TITLE 19 – DEPARTMENT OF HEALTH AND SENIOR SERVICES
Division 30 – Division of Regulation and Licensure
Chapter 35 – Hospices

EMERGENCY AMENDMENT

19 CSR 30-35.020 Hospice Providing Direct Care in a Hospice Facility. The department is amending portions of section (4) General Design and Construction Standards for New Inpatient Hospice Facilities.

PURPOSE: This emergency amendment eliminates the pre-construction plan review and approval process previously conducted by the department's Engineering Consultation Unit, clarifies a project notification requirement, and outlines the provision of relevant project information upon request to ensure efficient deployment of resources while maintaining regulatory oversight.

EMERGENCY STATEMENT: This emergency amendment is necessary to preserve a compelling governmental interest and protect the public health, safety, and welfare of vulnerable, terminally ill patients across Missouri. Following legislative and budgetary realignments for fiscal year 2027, the department's Engineering Consultation Unit (ECU) has been eliminated, terminating all pre-construction plan reviews and associated consultations. Without this emergency amendment, existing administrative rules would continue to mandate a plan review and approval process that the department no longer has the staff or funding to execute. This structural contradiction would result in an immediate, indefinite freeze on all new construction, expansions, and conversions of inpatient hospice facilities, stalling vital healthcare infrastructure and preventing vulnerable patients from accessing necessary end-of-life care. By implementing a streamlined pre-construction notification protocol and shifting the burden of safety verification onto the facilities while maintaining final on-site inspection authority, the department prevents critical delays while safeguarding the public.

*As a result, the department finds a compelling government interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in the September 15, 2026, issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The department believes that this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed August 6, 2026, becomes effective August 20, 2026, and expires February 15, 2027.*

(4) General Design and Construction Standards for New Inpatient Hospice Facilities.

(A) Health and Safety Laws. The hospice shall meet all federal, state and local laws, ordinances, regulations and codes pertaining to health and safety, including but not limited to, provisions regulating construction, maintenance and equipment.

1. General Requirements.

A. *[After October 30, 1996, a]* A new hospice facility shall [*submit plans for approval to*] **notify** the Department *[of Health]* **of intention** for the construction of a new facility, expansion or renovation of an existing state certified hospice or the conversion of an existing facility not previously and continuously state certified and operated as a hospice facility under section 197.250, RSMo.

B. New hospice facilities shall be designed and constructed in conformance with this rule.

C. This rule is not intended to restrict innovations and improvements in design or construction techniques. Accordingly, the Department *[of Health]* may approve *[plans and specifications which contain]* deviations from this rule. Requests for deviations from requirements on physical facilities shall be in writing to the Department *[of Health]* and shall contain information which determines that the respective intent or objectives of this rule have been met. Approvals for deviations shall be in writing and both requests and approvals shall be made a part of the permanent Department *[of Health]* records for the hospice.

D. Where renovation or replacement work is done within an existing licensed facility, all new work, additions, or both, shall comply with the applicable sections of this rule. Where existing major structural elements make total compliance impractical or impossible, alternative proposals which result in an equivalency may be considered by the department.

E. In renovation projects and additions to existing state certified hospice facilities, only that portion of the total facility affected by the project shall comply with the applicable sections of this rule. However, upon construction completion, the facility shall satisfy all functional requirements for state certified hospices.

F. Those existing portions of the facility which are not included in the renovation but which are essential to the functioning of the complete facility as well as existing state certified building areas that receive less than substantial amounts of new work shall, at a minimum, comply with the state certification requirements which were in effect at the time that the existing portion of the building was state certified.

G. All required fire exits shall be maintained throughout the construction and the work shall be phased as necessary to minimize disruption of the existing hospice operation.

2. Planning and Construction Procedures.

A. Any hospice facility constructed or renovated *[after October 30, 1996]* shall have plans and specifications prepared in conformance with Chapter 327, RSMo by an architect or engineer duly registered in Missouri. The owner of each new facility or the owner of an existing licensed inpatient hospice being added to or undergoing major alterations shall provide a program – scope of services – which describes space requirements, staffing patterns, departmental relationships and other basic information relating to the objectives of the facility. The program may be general but it shall include a description of each function to be performed, approximate space needed for these functions and the interrelationship of various functions and spaces. The program shall describe how essential services can be expanded in the future as the demand increases. Appropriate modifications or deletions in space requirements may be made when services are shared or purchased, provided the program indicates where the services are available and how they are to be provided. This program shall be submitted to the Department *[of Health]* for review along with the plans developed for the project. *[Schematic and preliminary plans showing the basic layout of the building and the general types of construction, mechanical and electrical systems and details may be submitted to the department before the larger and more complicated working drawings and specifications so that necessary corrections can be easily made before final plans are completed. Working drawings and specifications, complete in all respects, shall be prepared and submitted to the*

