



Rules of Department of Health and Senior Services

Division 30—Division of Health Standards and Licensure Chapter 86—Residential Care Facilities I and II

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**Title 13—DEPARTMENT OF
HEALTH AND SENIOR SERVICES
Division 30—Division of Health Standards
and Licensure
Chapter 86—Residential Care
Facilities I and II**

**19 CSR 30-86.012 Construction Standards
for New and Existing Residential Care
Facilities II and Newly Licensed Residen-
tial Care Facilities I**

PURPOSE: This rule establishes construction standards for new and existing residential care facilities II and new residential care facilities I and additions to or a major remodeling of existing residential care facilities I and II.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency's headquarters or the same will be made available at the Office of the Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

Editor's Note: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo Supp. 1997.

(1) A facility shall submit a copy of plans of proposed new construction, additions to or major remodeling of an existing facility to the division. If the facility is to be licensed for more than nine (9) residents, a registered architect or registered professional engineer shall prepare the plans and specifications for new construction or additions to an existing facility in conformance with Chapter 327, RSMo. III

(2) Construction of facilities shall begin only after the plans and specifications have received the written approval of the division. Facilities shall then be built in conformance with the approved plans and specifications. The facility shall notify the division when construction begins. If construction of the project is not started within one (1) year after

the date of approval of the plans and specifications and completed within a period of three (3) years, the facility shall resubmit plans to the division for its approval and shall amend them, if necessary, to comply with the then current rules before construction work is started or continued. III

(3) If the facility employs more than fifteen (15) people, it shall conform with section 504 of the Rehabilitation Act of 1973. Any facility that houses handicapped residents shall have the first floor rooms and living areas designed to be accessible to these residents. III

(4) Facilities shall not house residents on a level where the outside grade line is more than three feet (3') above the floor level on the window side of the room. II

(5) Residential care facilities I and II whose plans were approved or which were initially licensed after December 31, 1987, shall provide a minimum of seventy (70) square feet per resident in private and multiple occupancy bedrooms. This square footage calculation shall include the floor space used for closets and built-in furniture and equipment if these are for resident use and the closet space does not exceed five (5) square feet per resident. Private bedrooms in existing residential care facilities II and multiple occupancy bedrooms in residential care facilities I and II licensed between November 13, 1980 and December 31, 1987, shall have a minimum of sixty (60) square feet of floor space per resident. II

(6) Ceilings in bedrooms shall be a minimum of seven feet (7') in height or if a room with sloping ceiling is used, only the area where the ceiling height is at least seven feet (7') can be used to meet the required minimum square footage per resident. II

(7) Facilities shall provide bedrooms with at least one (1) functional outside window with screen. Window size shall be not less than one-twentieth (1/20) or five percent (5%) of the required floor area. II

(8) Facilities shall provide resident rooms with a full nonlouvered door that swings into the room. Residential care facilities II existing prior to November 13, 1980, are exempt from this requirement. II

(9) Facilities shall permit no more than four (4) beds per bedroom, regardless of the room size. Residential care facilities II existing prior to Nov. 13, 1980, are exempt from this requirement. II

(10) One (1) tub or shower bath shall be provided for each twenty (20) residents or major fraction of twenty (20). Facilities exceeding twenty (20) residents shall have separate bathing facilities for each sex. II

(11) One (1) toilet and lavatory shall be provided for each six (6) residents or major fraction of six (6). Existing residential care facilities II are required to provide one (1) toilet for each ten (10) beds or major fraction of ten (10) and one (1) lavatory for every fifteen (15) residents or major fraction of fifteen (15). II

(12) Separate toilet rooms shall be provided for each sex if common rooms with multi-stalls and stools are provided. II

(13) Bath and toilet facilities shall be conveniently located so that residents can reach them without passing through the kitchen, another bedroom or auxiliary service areas. II Existing residential care facilities II are exempt from this requirement.

