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**Rules of**  
**Department of Mental Health**  
**Division 40–Licensing Rules**  
**Chapter 5–Rules for Group Homes and**  
**Residential Centers**

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**Title 9—DEPARTMENT OF  
MENTAL HEALTH**

**Division 40—Licensing Rules  
Chapter 5—Rules for Group Homes and  
Residential Centers**

**9 CSR 40-5.010 Physical Plant**  
(Rescinded January 15, 1984)

**9 CSR 40-5.015 Physical Plant**

*PURPOSE: This rule prescribes physical plant requirements in certain community residential facilities 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) Persons making initial application or intending to construct new facilities or remodel existing facilities shall submit plans as follows:

(A) Persons intending to construct new facilities or to remodel or add additions to existing facilities shall submit two (2) copies of the plans and specifications prepared to scale. One (1) copy shall be submitted to the licensing office, the second copy to the state fire marshal. 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 licensing rules. The head of the facility shall not begin construction until the plans have been reviewed by the state fire marshal. All plans for new construction, remodeling or additions shall comply with the Americans with Disabilities Act Accessibility Guidelines; and

(B) Persons making initial application for licensing of an existing building shall submit to the licensure office a drawing of the interior floor plan, in approximate scale, and include a narrative indicating the utilization of each area of the facility.

(2) In this context, the term existing facility means any community residential facility licensed by the Department of Mental Health on July 11, 1983. The exemption or modification of a rule for an existing facility shall become void if there is a change of ownership

as defined in 9 CSR 40-1.055(9)(C). An existing facility shall not increase the capacity of any room or the total capacity of the facility without meeting new construction requirements.

(3) 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.

(4) 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 structural 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 foundations or footings; and

(G) Conventional roof slope.

(5) Facilities with residents who are physically disabled shall—

(A) Be barrier free;

(B) Have grab bars, ramps and railings which are designed in compliance with the 1980 Standards of the American National Standards Institute, Inc. (ANSI) and which are maintained to function properly;

(C) Have means of egress which are large enough to accommodate wheelchairs, if persons in wheelchairs are in residence; and

(D) Comply with Americans with Disabilities Act Accessibility Guidelines.

(6) The facility shall have a ceiling height of at least seven feet ten inches (7'10") in all rooms used by residents except as follows:

(A) There is no ceiling height requirement for laundry rooms while being used to train residents to operate laundry equipment;

(B) Bedrooms and activity areas which were approved for resident use in existing facilities shall have a ceiling height of at least seven feet six inches (7'6");

(C) New bathrooms shall have a ceiling height of at least seven feet six inches (7'6"); bathrooms which were approved for resident use in existing facilities shall have no ceiling height requirement; and

(D) Halls in facilities applying for licensing after April 1, 1984, shall have a ceiling height of at least seven feet six inches (7'6").

(7) Each bedroom shall—

(A) Be an outside room;

(B) Have a floor level which is no more than three feet (3') below the outside grade on the window side of the room;

(C) Provide at least sixty (60) square feet of floor space per resident in multiple sleeping rooms and 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. In the computation of space in bedrooms with slope ceilings, floor space shall be limited to that portion of the room having a ceiling height as required under section (6) of this rule;

(D) Have at least one (1) window which provides visual access to out-of-doors. Windows shall operate as designed and shall provide total window space of eight and one-half percent (8 1/2%) of the floor space as required under subsection (7)(C) of this rule;

(E) Have adequate space to walk between beds;

(F) Provide privacy and personal dignity for each resident; and

(G) Have no more than four (4) residents, except in Psychiatric Group Homes II which shall have no more than two (2) residents. This subsection does not apply to bedrooms approved for resident use in existing facilities.

(8) The facility shall provide each bedroom with—

(A) 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;

(B) 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, place for storage of personal items and space for a hanging picture or wall decoration suitable to the resident's age and level of functioning;

(C) At least two (2) blankets and a bedspread for each resident. Bedspreads shall not be required for cribs. Additional blankets and bedspreads may be required in consideration of a resident's special needs and laundering and transporting of soiled bedding; and

(D) An interior door for safety and privacy.