Department of Health for approval.] These plans shall cover all phases of the construction project, including site preparation: paving; general construction; mechanical work, including plumbing, heating, ventilating and air conditioning; electrical work; and all built-in equipment, including elevators, kitchen equipment, cabinet work, and the like. **Upon request by the Department, the facility shall submit other information regarding the scope and details of any new construction project or significant renovation that will impact patient health, safety, and compliance with applicable rules.**

B. The Department *[of Health]* shall be notified in writing within five (5) days after construction begins. Construction shall be in conformance with plans and specifications *[approved by the Department of Health]* **developed by the facility's architect or engineer of record**. The department may elect to inspect the construction of hospice projects at any time during the development of the project. *[If construction of the project is not started within one (1) year or completed within a period of three (3) years after the date of the approval of the plans and specifications, the plans and specifications shall be resubmitted to the Department of Health for its approval and shall be amended, if necessary, to comply with the then current rules before construction work is started or continued.]*

C. References in this rule to National Fire Protection Association (NFPA) publications are those contained in the 12-volume *1994 Compilation of NFPA Codes, Standards, Recommended Practices and Guides.* Where there are discrepancies between referenced NFPA publication requirements and this rule, the requirements of this rule shall apply.

D. The design and construction of hospices shall conform to the most stringent requirements of this rule and the local governing building code and zoning ordinances.

3. Site.

A. Adequate paved pedestrian access shall be provided within the lot lines to the main entrance. Loading and unloading space for delivery vehicles shall be paved.

B. Adequate paved parking shall be provided. Parking space needs shall be determined by the local zoning requirement and the operational program but shall not be less than one (1) space for each of the maximum number of staff persons on duty at any given time plus one (1) parking space for each licensed inpatient bed in the facility.

C. Fire lanes shall be provided as required by local authority and kept clear to provide immediate access for fire fighting equipment.

D. The site shall provide reasonable access for those individuals to be served by the facility. The facility shall be on an all-weather road for easy access by vehicular traffic. Consideration should be given to locating the hospice to provide easy access to public transportation services which may be available in the community.

E. The site shall be located within the service area of a public fire department.

4. Roads, parking facilities, walks, ramps and entrances shall be accessible and usable by persons with various physical handicaps.

A. At least one toilet, telephone and drinking fountain shall be provided on each floor of a hospice which is accessible for use by handicapped public and staff.

B. Elevator controls and alarms shall be accessible to wheelchair occupants and shall be provided with tactile signage for the visually impaired.

C. Design details for handicapped accessible facilities should be consistent with the *Guidebook to: The Minimum Federal Guidelines of Requirements for Accessible Design* published January 6, 1981, by the U.S. Architectural and Transportation Barriers Compliance Board.

D. At least ten percent (10%) of the patient beds shall be located in handicapped-accessible rooms with accessible toilet rooms which open directly into the patient room. All other clinical areas to which patients have common access shall be handicapped-accessible.

5. Administrative and public areas shall be provided.

A. All hospices shall provide adequate work areas to support the administrative personnel and governing body. The facilities shall allow business to be conducted in a setting which provides confidentiality and privacy as required. The administrative offices may be located remotely from a hospice inpatient unit or may be housed within the inpatient facility.

B. Where administration is included within the inpatient facility, the following shall be provided:

(I) Administrator's office;

(II) Business office including a work area for quality assurance;

(III) Storage and work area for archived medical records;

(IV) Conference room for governing board meetings and personnel in-service training; and

(V) Office for director of patient-care services.

C. Each inpatient hospice facility shall provide the following public areas in a location separated from the clinical and service areas of the facility:

(I) Lobby/waiting room with reception;

(II) Wheelchair accessible public toilet;

(III) Wheelchair accessible public drinking fountain; and

(IV) Wheelchair accessible public phone.

6. Design of patient-care units.

A. One or more patient-care units shall be provided. Each unit shall not exceed a maximum of twenty (20) beds.

B. Each patient-care unit shall be a continuous area which does not require patient-care traffic to traverse other areas and shall be restricted to only one (1) floor level. If justified by the program submitted under subparagraph (2)(A)2.A. of this rule, the department may consider approval of designs which provide for larger capacity patient-care units.