(14) Bath and toilet facilities shall be ventilated. III

(15) Residential care facilities I and II whose plans were approved or which were initially licensed after December 31, 1987, shall have a community living and dining area separate from resident bedrooms with at least twenty-five (25) square feet per resident. The community living and dining area may be combined with footage required for another long-term care facility when the facility is on the same premises as another licensed facility. Residential care facilities II licensed prior to November 13, 1980, must have a living room area but they are exempt from minimum size requirements. Residential care facilities I and II licensed between November 13, 1980 and December 31, 1987, shall have a community living area with twenty (20) square feet per resident for the first twenty (20) residents and an additional fifteen (15) square feet per resident over a census of twenty (20). II

(16) Facilities shall provide the following in the dietary area: a kitchen, dishwashing, refrigeration, and garbage disposal facilities. The facility shall arrange the kitchen and equipment to efficiently and sanitarily enable the storage, preparation, cooking and serving of food and drink to residents. II

(17) Residential care facilities I and II shall provide a designated attendant's working area which includes: a storage space for records; locked storage space for medications; a



handwashing sink with hot and cold running water, a soap dispenser and paper towels; and a telephone conveniently located to the area. Facilities licensed for twelve (12) or fewer residents are exempt from a separate working area. III

(18) Facilities shall have a laundry area in a separate room for storing, sorting, washing, drying and distributing linen and personal clothing. Laundry facilities of a licensed long-term care facility located on the same premises may be used. Facilities licensed for twelve (12) or fewer residents will be exempt from having a separate room for laundry but the laundry room shall be separate from the kitchen and shall not be located in a room used by residents. III

(19) All newly licensed facilities shall be of sturdy construction with permanent foundations. III

(20) In buildings built prior to September 28, 1979, corridors shall have a minimum width of thirty-six inches (36"). First-floor resident room doors shall be a minimum of thirty-two inches (32") wide. Resident room doors of these buildings on the second floor and above shall be a minimum of thirty inches (30") wide. II/III

(21) In newly licensed buildings constructed on or after September 28, 1979, all resident room doors shall be a minimum of thirty-two inches (32") wide on all floors. Corridors shall be a minimum of forty-eight inches (48") wide and interior stairs shall be at least thirty-six inches (36") wide. II/III

(22) Exit doors in newly licensed facilities shall be at least thirty-six inches (36") wide, at least seventy-two inches (72") high and shall swing outward. II/III

(23) When the facility accepts deaf residents, residential care facilities I with an asleep night attendant shall have appropriate assistive devices to enable each deaf person to negotiate a path to safety, including, but not limited to, visual or tactile alarm systems. II/III

(24) All residential care facilities I and II whose plans were initially approved between December 31, 1987 and December 31, 1998, shall have at least one (1) hydraulic or electric motor-driven elevator if there are more than twenty (20) residents with bedrooms above the first floor. The elevator installation(s) shall comply with all local and state codes, American Standards Association Specification (ASAS) A17.1, *Safety Code for*

Elevators, Dumbwaiters, and Escalators, and the National Fire Protection Association's applicable codes. All facilities with plans approved on or after January 1, 1999, shall comply with all local and state codes, ASAS A17.1, 1993 *Safety Code for Elevators and Escalators*, and the 1996 *National Electrical Code*, which are incorporated by reference in this rule. II

(25) All residential care facilities I and II whose plans were approved or which were initially licensed after December 31, 1987, shall provide an air-conditioning system, or individual room air-conditioning units, capable of maintaining resident-use areas at eighty-five degrees Fahrenheit (85°F) (29.4°C) at the summer design temperature. II

AUTHORITY: section 198.076, RSMo 1994. This rule originally filed as 13 CSR 15-15.012. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed May 13, 1987, effective Aug. 13, 1987. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Amended: Filed May 11, 1998, effective Dec. 30, 1998. Moved to 19 CSR 30-86.012, effective Aug. 28, 2001.*

**Original authority: 198.076, RSMo 1979, amended 1984.*

19 CSR 30-86.022 Fire Safety Standards for New and Existing Residential Care Facilities I and II

PURPOSE: This rule establishes fire/safety standards for new and existing residential care facilities I and II.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency's headquarters or the same will be made available at the Office of the Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

PUBLISHER'S NOTE: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman

Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo. Supp. 1999.

(1) Definitions. For the purpose of this rule, the following definition shall apply:

(A) Area of refuge—A space located in a path of travel leading to a public way that is protected from the effects of fire, either by means of separation from other spaces in the same building or by virtue of location, thereby permitting a delay in egress travel from any level. An area of refuge has a temporary use during egress. It generally serves as a staging area that provides relative safety to its occupants while potential emergencies are assessed, decisions are made, and mitigating activities are begun. Taking refuge within such an area is, thus, a stage of the total egress process; a stage between egress from the immediately threatened area and egress to a public way.

(2) General Requirements.

(A) All National Fire Protection Association (NFPA) codes and standards cited in this rule are incorporated by reference in this rule with regard to the minimum fire safety standards for residential care facilities I and II.

