
Rules of
Department of Mental Health
Division 40–Licensing Rules
Chapter 7–Rules for Semi-Independent
Living Arrangements

Title	Page
9 CSR 40-7.015 Physical Plant	3
9 CSR 40-7.035 General Medical and Health Care	3
9 CSR 40-7.055 Food Services	4
9 CSR 40-7.070 Adequate Staff.....	4
9 CSR 40-7.075 Adequate Staff.....	5

**Title 9—DEPARTMENT OF
MENTAL HEALTH
Division 40—Licensing Rules
Chapter 7—Rules for Semi-
Independent
Living Arrangements**

9 CSR 40-7.015 Physical Plant

PURPOSE: This rule prescribes physical plant requirements for semi-independent living arrangements 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 physical plant shall—

(A) Be structurally sound and attractive inside and out;

(B) Have walls and ceilings which are of sound construction, covered with plaster or approved equivalent; and

(C) Have floors which are solid, as non-slick as possible, free from tripping hazards and, unless carpeted, have a smooth finish.

(2) The physical plant shall not be a mobile home nor a modular unit as defined in section 700.010(7), RSMo, unless the head of the facility can demonstrate that it has the following characteristics:

(A) Two inch by eight inch (2" × 8") or larger floor joists—sixteen inches (16") on center;

(B) Two inch by four inch (2" × 4") wall studs—sixteen inches (16") on center;

(C) Two inch by six inch (2" × 6") ceiling joists and roof rafters—sixteen inches (16") on center or truss construction of equivalent strength;

(D) Wall construction consisting of the following:

1. Exterior walls of brick, stone, concrete block or exterior siding of wood, stucco, aluminum or masonry;

2. Sheathing studs; and

3. An interior finish of drywall or plaster;

(E) Floors consisting of floor joists, sub-floor, usually two (2) layers, finish floor or rough finish for carpet;

(F) Concrete foundation or footings; and

(G) Conventional roof slope.

(3) Each facility shall have furnishings, supplies and equipment of sufficient quantity and appropriate to meet the needs of residents'. Furnishings shall include, but not be limited to, tables, chairs, sofas, bookshelves and mats appropriate to residents' ages, physical condition and level of functioning.

(4) The facility shall provide each bedroom with—

(A) At least sixty (60) square feet of floor space per resident in multiple sleeping rooms and at least eighty (80) square feet per resident in single sleeping rooms. Bedrooms which were approved for resident use in existing facilities shall have fifty-seven (57) square feet of floor space in multiple sleeping rooms and seventy-six (76) square feet in single sleeping rooms. The term existing facility shall be understood in accordance with 9 CSR 40-5.015;

(B) A pillow, comfortable mattress and separate bed or crib for each resident, except for married residents. Cots, convertibles and bunk beds shall not be used. Each resident's mattress shall be at least as long as his/her height except for a resident in the developmental period whose mattress shall be at least four inches (4") longer than his/her height;

(C) Furnishings for each resident to include a chair, except for residents utilizing wheelchairs or when a resident prefers not to have a chair, closet space, storage of personal items and space for a hanging picture or wall decoration suitable to the resident's age and level of functioning;

(D) At least two (2) blankets and a bedspread for each resident. Additional blankets and bedspreads may be required in consideration of residents' special needs and laundering and transporting of soiled bedding; and

(E) An interior door for safety and privacy.

(5) Each bathroom and each kitchen shall have at least one (1) window or other adequate ventilation systems.

(6) Each living room and bedroom shall have at least one (1) window.

(7) Windows which are accessible from the outside shall be lockable. No windows shall be nailed or sealed shut.

(8) If the facility's water supply is not that of the city or county, the facility shall have its water supply approved annually by the Division of Environmental Quality of the Department of Natural Resources or the Department of Health.

(9) The facility shall comply with Department of Housing and Urban Development (HUD) Lead Based Paint Regulations, 24 CFR part 35.

(10) Each facility shall have a telephone. Emergency numbers (including that of the local fire department, police department, ambulance, hospital and regional center) shall be posted by the telephone.

(11) The premises shall be dry, heated and well-ventilated. The temperature of the rooms shall be no less than sixty-eight degrees Fahrenheit (68°F) and no greater than eighty-five degrees Fahrenheit (85°F).

(12) Areas designated as living space shall not be used as sleeping space.

(13) The head of the facility shall have control over the entire building or fire section in which the semi-independent living arrangement is located.