(9) Each facility shall have a variety of rooms for resident activities including a living room, dining room and space for quiet time, recreational and other activities as appropriate to the residents. Existing facilities having only one (1) large room as the activity area are in substantial compliance if the arrangement of the room allows for separate activities appropriate to the residents to take place simultaneously. The combined living room, dining room and other activity area shall—

(A) Have furnishings, supplies and equipment of sufficient quantity and appropriate to meet the residents' needs. Furnishings shall include, but not be limited to, tables, chairs, sofas, bookshelves and mats appropriate to residents' ages, physical conditions and levels of functioning;

(B) Provide a total activity space of eighty (80) square feet for each occupant except that in existing facilities there shall be at least seventy-six (76) square feet per occupant. The designated activity space shall not be used as sleeping space. The computation of activity space shall exclude occupants who have identifiable living quarters separate from those shared by residents; and

(C) Have windows which provide residents with visual access to out-of-doors and operate as designed. The total window space in the combined activity areas, taken collectively, shall be equal to eight and one-half percent (8 1/2%) of the floor space as required under subsection (9)(B) of this rule.

(10) The facility shall have at least one (1) toilet, one (1) lavatory with mirror and one (1) tub or shower for each six (6) occupants of the facility. This section does not become effective until July 11, 1984, for facilities licensed on or prior to March 31, 1983.

(11) The facility shall have separate toilet and bathing facilities for each sex except where reasonable evidence is shown the department that this is not necessary. Facilities serving residents who are physically disabled shall

equip toilets and bathroom fixtures for their use.

(12) The facility shall have in each bathroom and each kitchen a window or other adequate exhaust ventilation system.

(13) If the facility's water supply is not that of the city or county, the facility shall have its water supply meet drinking water standards promulgated by the Department of Natural Resources.

(14) The facility's electrical system shall comply with all state and local laws and with the requirements of the *National Electrical Code*. The head of the facility shall—

(A) Provide sufficient and satisfactory artificial lighting and power to meet the demands of the facility and needs of the residents;

(B) Prohibit the use of extension cords; and

(C) Submit to the licensing office at the time of initial application and after that, whenever modifications are made, a written statement from a professional electrician that the electrical system at the facility is in compliance with these rules.

(15) The plumbing within the facility shall comply with all state and local laws and with the requirements of the *National Plumbing Code*. The head of facility, at the time of initial application and after that, whenever modifications are made, shall submit to the licensing office a written statement from a professional plumber that the plumbing system at the facility is in compliance with these rules.

(16) The facility shall utilize public sewage systems if available. If a public sewage system is not available, a private sewage disposal system may be used if it complies with all local and state regulations and with the requirements of the *National Plumbing Code*.

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

(18) Each facility shall have a telephone. Emergency numbers (including those of the local fire department, police department, ambulance, physician, hospital and department) shall be posted by the telephone.

(19) The facility 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).

(20) The head of the facility shall have control of the entire building or fire section in which the residential facility 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 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 40-5.030 General Medical and Health Care**

(Rescinded January 15, 1984)

**9 CSR 40-5.035 General Medical and Health Care**

*PURPOSE: This rule prescribes general medical and health care requirements for certain community residential facilities 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, 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) 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) Immunizations shall be kept current in accordance with the recommendation 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 supervising regional center, the licensing office and local health authority. The facility shall furnish other information relative to the occurrences as required by the department.

(4) 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.

(A) 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.

(B) Standing orders for the entire facility shall not be allowed.

(C) PRN orders for nonprescription drugs and treatment may be utilized for individual residents if the order indicates specific drugs and specific drug dosage or specific treatments for specific indications.

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

(E) Physician's orders for regular and PRN nonprescription medication, except nonprescription topical medication, must be reviewed at least every ninety (90) days.

(F) Stock supplies of nonprescription medications are permitted. Nonprescription medication shall not be used after the expiration date on the medication container and shall be disposed of properly.

(G) 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.