C. The bed area in a patient room exclusive of toilet rooms, closets, alcoves or vestibules, shall not be less than one hundred twenty (120) square feet in a private room and not less than two hundred (200) square feet in a semi-private room. Heating units and lavatories may protrude into this space.

D. No dimension for the bed area in any patient room shall be less than ten (10) feet.

E. No patient room shall house more than two (2) patients.

F. Each patient-care unit shall have not greater than fifty percent (50%) of its beds housed in semi-private rooms and the remaining rooms shall be limited to occupancy by one (1) patient. If justified by the program submitted under subparagraph (2)(A)2.A. of this rule, the department may consider approval of designs which provide other ratios of semi-private to private patient rooms.

G. Each patient shall have access to a toilet room without entering the general corridor area.

H. One (1) toilet may serve not more than two (2) adjacent rooms.

I. The toilet room shall contain a lavatory and water closet and shall be sized to permit access for the patient and an assisting member of the staff. The lavatory may be omitted from the toilet room if a lavatory is provided in the patient room.

J. At least one (1) patient room per patient-care unit shall be provided to be used for isolation. This unit shall have a toilet room equipped with a bathing facility which serves this room exclusively.

K. Mirrors shall be provided in each patient room or adjoining toilet room. Mirrors shall be at least three (3) feet high located with the bottom edge no more than three feet four inches (3'4") above the floor.

L. Patients shall have separate wardrobes, lockers or closets located within their respective patient rooms. A clothes rod and shelf shall be provided.

M. One or more windows shall be provided, with the sash not more than three (3) feet above the floor and with a gross area of not less than ten percent (10%) of the floor area of the room. In each patient room at least one (1) window to the outside shall be operable. Patient room windows shall be exposed to an outside area not less than thirty (30) feet horizontally opposite the window which contains no construction or grading which would further diminish the view and the exposure of the window to natural light.

N. Social spaces (dining, recreation, meditation) shall be provided throughout the facility with a cumulative area of not less than thirty (30) square feet per patient bed. One social space may serve more than one patient-care unit provided it is directly accessible from each unit and is sized proportionate to the total number of patient beds it serves. No social space shall be smaller than one hundred fifty (150) square feet in area.

O. Unless bathing facilities are included in the toilets serving each patient room, central bathing facilities shall be provided in each patient-care unit at a ratio of not fewer than one for each ten (1:10) beds.

P. Each bathing facility shall be located in its own room and shall be directly accessible from the general corridor. The bathing facility may be either a tub, shower or tub/shower combination.

Q. However, at least one (1) handicapped accessible shower shall be provided on each patient unit.

R. A locked cabinet for the storage of cleaning supplies shall be available in or near each bathroom.

7. Support and services areas. The following staff support and service areas shall be located directly accessible to each patient care unit:

A. Clean work and storage facilities shall be equipped with counter and sink and storage space provided for clean linen and supplies;

B. A separate soiled/decontamination utility room shall be equipped with a clinic sink (this fixture is not required where bedpan-flushing devices have been installed at each patient toilet), counter and sink and sufficient floor space shall be provided to accommodate storage containers for soiled linen, trash and infectious waste;

C. Space shall be provided for secure storage of staff personal items;

D. A staff station shall be located to provide visual supervision of the patient-care unit corridors. The station shall consist of a work counter and secure storage space for charts;

E. A medication storage and preparation station which has a means of locked storage for all medications shall be equipped with a work counter, sink, and refrigerator;

F. Separate locked storage facilities shall be provided in the station for controlled substances;

G. If medications are held in each patient room, the room shall include separate locked storage facilities for each patient's medications;

H. A nourishment station shall be equipped with a work counter, sink, and refrigerator and shall be provided physically remote from the medication preparation station;

I. Storage space shall be provided for mobile equipment used on the unit;

J. A janitor's closet shall be provided which is equipped with a mop sink and has sufficient space for the cleaning equipment and open supplies used to maintain the patient-care unit; and

K. All clean support functions may be located in one clean workroom provided the room is carefully designed to provide adequate storage and function separations.

8. Food service facilities shall be designed and equipped to meet the requirements of the scope of services outlined as follows:

A. Dietary facilities shall comply with 19 CSR 20-1.010;

B. In hospice facilities where food is prepared on-site, the dietary facilities shall, as a minimum, have – a storage space including cold storage for four-day supply, space and equipment for food preparation to facilitate efficient food preparation and to provide for a safe and sanitary environment, conveniently located handwashing facilities, space for preparing food for distribution to patients, warewashing facilities which are isolated from the food preparation and serving area, and storage facilities for waste which is inaccessible for insects and rodents and accessible to the outside for pickup or disposal.