*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.*

9 CSR 40-7.035 General Medical and Health Care

PURPOSE: This rule prescribes general medical and health care requirements for semi-independent living arrangements as required in section 630.710, RSMo.

(1) Annually, the facility shall have each resident given a physical examination by a licensed physician and a dental examination by a licensed dentist.

(A) Annual physical examinations shall include a complete blood count, tuberculin control test, urinalysis and special studies when the index of suspicion is high, vision and hearing tests and routine screening laboratory examinations, including medication levels, as recommended by the physician; and, at the discretion of the physician, female residents shall have an annual pelvic examination.

(B) The dental examination requirement applies also to residents who have dentures, unless the dentist gives written notification that less frequent checkups are adequate but the requirement does not apply to residents under age three (3) nor to edentulous residents unless recommended by a physician.

(2) The facility shall have available to each resident the services of a licensed dentist and of a licensed physician who has admitting privileges at a hospital.

(A) For residents who are mentally retarded or developmentally disabled, the facility shall have formal written arrangements with a community hospital for the treatment and hospitalization of residents.

(B) The facility shall arrange prompt medical and dental treatment when required by a resident injury or illness.

(C) The head of the facility shall not permit any resident to be provided medical treatment, drugs or topical medications other than by written order of a licensed physician. This rule does not apply to nonprescription topical applications.

1. Physician's orders shall be limited to ninety (90) days for prescription drugs. *Pro re nata* (PRN) orders for prescription drugs shall be reviewed every thirty (30) days.

2. Standing orders for the entire facility shall not be allowed.

3. PRN orders for nonprescription drugs and treatment may be utilized for individual residents if the order indicated specific drugs and specific drug dosages or specific treatment for specific indications.

4. Physician's orders for regular and PRN nonprescription medication, except nonprescription topical medication, shall be reviewed at least every ninety (90) days. It is not necessary that the physician's orders be rewritten each time if there are no changes. The physician's signature and date is sufficient.

5. In an emergency, the physician may give or change an order by telephone, but the order must be signed within forty-eight (48) hours.

6. Medical treatment and medications shall be administered in accordance with the physician's orders and directions on the label of medication containers.

7. The same person who prepares medication shall also administer it and chart it at the time it is administered. This paragraph does not apply to residents who self-administer medications.

8. Stock supplies of nonprescription medications are permitted. Nonprescription medication shall not be used after the expira-

tion date on the medication container and shall be disposed of properly.

9. If a prescription medication does not have an expiration date, the medication should be evaluated every ninety (90) days through a consultation with the pharmacist. It is the responsibility of the head of the residential facility to contact the pharmacist and record his/her advice.

10. When a resident is under the care of several physicians at the same time, all doctor's orders should be kept together and available for review every ninety (90) days. When a resident goes to a consulting physician, his/her chart should accompany him/her.

(D) Immunizations shall be kept current in accordance with the recommendations of the Missouri Department of Health.

(3) The head of the facility shall immediately report any unusual occurrences of infections or contagious diseases, epidemic outbreaks, poisoning or other occurrences which threaten the welfare, safety or health of any resident, to the department, the licensing office and local health authority. The facility shall furnish other information relative to the occurrences as required by the department.

(4) If the attending physician recommends that a resident with a contagious or infectious disease be placed in isolation, the head of the facility shall immediately implement the physician's recommendation. If the isolation within the facility is not possible, the head of the facility shall contact the department for removal of the resident.

*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.*

9 CSR 40-7.055 Food Services

PURPOSE: This rule prescribes requirements for food services in semi-independent living arrangements 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 have a kitchen which—

(A) Has a cooking stove or range and a refrigerator all in proper operating condition. The temperature of the refrigerator shall be maintained at forty-five degrees Fahrenheit (45°F) or lower;

(B) Has a kitchen sink in operating condition with hot and cold running water which drains into a public or private system in compliance with local and state regulations and the *National Plumbing Code*; and

(C) Has facilities and services for the sanitary disposal of food wastes and refuse, including facilities for temporary storage where necessary.

(2) The facility kitchen shall meet the food service needs of its residents, to include having a sufficient supply of equipment to prepare meals satisfactorily and a sufficient number of dishes, glassware and flatware for use at each meal.

(3) The facility shall maintain its utensils and equipment used for eating and drinking in good condition, free from chips and cracks and thoroughly cleaned after each use.