(H) 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) The following rules shall regulate the storage and administration of drugs and medications:

(A) Medications shall be properly and clearly labeled in accordance with Missouri statutes and shall be stored under lock and key. Schedule II controlled substances as defined under section 195.017, RSMo, shall be stored under double lock. Internal and external medication shall be kept separate;

(B) The head of the facility shall assume responsibility for the proper administration of medications from a well-lighted central supply cabinet which shall be locked when not in use;

(C) Self-administration of medication shall be allowed as written in the resident's individualized habilitation or treatment plan and as approved by the physician. Self-administration of medication or treatment shall be supervised by a staff person trained in medication administration;

(D) Errors in administering or in self-administration of medications shall be reported immediately to the physician and regional center or placement office;

(E) Unused, discontinued, outdated or deteriorated drugs shall be properly disposed of by destruction at the facility or returned to the pharmacist. Destruction of drugs shall be recorded on a medication sheet by two (2) persons, one (1) of whom is a pharmacist, a physician or a licensed nurse;

(F) 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 day program/residential facility to contact the pharmacist and record his/her advice;

(G) Medical treatment and medications shall be administered in accordance with the physician's orders and directions on the label of medication containers. The same person who prepares medication shall also administer it and chart it at the same time it is administered; and

(H) First-aid supplies needed to treat simple medical emergencies shall be available at the facility.

(6) If a facility has medical and nursing equipment, the head of the facility shall maintain them in operable condition, store them so they are reasonably accessible and use the equipment only for the purpose for which it was intended.

(7) 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 regional center for removal of the resident.

*AUTHORITY: sections 630.050 and 630.705, RSMo (1994).\* Emergency rule filed Sept. 20, 1983, effective Oct. 1, 1983, expired Jan. 15, 1984. 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 40-5.050 Food Services (Rescinded January 15, 1984)

#### 9 CSR 40-5.055 Food Services

*PURPOSE: This rule prescribes food service requirements in certain community residential facilities 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 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 each meal.

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

(3) The facility shall have equipment used in the preparation and serving of food, including can openers, meat slicers and cutting surfaces, cleaned as needed, but at least once a day, if used.

(4) The facility shall provide dining areas equipped with tables, chairs, eating utensils and dishes designed and provided to meet residents' developmental needs.

(5) The facility shall control the temperature of hot water at all taps accessible to residents by the use of thermostatic mixing valves or by other means to keep the temperature at a range between one hundred degrees Fahrenheit to one hundred fifteen degrees Fahrenheit (100°F—115°F). If it is documented in the record that residents are capable of using hot water or are in a training program for the use of hot water, the temperature of tap water shall not exceed one hundred twenty-five degrees Fahrenheit (125°F).

(6) The facility shall have a dishwasher for the washing of dining utensils and dishes. The dishwashing machine shall have an adequate supply of wash and rinse water at one hundred forty degrees Fahrenheit (140°F) at a minimum. The department may approve a modified three (3)-vat sink in lieu of a dishwasher.

(7) If a three (3)-vat sink is used in lieu of a dishwasher, it shall be of sufficient depth and size to accommodate those utensils most frequently used in the preparation and serving of food.

(8) In lieu of hot water, chemicals approved by the department may be used for sanitizing purposes.

(9) Facilities having ten (10) or more residents shall provide, adjacent to work areas, a place for handwashing, to include hot and cold water, soap, paper towels or electrical hand-drying devices.

(10) The facility shall provide food and drink free from spoilage and prepared safe for human consumption. Meat must have been inspected by a government inspection source.

(11) The facility shall store dry products, food items and canned goods at least four inches (4") off the floor and rotate the stock.

(12) The facility shall have an operable interior thermometer in each refrigeration unit. The facility shall maintain each refrigerator at a temperature of forty-five degrees Fahrenheit (45°F) or lower.

(13) The facility shall store, prepare, display, serve or transport food and drink to protect it from contamination. The facility shall cover stored perishable food and shall keep it at a temperature to protect it from spoilage. The

facility shall maintain potentially hazardous food and drink at a safe temperature, below forty-five degrees Fahrenheit (45°F), except during preparation and service. The facility shall have all meat, fish and poultry properly cooked before being served. All repackaged, potentially hazardous food shall be labeled and dated.