C. The warewashing processes shall produce dietary ware which is free of pathogenic organisms; and

D. In hospice facilities where the food service is provided through a vendor contract, dietary facilities shall, as a minimum, include space for receiving and holding the food transport equipment, utility connections for food transport equipment to maintain appropriate serving temperatures, and a holding area for soiled dietary ware transport equipment which is out of the patient area and located near the service entrance for pick-up.

(B) Service Facilities Shall Meet the Following Standards:

1. Services including linen service.

A. Service facilities shall be provided in each inpatient hospice facility and located to be out of the normal public and clinical traffic flow.

B. A weather-protected service entrance shall be provided separate from entrances used by public and patients.

C. Space and facilities shall be provided for the sanitary storage and disposal of waste. Exterior dumpsters will suffice provided they can be accessed under the protection provided at the service entrance.

D. A general storage room shall be provided with an area not less than ten (10) square feet per bed for the first fifty (50) beds, plus eight (8) square feet per bed for the next twenty-five (25) beds, plus five square feet per bed for any additional beds over seventy-five (75). No storage room shall be less than one hundred (100) square feet of floor space. Off-site storage is acceptable, however, one half (1/2) of the required storage space shall be located in the inpatient hospice facility. General storage shall be concentrated in one area.

E. Space shall be provided to house mechanical equipment. The space shall be adequate for initial installation and ongoing maintenance access for each component of the systems housed in it. Mechanical equipment shall not be installed in rooms designated to house other functions.

F. A housekeeping room shall be provided with a janitor's sink and space to store opened containers of cleaning supplies and housekeeping equipment used to maintain the facility. This room is not required if the hospice is maintained by a contract cleaning service which transports the necessary cleaning supplies and equipment to the facility on a daily basis.

G. An oxygen storage room shall be provided. This room shall be enclosed with one-hour rated construction and shall have a powered or gravity vent to the outside. Permanent racks or fasteners shall be provided and used in the oxygen storage room to prevent accidental damage or dislocation of oxygen cylinders. In facilities storing quantities of oxygen less than one thousand five hundred (1,500) cubic feet in total, a power ventilated storage cabinet will comply. No ventilated gas storage facilities are required in hospices which store no medical gases within the building.

H. Laundry services may be provided by the hospice operator or may be obtained through contract with a linen service vendor. If laundry for the facility is done commercially, either entirely or in part, space shall be provided for the sorting, processing and storing of both soiled and clean linen. Storage space shall be located to facilitate convenient pickup and delivery by commercial laundry personnel. Hospices with only one patient-care unit may accommodate these functions within the utility facilities provided in the unit's staff support area.

I. Hospice-operated laundry facilities shall be designed and procedures instituted to prevent cross-contamination of clean and dirty linen. The laundry room shall be in a separate room from the kitchen, patients' rooms, the dining room and the bathrooms or the nursing utility room. Adequate space shall be provided in the laundry room for the storing, sorting and processing of soiled linen. The processes of the laundry operation shall be appropriate to the production of patient linens which are free of pathogenic organisms. Space shall be provided for the storage of clean linen in a separate room from the laundry.

J. As may be required by the program, laundry facilities provided for cleaning patients' clothing exclusively shall be located in the patient-care unit but in a room separate from other functions. A residential-style laundry equipment installation is acceptable.

K. As required by the program, living and sleeping quarters, separate from patients' facilities, shall be provided for the employees and their families who may reside in the facility;

2. Elevators.

A. All inpatient hospice facilities having patient-care facilities located on any floor other than the main entrance floor shall have at least one (1) electric or electrohydraulic elevator. Hospice facilities with more than thirty (30) beds located on any floor other than the main entrance floor shall have at least two (2) elevators. Hospice facilities with more than two hundred (200) beds located on any floor other than the main entrance floor shall provide passenger and service elevators in numbers and at locations determined by a professionally conducted study of the hospice operation and its estimated vertical transportation needs.

B. Inside dimensions of patient-use elevators shall be not less than five feet four inches (5'4") by eight feet (8') with a capacity of 3,500 pounds. Cab and hoistway doors shall be not less than three feet ten inches (3'10") clear opening.

C. Elevators shall be equipped with an automatic leveling device of the two-way automatic maintaining type with an accuracy of plus or minus one-half inch.