(4) The facility shall provide food and drink free from spoilage and prepared safe for human consumption. Meat must have been inspected by a governmental inspection source. All repackaged, potentially hazardous food shall be labeled and dated.

*AUTHORITY: sections 630.050 and 630.705, RSMo (1994). * Original rule filed Oct. 13, 1983, effective Jan. 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 40-7.070 Adequate Staff

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

9 CSR 40-7.075 Adequate Staff

PURPOSE: This rule prescribes requirements for personnel employed in a semi-independent living arrangement as required by section 630.710, RSMo.

- (1) Each community residential facility providing semi-independent living arrangements shall have a chief administrative officer referred to as the head of the facility in these rules. The head of the facility shall be empowered to make decisions regarding the operation of the facility.
- (2) The head of the facility shall report any change in the ownership, management or administration to the department within five (5) days.
- (3) The head of the facility shall provide business and personal references and shall cooperate with the department in a study of his/her qualifications to manage a semi-independent living arrangement.
- (4) Each facility shall have, as a minimum, a daily direct care staff to resident ratio as follows, unless program needs justify otherwise:
- (A) One to thirty-two (1:32) on the first shift (approximately 7:00 a.m. to 3:00 p.m.);
- (B) One to sixteen (1:16) on the second shift (approximately 3:00 p.m. to 11:00 p.m.);
- (C) One to thirty-two (1:32) on the third shift (approximately 11:00 p.m. to 7:00 a.m.); and
- (D) Program needs or resident needs may justify alternate staffing levels based on the following considerations:
1. The physical layout of the facility;
 2. If residents in the facility are awake and active at night;
 3. If there are any blind or deaf residents;
 4. Qualifications of the staff;
 5. The number of individual goals and objectives for the residents;
 6. Obvious indications that staff is unable to meet the needs of residents being served or is unable to meet minimum house-keeping and maintenance rules or both; and
 7. The availability of backup staff.
- (5) A resident may be at home without the presence of staff, for a specific period of time, if it is documented in the individual habilitation plan (IHP) or individual treatment plan (ITP) that the resident has the necessary knowledge and skills to function safely.
- (6) The head of the facility and any additional staff, including physical therapists, occupational therapists and volunteers having frequent (regularly scheduled at least once per week) and direct contact with residents shall meet the following conditions: annually, provide a signed statement from a licensed physician stating they are in good health, free from tuberculosis in its communicable stage and have been screened for communicable diseases. The physician's statement shall indicate the specific communicable diseases for which the person has been tested.
- (7) All staff administering medications shall have successfully completed a course on medication administration. This training shall be updated every two (2) years. The initial training and biennial update shall—
- (A) Be approved by the regional center or placement office;
- (B) Be offered by an instructor who is a licensed practical nurse (LPN) certified by the Division of Aging as an instructor, a registered nurse (RN), a pharmacist or a physician;
- (C) Not apply to LPNs, RNs or certified medication technicians with lifetime certificates; and
- (D) Be documented in the recipient's personnel file.
- (8) The course to update training in medication administration shall address at least the following:
- (A) Review of Basics.
 1. Medication ordering and storage.
 2. Medication administration.
 - A. Use of generic drugs.
 - B. How to pour, chart, administer and document.
 - C. Information and techniques specific to the following: inhalers, eye drops, topical medications, insulin injections and suppositories.
 - D. Infection control.
 3. Individual rights and refusal of medications and treatment;
 - (B) Issues specific to the facility as indicated by the needs of the residents, and the medications and treatments currently being administered.
 1. Emergency response.
 2. Medication allergies.
 3. Corrective actions based on problems identified by the staff, the trainees or issues identified by regulatory and accrediting bodies, professional consultants or by any other authoritative source; and
 - (C) Updates on new medications or new procedures.
- (9) Staff shall be trained in the use of cardiopulmonary resuscitation (CPR) and first-aid so that at least one (1) person with these skills is on duty at all times. Depending on the configuration of the building and the number of residents, more than one (1) trained staff person per shift may be required. The training, and periodic review, shall be consistent with the guidelines of the American Red Cross, the American Heart Association, the National Safety Council or other nationally recognized training organization.
- (10) Each facility shall provide a staff training program that includes orientation for all new employees to acquaint them with the philosophy, organization, program, practices and goals of the facility.
- (11) All facility staff shall be knowledgeable about the facility's policies and procedures.

*AUTHORITY: sections 630.050 and 630.705, RSMo (1994). * Original rule filed Oct. 13, 1983, effective Jan. 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.*