(B) For the purpose of this rule, fire-resistant construction is defined as that type of construction in which bearing walls, columns and floors are of noncombustible material and all bearing walls, floors and roofs shall have a minimum of a one (1)-hour fire-resistant rating.

(C) All licensed facilities shall meet and maintain the facility in accordance with the fire safety standards in effect at the time of initial licensing, unless there is a specific requirement cited in this rule. I/II

(D) All facilities shall notify the Department of Health and Senior Services hereinafter the department immediately if there is a fire involving death or harm to a resident requiring medical attention by a physician or substantial damage to the facility. The department shall be notified in writing within seven (7) days in case of any other fire, regardless of the size of the fire or the loss involved. II/III

(E) The department shall have the right of inspection of any portion of a building in which a licensed facility is located unless the unlicensed portion is separated by two (2)-hour fire-resistant construction or the building is equipped with a complete sprinkler in accordance with NFPA 13 or NFPA 13R and the unlicensed portion is separated by one (1)-hour fire-resistant construction. No section of the building shall present a fire hazard. I/II



(F) The facility shall maintain the exterior premises in a manner as to provide for fire safety. II

(G) When the facility accepts residents who are deaf, residential care facilities I with an asleep night attendant shall have appropriate assistive devices to enable each deaf person to negotiate a path to safety, including, but not limited to, visual or tactile alarm systems. I/II

(3) Fire Extinguishers.

(A) Fire extinguishers shall be provided at a minimum of one (1) per floor, so that there is no more than one hundred feet (100') travel distance from any point on that floor to an extinguisher. I/II

(B) All new or replacement portable fire extinguishers shall be ABC-type extinguishers, in accordance with the provisions of the 1994 National Fire Protection Association (NFPA) 10, *Standard for Portable Fire Extinguishers*. II

(C) Fire extinguishers shall have a rating of at least:

1. Ten (10) pounds, or the equivalent, in or within fifteen feet (15') of hazardous areas as defined in 13 CSR 15-11; and

2. Five (5) pounds or the equivalent in other areas. II

(D) Every fire extinguisher shall bear the label of the Underwriters' Laboratories (UL) or the Factory Mutual (FM) Laboratories and the extinguisher, its installation, maintenance and use shall comply with the provisions of the 1994 edition of the NFPA 10. This includes the documentation and dating of a monthly pressure check. II/III

(4) Range Hood Extinguishing Systems.

(A) In facilities licensed on or before July 11, 1980, or in any facility with fewer than twenty-one (21) beds, the kitchen shall provide either:

1. An approved automatic range hood extinguishing system properly installed and maintained in accordance with the 1994 NFPA 96, *Standard on Ventilation Control and Fire Protection of Commercial Cooking Operations*; or

2. A portable fire extinguisher of at least ten (10) pounds, or the equivalent, in the kitchen area in accordance with the 1994 NFPA 10. II/III

(B) In licensed facilities with a total of twenty-one (21) or more licensed beds and whose application was filed after July 11, 1980 and prior to October 1, 2000:

1. The kitchen shall be provided with a range hood and an approved automatic range hood extinguishing system;

2. The range hood extinguishing system shall have the capacity of being manually operated, unless there is an approved sprinkler system; and

3. The extinguishing system shall be installed and maintained in accordance with the applicable edition of NFPA 96. II/III

(C) Facilities licensed on or after October 1, 2000, shall not be required to install and maintain range hood extinguishing systems since facilities shall be required to have complete sprinkler systems; however, if facilities have range hood extinguishing systems, they shall comply with the provisions of the 1994 NFPA 96. II/III

(D) The range hood and its extinguishing system shall be inspected and certified at least annually. II/III

(5) Fire Drills.

(A) All facilities shall develop a written plan for fire drills and evacuation and shall request consultation and assistance annually from a local fire unit. II/III

(B) The plan shall include, as a minimum, written instructions for evacuation of each floor including evacuation to areas of refuge, if applicable, and floor plan showing the location of exits, fire alarm pull stations, fire extinguishers and any areas of refuge. II/III

(C) The evacuation plan for facilities with areas of refuge shall also include plans for evacuating residents from the area of refuge to a point of safety outside the building, if necessary. II/III

(D) The written plan shall show the location of any additional water sources on the property such as cisterns, wells, lagoons, ponds or creeks. II/III

(E) The evacuation plan shall include procedures for the safety and comfort of residents evacuated including:

1. Staffing assignments;

2. Whom staff are to call including but not limited to fire department or other outside emergency services, alternative resource(s) for housing residents if necessary, administrative staff; and

3. Which staff member is charged with accounting for residents' whereabouts. II/III

(F) The written plan and evacuation diagram shall be posted on each floor in a conspicuous place so that employees and residents can become familiar with the plan and routes to safety. II/III

(G) A minimum of twelve (12) fire drills shall be conducted annually with at least one (1) every three (3) months on each shift. The fire drills shall include a resident evacuation at least once a year. II/III

(H) The staff shall be trained on how to proceed in the event of a fire. The training shall include:

1. All components of evacuation plan;

2. How to properly evacuate injured residents;

3. Which residents may need to be awakened or may need special assistance; and

4. How to operate fire extinguishing equipment. II/III

(I) The facility shall keep a record of all fire drills. The record shall include the time, date, personnel participating, length of time to complete the fire drill, and a narrative notation of any special problems. III

(6) Exits, Stairways and Fire Escapes.

(A) Each floor of a facility shall have at least two (2) unobstructed exits remote from each other.

1. For a facility whose plans were approved on or before December 31, 1987, or a facility licensed for twenty (20) or fewer residents, one (1) of the required exits from a multi-story facility shall be an outside stairway or an enclosed stairway that is separated by one (1)-hour rated construction from each floor with an exit leading directly to the outside at grade level. Existing plaster or gypsum board of at least one-half inch (1/2") thickness may be considered equivalent to one (1)-hour rated construction. The other required exit may be an interior stairway leading through corridors or passageways to outside or to a two (2)-hour rated horizontal exit as defined by paragraph 3.3.61 of the 2000 edition NFPA 101. Neither of the required exits shall lead through a furnace or boiler room. Neither of the required exits shall be through a resident's bedroom, unless the bedroom door cannot be locked.

2. For a facility whose plans were approved after December 31, 1987, for more than twenty (20) residents, the required exits shall be doors leading directly outside, one (1)-hour enclosed stairs or outside stairs or a two (2)-hour rated horizontal exist as defined by paragraph 3.3.61 of 2000 edition NFPA 101. The one (1)-hour enclosed stairs shall exit directly outside at grade. Access to these shall not be through a resident bedroom or a hazardous area. I/II

3. Only one (1) of the required exists may be a two (2)-hour rated horizontal exist.

(B) In facilities with plans approved after December 31, 1987, doors to resident use rooms shall not be more than one hundred feet (100') from an exit. In facilities equipped with a complete sprinkler system in accordance with NFPA 13 or NFPA 13R, the exit distance may be increased to one hundred



fifty feet (150'). Dead-end corridors shall not exceed thirty feet (30') in length. II

(C) Floors housing residents who require the use of a walker, wheelchair or other assistive devices or aids, or who are blind, must have two (2) accessible exits to grade or such residents must be housed near accessible exits as specified in 19 CSR 30-86.042(36). Facilities equipped with a complete sprinkler system, in accordance with the 1996 edition of NFPA 13 or NFPA 13R with sprinklered attics, and smoke partitions, as defined by subsection (9)(I) of this rule, may house such residents on floors that do not have accessible exits to grade if each required exit is equipped with an area of refuge as defined and described in subsections (1)(A) and (6)(D) of this rule. I/II

(D) An "area of refuge" shall have:

1. An area separated by one (1)-hour rated smoke walls, from the remainder of the building. This area must have direct access to the exit stairway or access the stair through a section of the corridor that is separated by smoke walls from the remainder of the building. This area may include no more than two (2) resident rooms;

2. A two (2)-way communication or intercom system with both visible and audible signals between the area of refuge and the bottom landing of the exit stairway, attendants' work area, or other primary location as designated in the written plan for fire drills and evacuation;

3. Instructions on the use of the area during emergency conditions that are located in the area of refuge and conspicuously posted adjoining the communication or intercom system;

4. A sign at the entrance to the room that states "AREA OF REFUGE IN CASE OF FIRE" and displays the international symbol of accessibility;

5. An entry or exit door that is at least one and three-fourths inches (1 3/4") solid core wood door or has a fire protection rating of not less than twenty (20) minutes with smoke seals and positive latching hardware. These doors shall not be lockable;

6. A sign conspicuously posted at the bottom of the exit stairway with a diagram showing each location of the areas of refuge;