(14) The facility shall prepare food and serve food and drink at proper temperatures to conserve their nutritive value and enhance their flavor and appearance. If the facility serves persons who have special diets, the facility staff shall consult with a dietitian regarding its food services at least once a year. The facility shall maintain the consultant's findings and recommendations.

(15) The daily food allowance for each resident, adjusted for age, size, activity and disability, shall meet the need for a nourishing, well-balanced diet, under the recommendations of the Food and Nutrition Board of the National Research Council.

(16) Milk served to the residents shall be Grade A, pasteurized milk or Grade A certified, pasteurized milk.

(17) Cool, safe drinking water approved by the appropriate state or local public health authority shall be available to residents at all times. The facility shall provide single-serving cups or glasses for those unable to drink from fountains.

(18) When residents require blended food, the facility shall prepare, measure and serve it individually and not mixed together.

(19) The consistency and texture of food shall meet the residents' developmental needs. Residents shall not be fed in a prone position.

(20) The facility shall provide residents requiring liquid or soft diets with nourishing, supplementary food between meals in order to meet their nutritional requirements.

(21) The facility shall serve residents' meals at times which are appropriate to residents' schedules. The facility shall include a meal in the morning, noon and evening, with provisions made for an evening snack for those residents who wish it.

(22) The facility shall serve food family style so as to approximate a family living situation as nearly as possible.

(23) The facility shall prepare menus at least one (1) week in advance and shall keep these

menus available for review for at least three (3) months. The facility shall indicate substitutions on the menu.

(24) Residents shall participate in planning the menu.

(25) The facility shall store and use only those hazardous materials required to maintain sanitary conditions. Hazardous materials include poisons, toxins, inflammables, infectious items, corrosives and all sharp objects. These materials shall be properly labeled and stored so as not to contaminate food or constitute a hazard to facility residents or staff. The facility shall not use hazardous materials in food service areas unless materials safe to humans cannot be substituted.

*AUTHORITY: sections 630.050 and 630.705, RSMo (1994). \* Original rule filed Oct. 12, 1983, effective Jan. 15, 1984. Amended: Filed March 14, 1984, effective Aug. 11, 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 40-5.070 Adequate Staff**  
(Rescinded January 15, 1984)

**9 CSR 40-5.075 Adequate Staff**

*PURPOSE: This rule prescribes requirements for personnel employed in certain community residential facilities as required by section 630.710, RSMo.*

(1) Each residential facility shall have a chief administrative officer referred to in these rules as the head of the facility. The head of the facility shall—

- (A) Be empowered to make decisions regarding the operation of the facility; and
- (B) Delegate a capable person who is empowered to act for him/her when absent from 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 coop-

erate with regional center staff in a study of his/her qualifications to manage a community residential facility.

(4) At the time of employment and annually after that, all personnel including physical therapists, occupational therapists and volunteers who have frequent (regularly scheduled at least once per week) and direct contact with residents and any member of the household shall have a statement from their physician stating they have been screened for signs and symptoms of contagious diseases. The physician's statement shall indicate the specific communicable diseases for which the person has been tested.

(5) Any employee diagnosed or suspected of having a contagious or infectious disease shall not work directly with residents or food service until a written statement is obtained from a physician that the disease is no longer contagious or is found to be noninfectious.

(6) The facility shall give each employee a written job description.

(7) The facility shall keep job descriptions for all positions on file.

