. The emergency lighting shall be supplied by an emergency service, an automatic emergency generator or battery lighting system. This emergency service shall be equipped with an automatic transfer switch to provide automatic throwover in case of regular current failure. If battery lights are used, they shall be equipped with a demand-type charger;

(K) Signs bearing the word EXIT in plain legible block letters shall be placed at each exit opening, except at doors leading directly from rooms to exit corridors or passageways and except at doors leading obviously to the outside from the entrance floor. Additional signs shall be placed in corridors and passageways and except at doors leading obviously to the outside from the entrance floor. Additional signs shall be placed in corridors and passageways whenever necessary to indi-

cate the direction of exit. Letters of signs shall be at least six inches (6") high and three-fourths inches (3/4") wide, except that the letters of internally illuminated exit signs shall be no less than four and one-half inches (4 1/2") high. All exit and directional signs shall be internally lighted or externally illuminated with emergency backup power; and

(L) Facilities with twenty (20) or more residents shall have interior kitchen doors separating the kitchen from the rest of the facility. These doors shall have a fire-resistant rating of three-quarters (3/4) of an hour or equivalent. The doors shall be kept closed at all times when not in use. This rule does not apply to kitchens in individual living units of semi-independent living arrangements.

(14) Facilities licensed as family living arrangements for residents who are mentally ill/mentally disordered are not required to have two (2) exits from each floor if the residents are placed above the first floor—

(A) Are able to hear and see;

(B) Are able to recognize a fire alarm as a sign of danger;

(C) Are ambulatory and able to evacuate the home without assistance in the event of an emergency; and

(D) Have the foster parents available in the event assistance is needed.

(15) Facilities with four (4) or more residents, including semi-independent living arrangements, shall have a smokestop partition between each floor.

(A) All doors providing separation between floors shall have a self-closing device attached. If the doors are to be held open, they shall use electro-magnetic hold-open devices that are interconnected with other fire extinguishers or alarm systems in the building.

(B) Smokestop partitions where required shall have at least a one (1)-hour fire-resistant rating and shall be continuous from wall-to-wall and floor-to-ceiling or roof above.

(C) Openings in smokestop partitions shall be protected by approved doors with a fire-resistant rating of at least three-quarters (3/4) of an hour, be self-closing and kept closed at all times, unless they have magnetic hold-open devices connected to the fire detection or sprinkler system.

(16) All vertical openings or shafts (for example, laundry chutes, dumbwaiters, elevators) shall be completely lined with metal or equivalent fire-resistive material. Openings into shaft shall be protected with self-closing fire-resistive doors.

(17) Stairways shall be adequately illuminated with electric lights and shall be provided with a well secured handrail which may project not more than three and one-half inches (3 1/2"). The width of stairways shall be at least thirty inches (30"). The width of a landing at either end of a flight of stairs shall not be less than the width of any door leading to the stairs.

(18) Facilities shall have fire drills at least once a month at unspecified hours. Drills shall comply with the specifications of a written plan of evacuation posted in a conspicuous place in the facility. At least annually, a fire drill shall be supervised by the local fire department or inspection authority. Catastrophic and evacuation drills shall be held at least quarterly for each shift of facility personnel under varied conditions. The facility shall keep a written report and evaluation of each evacuation drill indicating whether the evacuation plan was realized, whether any problems were encountered and whether any corrections are needed.

(19) The head of the facility shall not permit smoking in bedrooms and areas where smoking is permitted shall be designated as smoking areas and shall have adequate supervision.

(20) All preliminary plans and drawings for sprinkler systems and fire alarm systems shall be reviewed by the Missouri State Fire Marshal before they are installed.

(21) The head of the facility shall not permit cooking appliances in bedrooms.

(22) The department reserves the right to require any reasonable additional fire protection measures deemed necessary for the safety of the residents.

(23) The *National Life Safety Code* shall prevail in the interpretation of these standards.

*AUTHORITY: sections 630.050 and 630.705, RSMo (1994). * Original rule filed Oct. 13, 1983, effective Jan. 15, 1984. Amended: Filed March 14, 1984, effective Aug. 15, 1984. Amended: Filed July 15, 1985, effective Feb. 1, 1986. Amended: Filed Jan. 2, 1990, effective June 11, 1990. Amended: Filed July 17, 1995, effective March 30, 1996.*

**Original authority: 630.050, RSMo (1980), amended 1993, 1995 and 630.705, RSMo (1980), amended 1982, 1984, 1985, 1990.*