D. Elevator call buttons, controls and door safety stops shall be of a type that will not be activated by heat or smoke.

E. Elevator controls, alarm buttons and telephones shall be accessible to wheelchair occupants and usable by others with various physical disabilities.

F. Elevator hoistway doors shall be fire rated to maintain the integrity of the fire-rated shaft enclosure;

3. Chutes and dumbwaiters.

A. Chutes and dumbwaiters may be installed in hospice facilities as required by the operational program.

B. Linen and trash chutes shall be of fire-resistant material and shall be installed with flushing ring, vent to atmosphere and floor drain at the floor of the chute discharge. An automatic sprinkler shall be provided at the top of each linen and trash chute.

C. Service openings to chutes shall not be located in corridors or passageways but shall be located in a room having a fire-resistant construction of not less than one hour. Doors to the rooms shall be not less than 3/4-hour labeled doors equipped with an automatic closing device.

D. Service openings to chutes and other vertical openings shall have an approved self-closing labeled fire door rating not less than the fire-resistant rating of the shaft in which the chute is installed.

E. Chutes shall discharge directly into collection rooms separate from the incinerator, laundry or other services. Separate collection rooms shall be provided for trash and for linen. These rooms shall have a fire-resistant construction of not less than one hour. Doors to these rooms shall be not less than 3/4-hour labeled doors equipped with an automatic closing device.

F. Dumbwaiters, conveyors and material-handling systems shall not open directly into a corridor or exitway but shall open into a room enclosed by construction having a fire resistance of not less than one hour and provided with a 3/4-hour labeled fire door with a self-closing device.

G. Where horizontal conveyors and material-handling systems penetrate fire-rated walls or smoke walls, the penetrations shall be protected to maintain the integrity of the wall;

4. General design, finish and life safety requirements.

A. A continuous system of unobstructed corridors, referred to as required corridors, shall extend through the enclosed portion of each story of the building, connecting all rooms and spaces with each other and with all entrances, exitways and elevators, with the following exceptions: work suites such as the administrative suite and dietary area, which are occupied primarily by employed personnel, may have within them corridors or aisles as considered advisable, but are not subject to the regulations applicable to required corridors. Areas may be open to the required corridor system as permitted by NFPA 101 (1994), *The Life Safety Code.*

B. The arrangement of the physical plant shall provide for separation of the administrative/business, service and public areas from patient service areas.

C. Ceilings shall be at a height of at least eight feet. Ceilings in corridors, storage rooms, toilet rooms and other minor rooms shall not be less than seven feet six inches (7'6"). Suspended fixtures located in the path of normal traffic shall not be less than six feet eight inches (6'8") above the floor.

D. Handrails may be provided on both sides of all corridors and aisles used by patients and, if provided, corridor handrails shall have ends return to the wall.

E. New inpatient hospice facilities shall be designed and constructed in compliance with Chapters Five through Seven and Chapter Twelve of NFPA 101 (1994), *Life Safety Code* and NFPA 99 (1993) *Standard for Health Care Facilities,* NFPA 13 (1994) *Standard for Installation of Sprinkler Systems* and NFPA 90A (1993) *Standard for the Installation of Air Conditioning and Ventilation Systems.* Section 12-6 of NFPA 101 shall not apply to these facilities.

F. Hardware on toilet room doors shall be operable from both the inside and the outside. All toilet room doors shall

provide a net clear opening of not less than 32 inches.

G. The corridor doors from all patient-use areas as well as all doors through which patients may need to pass for emergency exit shall be not less than thirty-six (36) inches wide.

H. Every window in patient-use areas shall be provided with shades, curtains or drapes. Curtains and drapes shall be made of fabric which is treated to be or is inherently flame-retardant.

I. The floors of toilets, baths, utility rooms and janitor's closets shall have smooth, waterproof surfaces which are wear-resistant. The floors of kitchens and food preparation areas shall be waterproof, greaseproof, smooth and resistant to heavy wear.

J. The walls of all rooms where food and drink are prepared, served or stored shall have a smooth surface with painted or equally washable finish. At the base they shall be waterproof and free from spaces which may harbor insects. The walls of kitchens, utility rooms, baths, warewashing rooms, janitor's closets and spaces with sinks shall have waterproof, painted, glazed, or similar finishes to a point above the splash and spray line.

K. The ceilings of all kitchens, sculleries and other rooms where food and drink are prepared shall be painted with washable paint.

L. All casework in the facility shall be finished with at least a sealer on all interior surfaces. Casework with sinks installed in the counter shall be caulked to provide a watertight joint between the backsplash and the wall.