(8) Each facility shall have as a minimum a daily direct care staff to resident ratio as follows, unless program needs or client needs justify otherwise:

(A) For facilities serving children under the age of six (6) years, residents who are severely and profoundly retarded, severely physically disabled or residents who are aggressive, assaultive or security risks, or who manifest severely hyperactive behavior—

1. One to four (1:4) on the first shift;
2. One to four (1:4) on the second shift;

and

3. One to eight (1:8) on the third shift;

(B) For facilities serving residents who are moderately mentally retarded requiring habit training—

1. One to sixteen (1:16) on the first shift;

2. One to eight (1:8) on the second shift; and

3. One to sixteen (1:16) on the third shift;

(C) For facilities serving residents in vocational training programs and adults who work in sheltered employment situations—

1. One to thirty-two (1:32) on the first shift;

2. One to sixteen (1:16) on the second shift; and

3. One to thirty-two (1:32) on the third shift;

(D) For purposes of this section, shifts are defined as follows:

1. First shift—approximately 7:00 a.m. to 3:00 p.m.;

2. Second shift—approximately 3:00 p.m. to 11:00 p.m.; and

3. Third shift—approximately 11:00 p.m. to 7:00 a.m.;

(E) The staff/resident ratios are minimum staff requirements and an increase in residents above the maximum allowed in the staff/resident ratio shall require additional staff;

(F) Staff required under this section shall be dressed and awake at night as required by residents' needs and the size of the facility;

(G) When residents are absent from the facility, staffing levels may be proportionately reduced;

(H) If all residents are absent from the facility, staff are required to be available to the residents for emergencies;

(I) 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 are awake and active at night;

3. If there are any residents who are blind or deaf;

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 housekeeping; and maintenance rules, or both; and

7. The availability of backup staff; and

(J) A resident may be at home without the presence of staff, for a specific period of time, if it is documented in the individualized habilitation plan (IHP) or individualized treatment plan (ITP) that the resident has the necessary knowledge and skills to function safely.

(9) All staff responsible for direct care of residents shall be eighteen (18) years of age or older.

(10) In addition to direct care staff, there shall be sufficient personnel to provide basic services such as food service, housekeeping, laundry and plant maintenance. Volunteers shall not be considered in the computation of adequate staff.

(11) A facility which accepts residents in need of considerable nursing care shall employ a registered nurse (RN). Considerable nursing care may include, but not be limited to, injections, inhalation thera-

py, intravenous fluids, suctioning, ostomy irrigation, lesion dressing, aseptic dressing, catheter irrigation, care for pressure sores and physiotherapy.

(A) The RN shall be designated the nurse in charge and shall—

1. Be responsible for twenty-four (24)-hour nursing care of residents and the maintenance of medical records and nursing records;

2. Share responsibilities with the head of the facility and attending physician's responsibility for drug control procedures, environmental health, safety and dietary procedures;

3. Be on call when licensed practical nurses (LPNs) are on duty; and

4. Have an LPN on duty when the licensed RN is not present at the facility, except that LPNs are not required if staff on the night shift are trained in emergency medical procedures and medications administration.

(B) The required RN may be hired on a consultant basis if—

1. The needs of the residents do not require his/her presence at the facility; and

2. S/he assumes the responsibilities outlined under paragraphs (11)(A)1. and 2. of this rule.

(12) 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 LPN certified by the Division of Aging as an instructor, a 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.

(13) 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/program as indicated by the needs of the residents/clients, 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.

(14) Each facility shall make arrangements with a physician and dentist, licensed in the state where the care is provided, to assume overall responsibility for medical and dental care. There shall be provisions for a relief physician.

(15) If residents require teaching of dining skills or assistance in eating, the facility shall have adequate staff to meet these needs and to assure that each resident receives an adequate amount of food.

(16) The facility shall have sufficient backup staff to provide services to residents and to meet licensing staffing requirements at all times.

(17) On initial application, before a final license is granted, the head of the facility and staff designated by the department shall attend an initial training session designed by the department.

(18) The head of the facility and staff designated by the department shall attend continuing education provided by the department as required. This training may be obtained through the department or, with prior approval from other sources in the community. Records of attendance shall be kept in the facility's personnel files and by the department.

(19) 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.

(20) All facility staff shall be knowledgeable about the facility's policies and procedures.

(21) 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 reviews shall be in accordance with the guidelines of the American Red Cross, the American Heart Association, the National Safety Council, or other nationally recognized training organization.

*AUTHORITY: sections 630.050 and 630.705, RSMo (1994).\* Emergency rule filed Sept. 20, 1983, effective Oct. 1, 1983, expired Jan. 15, 1984. 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.*