7. Emergency lighting for the area of refuge; and

8. The total area of the areas of refuge on a floor shall equal at least twenty (20) square feet for each resident who is blind or requires the use of wheelchair or walker housed on the floor. II

(E) If it is necessary to lock exit doors, the locks shall not require the use of a key, tool, special knowledge or effort to unlock the

door from inside the building. Only one (1) lock shall be permitted on each door. Delayed egress locks complying with section 7.2.1.6.1 of the 2000 edition NFPA 101 shall be permitted, provided that not more than one (1) such device is located in any egress path. Self-locking exit doors shall be equipped with a hold-open device to permit staff to reenter the building during the evacuation. I/II

(F) If it is necessary to lock resident room doors, the locks shall not require the use of a key, tool, special knowledge or effort to unlock the door from inside the room. Only one (1) lock shall be permitted on each door. Every resident room door shall be designed to allow the door to be opened from the outside during an emergency when locked. The facility shall ensure that facility staff have the means or mechanisms necessary to open resident room doors in case of an emergency. I/II

(G) All stairways and corridors shall be easily negotiable and shall be maintained free of obstructions. II

(H) Outside stairways shall be constructed to support residents during evacuation and shall be continuous to the ground level. Outside stairways shall not be equipped with a counter-balanced device. They shall be protected from or cleared of ice or snow. II/III

(I) Facilities with three (3) or more floors shall comply with the provisions of Chapter 320, RSMo which requires outside stairways to be constructed of iron or steel. II

(J) Fire escapes constructed on or after November 13, 1980, whether interior or exterior, shall be thirty-six inches (36") wide, shall have eight-inch (8") maximum risers, nine-inch (9") minimum tread, no winders, maximum height between landings of twelve feet (12'), minimum dimensions of landings of forty-four inches (44"), landings at each exit door, handrails on both sides and be of sturdy construction, using at least two-inch (2") lumber. Exit doors to these fire escapes shall be at least thirty-six inches (36") wide and the door shall swing outward. II/III

(K) If a ramp is required to meet residents' needs under 19 CSR 30-86.042, the ramp shall have a maximum slope of one to twelve (1:12) leading to grade. II/III

(7) Exit Signs.

(A) Signs bearing the word EXIT in plain, legible letters shall be placed at each required exit, except at doors directly from rooms to exit passageways or corridors. Letters of all exit signs shall be at least six inches (6") high and three-fourths of an inch (3/4") wide, except that letters of internally illuminated exit signs shall not be less than four and one-half inches (4 1/2") high. II

(B) Directional indicators showing the direction of travel shall be placed in corridors, passageways or other locations where the direction of travel to reach the nearest exit is not apparent. II/III

(C) All required exit signs and directional indicators shall be positioned so that they are illuminated by both normal and emergency lighting. II/III

(8) Fire Alarm Systems.

(A) All facilities shall have inspections and written certifications of the fire alarm system completed by an approved qualified service representative in accordance with the 1996 NFPA 72, *National Fire Alarm Code*, at least annually. II/III

(B) All residential care facilities I licensed for more than twenty (20) residents shall be equipped with a complete fire alarm system in accordance with the applicable edition of NFPA 72. I/II

(C) All residential care facilities II shall be equipped with a complete fire alarm system in accordance with the applicable edition of NFPA 72. I/II

(D) All residential care facilities with more than one (1) structure on the premises housing residents shall be equipped with a complete fire alarm system in accordance with the applicable edition of NFPA 72. I/II

(E) A complete fire alarm system will not be required for facilities licensed prior to July 11, 1980, if the facility has a sprinkler system installed and maintained in accordance with the 1976 NFPA 13, *Standard for the Installation of Sprinkler Systems*. I/II

(F) Residential care facilities I licensed for twenty (20) or fewer residents shall be equipped with a complete automatic fire alarm system or individual home-type detectors. The individual home-type detectors shall be UL-approved battery-powered detectors which sense smoke and automatically sound an alarm which can be heard throughout the facility. If individual home-type detectors are being used, there shall be one (1) detector per resident-use room, in corridors and stairwells and in any hazardous area other than the kitchen where either a smoke or heat detector may be used. I/II

(G) The fire alarm system shall be an electrically supervised system with standby emergency power installed and maintained in accordance with the 1996 NFPA 72. Those facilities with plans approved prior to October 1, 2000, shall comply with the provision of the 1975 edition of NFPA 72A, *Local Protective Signaling Systems*. Those facilities with plans approved on or after October 1, 2000, shall comply with the 1996 edition of NFPA 72. I/II