M. All floor covering used in inpatient hospice facilities shall have either Class A or B fire ratings as required by Chapter Twelve of NFPA 101 (1994), *The Life Safety Code.*

N. Stairways, ramps, elevator hoistways, light or ventilation shafts, chutes and other vertical openings between stories shall be enclosed with construction which is equal to or greater than the required floor assembly rating of the building's construction type.

O. The number of stories in a building housing a hospice facility shall be determined by counting the number of occupiable levels in the building regardless of their location at, above or below grade.

P. Each room or patient-use area shall be conspicuously and unmistakably identifiable at its entrance by patients, visitors and staff.

Q. All signage within six feet (6') of the floor shall be tactile to be usable by visually impaired persons.

R. Fire-resistant ratings –

(I) Definitions –

(a) Fire-separation distance is the distance in feet measured from the building face to the closest interior lot line, to the centerline of a street or public way or to an imaginary line between two (2) buildings on the same property.

(b) Fire-protection rating is the time in hours, or fractions of an hour, that an opening protective assembly will resist fire exposure as determined in accordance with the test procedures set forth in ASTM E119.

(II) Exterior walls with a fire-separation distance less than five feet (5') shall have a fire-resistant rating of one (1) hour.

(III) In exterior walls with a fire-separation distance of three feet or less, no openings will be allowed, from three feet (3') to five feet (5') no unprotected openings will be allowed, and protected openings will be allowed with a total aggregate area of fifteen percent (15%) of the wall surface.

(IV) Approved fire protective assemblies shall be fixed, self-closing or equipped with approved automatic-closing devices, a fire-resistant rating of not less than three-quarters (3/4) of an hour shall be required.

(V) Fire protective assemblies are not required where outside automatic sprinklers are installed for the protection of the exterior openings. The sprinklers shall be installed in accordance with NFPA 13*;*

5. Structural design.

A. All new facilities and additions to all areas of existing licensed facilities which undergo major remodeling, in all their parts, shall be of sufficient strength to resist all stresses imposed by dead loads, live loads and lateral or uplift forces such as wind, without exceeding, in any of the structural materials, the allowable working stress established for these materials by generally accepted good engineering practice.

B. Foundations shall rest on solid ground or properly compacted fill and shall be carried to a depth of not less than one foot below the estimated frost line or shall rest on leveled rock or load-bearing piles when solid ground is not encountered. When engineered fill is used, site preparation and placement of fill shall be done under the direct full-time supervision of the soils engineer. The soils engineer shall issue a final report on the compacted fill operation and certify its compliance with the job specifications. Reasonable care shall be taken to establish proper soil-bearing values for soil at the building site. If the bearing capacity of the soil is in question, a recognized load test may be used to determine the safe bearing value. Footings, piers and foundation walls shall be adequately protected against deterioration from the action of groundwater;

6. Electrical systems.

A. The entire electrical system shall be designed, installed and tested in compliance with NFPA 70 (1993) *The National Electrical Code* and NFPA 99 (1993) *Standard for Health Care Facilities.*

B. Emergency lighting shall be provided for exits, stairs and exit access corridors which shall be supplied by an emergency service and automatic electric generator or battery lighting system. This emergency lighting system shall be equipped with an automatic transfer switch. If battery lights are used, they shall be wet cell units or other rechargeable-type batteries equipped with automatic trickle charger. These units shall be rated at four (4) hours.

C. Patient rooms shall have a minimum general illumination of ten foot-candles, a night-light and a patient's reading light. The general illumination fixtures and the night-light shall be switched at the patient room door.

D. Ceiling lighting fixtures, if used, shall be of a type which are shaded or globed to minimize glare.

E. Each patient room shall have not less than one duplex receptacle on each wall in the room. The spacing of receptacles around the perimeter of the room shall not be greater than twelve (12) feet.

F. All occupied areas shall be adequately lighted as required by the duties performed in the space.

G. Night-lights shall be provided in corridor, stairways and patient rooms. Toilets adjacent to patient rooms are not required to have night-lights.

H. An electrically powered communication system shall be provided which allows staff to respond to patient calls regardless of patient location.

I. An electrically powered fire alarm system shall be provided as required by NFPA 101 (1994) *The Life Safety Code.* The fire alarm system shall have an emergency back-up source of electrical power and a direct connection for notifying the fire department or fire department dispatch service. Fire alarm manual pull stations shall be provided at each exit and at each

staff workstation in the patient-care units. Smoke detectors shall be installed in social space rooms which open directly to the corridor, in the vicinity of any smoke or fire door which is permitted to be held open by a magnetic hold-open device, and in the corridors at intervals not exceeding 30 feet.

J. Portable fire extinguishers shall be provided as required by NFPA 101 (1994) *The Life Safety Code* and the local authority;

7. Mechanical systems.

A. The heating, ventilation and air-conditioning systems shall be capable of providing temperature ranges between 72°F–80°F in all patient-care areas. The heating system shall be capable of maintaining a winter indoor temperature of not less than 72°F in all nonpatient areas. The air-conditioning system shall be capable of maintaining a summer indoor temperature of not more than 80°F in all nonpatient areas.

B. The heating system shall have automatic controls adequate to provide comfortable conditions in all portions of the building at all times.

C. Heating, ventilation and air-conditioning systems installed in inpatient hospice facilities shall be designed, installed and balanced in compliance with NFPA 90A (1993) *Standard for the Installation of Air Conditioning and Ventilation Systems,* and shall provide the pressure relationships and at least the minimum air change rates indicated in Table 1.

Table 1 - Ventilation Requirements

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour Supplied to Room	Minimum Total Air Changes Per Hour Supplied to Room	All Air Exhausted Directly to Outdoors	Air Returned From This Room
Patient Room	E	2	2	Optional	Optional
Patient Area Corridor and Patient Living Room	P	2	2	Optional	Optional
Soiled Workroom and Soiled Linen Holding	N	Optional	6	Yes	No
Clean Staff Work Area	P	2	6	Optional	Optional
Toilet Room	N	Optional	6	Yes	No
Clean Linen Storage	P	Optional	2	Optional	Optional
Designated Smoking Area	N	Optional	10	Yes	No
Food Preparation Area	E	2	6	Yes	No
Warewashing	N	Optional	6	Yes	No
Dietary and General Storage	V	Optional	2	Optional	Optional
Linen and Trash Chute Room	N	Optional	6	Yes	No
Medical Gas Storage and Manifold Rooms	N	Optional	6	Yes	No
Administrative and Public Areas	E	2	2	Optional	Optional

P = Positive

N = Negative

V = Variable

E = Equal

D. All air-moving, heating, ventilation and air-conditioning equipment shall be equipped with at least one filter located upstream of the conditioning equipment. If a pre-filter is employed, the pre-filter shall be upstream of the conditioning equipment and the main filter shall be located farther downstream. All filters shall be easily accessible for maintenance. Filter frames shall be durable and carefully dimensioned and shall provide an airtight fit with the enclosing ductwork. All joints between the filter segments and the enclosing ductwork shall be sealed to preclude air leakage.

E. Outside air intakes shall be located no less than 25 feet from exhaust outlets of ventilation systems, combustion equipment stacks, clinical suction discharges and plumbing vent stacks or from areas which may collect vehicular exhaust and other noxious fumes.

F. Corridors shall not be used to supply air to or exhaust air from any room, except that air from corridors may be used to ventilate bathrooms, toilet rooms, janitor's closets and small electrical or telephone closets opening directly onto corridors provided that ventilation can be accomplished by the undercutting of doors. The installation of louvers in corridor doors is prohibited. The space above the finished ceiling may be used as a plenum for return air only.

G. Exhaust hoods in meal preparation areas shall comply with the requirements of NFPA 96 (1994). All hoods and cooktop surfaces in meal preparation areas shall be equipped with automatic fire suppression systems, automatic fan controls and fuel shutoff;

8. Plumbing systems.

A. The entire plumbing system, its design, operation and maintenance shall comply with the requirements of all applicable local and state codes including the requirements set forth in this rule.

B. Plumbing fixtures.

(I) All plumbing fixtures shall be of nonabsorptive acid-resistant material.

(II) Clinical sinks shall have a bedpan-flushing device and shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(III) Showers and tubs shall be provided with nonslip surfaces.

(IV) Water closets in patient areas shall be quiet operating types.

(V) Stools in patient toilet facilities shall be the elongated bowl type with nonreturn stops, backflow preventers and silencers. Seats shall be the split type and white in color.

(VI) Grab bars or handrails shall be provided adjacent to all bathtubs.

(VII) All lavatories shall be trimmed with valving operable without the use of hands.

C. Water supply systems.

(I) A reliable source of potable water shall be provided at the site to supply water in sufficient quantities to meet the various use demands of the hospice. The source of water shall have been tested and approved by the Missouri Department of Natural Resources.

(II) The water supply systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

(III) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(IV) Reduced pressure backflow preventers shall be installed on water service entrance, hose bibbs, janitors' sinks, bedpan-flushing attachments, and on all other fixtures to which hoses or tubing can be attached. The installation of backflow preventors shall provide safeguards against waterline expansion.

(V) The water supply system shall be designed to provide hot water at each hot water outlet at all times. The water-heating equipment shall have sufficient capacity to supply five gallons of water at 120°F per hour per bed for hospice fixtures and eight gallons per bed for kitchen and laundry. Lesser capacities may be accepted upon submission of the calculation for the anticipated demand of all fixtures and equipment in the building. Hot water at showers and bathing facilities shall not exceed 110°F. Hot water at handwashing facilities shall not exceed 120°F. Hot water circulating mains and risers shall be run from the hot storage tank to a point directly below the highest fixture at the end of each branch main.

D. Drainage systems.

(I) All fixtures and equipment shall be connected through traps to soil and waste piping and to the sewer and they shall all be properly vented to the outside.

(II) Courts, yards and drives which do not have natural drainage from the building shall have catch basins and drains to low ground, storm-water drainage system or dry wells.

(III) The building sanitary drain system shall be piped in cast iron, steel, copper or plastic.

(IV) Building sewers shall discharge into a community sewerage system when available. If such a system is not available, a facility providing sewage treatment shall conform to the rules of the Department of Natural Resources.

(V) Drainage piping shall not be installed within the ceiling or exposed in food preparation centers, food service facilities, food storage areas and clean linen storage rooms; special precautions shall be taken to protect any of these areas from possible leakage or condensation from necessary overhead drainage piping systems. These special precautions include requiring noncorrosive drip troughs with a minimum four-inch outside diameter to be installed under the drainage pipe in the direction of slope to a point where the pipe leaves the protected space and terminates at that point – usually at a wall. The trough shall be supported with noncorrosive strap hangers and screws from the pipe above. Trough joints and hanging screw penetrations shall be sealed to maintain watertight integrity throughout.

E. Natural or liquefied petroleum (LP) gas systems.

(I) Where gas-fire equipment is used, all gas piping, fittings, tanks and specialties shall be provided and installed in compliance with NFPA 54 (1992), NFPA 58 (1992), and the instructions of the gas supplier, except where more strict requirements are stated. Where liquefied petroleum gas (LPG) is used, compliance with the rules of the Missouri Department of Agriculture is also required.

(II) Where gas piping enters the building below grade, it shall have an outside vent as follows: a concrete box shall be made 18 inches by 18 inches with three-inch thick walls, of a height to rest on top of the entering gas pipe, and the top of the box to coming within six inches of top grade. The box shall be filled with coarse gravel. A one-inch upright vent line shall be to 1/2 the depth of the box and extend 12 inches above grade with a screened U-vent looking down. The vent line shall be anchored securely to the building wall.

(III) Gas outlets and gas-fired equipment shall not be installed in any patients' bedrooms.

F. Where a piped central medical gas distribution system is installed, the oxygen piping, outlets, manifold rooms,

and storage rooms shall be installed in accordance with the requirements of Chapter 4 of NFPA 99 (1993); and

9. Fire prevention and general operating requirements.

A. The hospice facility shall be maintained in a manner which provides a clean safe environment for the delivery of patient care and shall, until remodeled or renovated with the *[approval]* **notification** of the Department *[of Health]*, remain compliant with the codes and regulations under which the facility was constructed.

B. Exitways shall always be maintained free of obstructions.

C. Curtains, drapes and cubicle curtains shall be maintained in a manner which does not compromise their fire-resistant properties.

D. Smoking may be permitted in the patient's room by the patient only, and designated smoking areas by others. Designated smoking areas shall be ventilated as required by Table 1 of this rule. Modification of the patient room ventilation system is not required to permit occasional authorized smoking by a patient.

E. All waste containers shall be of noncombustible construction.

F. Electrical systems and medical gas systems shall be tested according to the provisions of NFPA 99 (1993) and shall be modified as necessary to comply with the operational requirements of that standard.

AUTHORITY: section 197.270, RSMo 2016. Original rule filed March 8, 1996, effective Oct. 30, 1996. Rescinded and readopted: Filed Jan. 3, 2001, effective Aug. 30, 2001. Amended: Filed Sept. 11, 2007, effective March 30, 2008. Emergency amendment filed August 6, 2026, effective August 20, 2026, expires February 15, 2027. An emergency and proposed amendment covering the same material will be published in the September 15, 2026, of the ***Missouri Register.***

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is effective.

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars ($500) in the time the emergency is effective.