(H) As a minimum, the fire alarm system shall consist of a manual pull station at or near each attendant's station and each required exit, smoke detectors located no more than thirty feet (30') apart in the corridors or passageways with no point in the corridor or passageway more than fifteen feet (15') from a detector and no point in the building more than thirty feet (30') from a detector. In residential care facilities licensed prior to November 13, 1980, smoke detectors located every fifty feet (50') will be acceptable. The smoke detectors will not be required in facilities licensed prior to November 13, 1980, if a complete heat detector system, interconnected to the fire alarm system, is provided in every space throughout the facility. It must include audible signal(s) which can be heard throughout the building and a main panel that interconnects all alarm-activating devices and audible signals. I/II

(I) Every fire alarm system shall be tested at least once a month, and a record of all tests shall be maintained. II/III

(J) Any fault with any part of the fire alarm system shall be corrected immediately upon discovery. I/II

(K) When a fire alarm system is to be out of service for more than four (4) hours in a twenty-four (24)-hour period, the facility shall immediately notify the department and implement an approved fire watch until the fire alarm system has been returned to full service. I/II

(L) Detectors shall be tested monthly and batteries shall be changed as needed. A record shall be kept of the dates of testing and the changing of batteries. II/III

(M) Any fault with any detector shall be corrected immediately upon discovery. I/II

(9) Protection from Hazards.

(A) In residential care facilities I and II licensed on or after November 13, 1980, for more than twelve (12) residents, hazardous areas shall be separated by construction of at least a one (1)-hour fire-resistant rating. In facilities equipped with a complete automatic fire alarm system, not individual residential-type detectors, the one (1)-hour fire separation is required only for furnace or boiler rooms. Hazardous areas equipped with a complete sprinkler system are not required to have this one (1)-hour fire separation. Doors to hazardous areas shall be self-closing and shall be kept closed unless an electromagnetic hold-open device is used which is interconnected with the fire alarm system. II

(B) The storage of unnecessary combustible materials in any part of a building in which a licensed facility is located is prohibited. I/II

(C) Space under stairways shall not be used for storage of combustible materials unless the space is separated by one (1)-hour rated construction and sprinklered. II/III

(D) Electric or gas clothes dryers shall be vented to the outside. Lint traps shall be cleaned regularly to protect against fire hazard. II/III

(E) In residential care facilities II licensed on or after November 13, 1980, each floor shall be separated by construction of at least a one (1)-hour fire resistant rating. Buildings equipped with a complete sprinkler system may have a nonrated smoke separation barrier between floors. Doors between floors must be a minimum of one and three-fourths inches (1 3/4") thick and be solid core wood doors or metal doors with an equivalent fire rating. II

(F) In residential care facilities I and II licensed prior to November 13, 1980, and multi-storied residential care facilities I licensed on or after November 13, 1980, there shall be a smoke separation barrier between the floors of resident-use areas and any floor below the resident-use area. This shall consist of a solid core wood door or metal door with an equivalent fire rating at the top or the bottom of the stairs. There shall not be a transom above the door that would permit the passage of smoke. II

(G) Atriums open between floors will be permitted if resident room corridors are separated from the atrium by one (1)-hour rated smoke walls. These corridors must have access to at least one (1) of the required exits without traversing any space opened to the atrium. II

(H) All doors providing separation between floors shall have a self-closing device attached. If the doors are to be held open, electromagnetic hold-open devices shall be used that are interconnected with either an individual smoke detector, a sprinkler system or a complete fire alarm system. II

(I) In facilities whose plans are approved or which are initially licensed after December 31, 1987, for more than twenty (20) residents, each floor used for resident bedrooms shall be divided into at least two (2) smoke sections by one (1)-hour rated smoke stop partitions. No smoke section shall exceed one hundred fifty feet (150') in length. If, however, neither the length nor width of a floor exceeds seventy-five feet (75'), no smoke stop partitions are required. Openings in smoke stop partitions shall be protected by solid core doors equipped with closers and magnetic hold-open devices. Any duct passing through this smoke wall shall be equipped with automatic resetting smoke dampers that

are activated by the fire alarm systems. Smoke dampers are not required where both smoke sections are protected by Quick Response Sprinklers. Smoke partitions shall extend from outside wall-to-outside wall and from floor-to-floor or floor-to-roof deck. II

(J) Facilities whose plans are approved or which are initially licensed after December 31, 1987, for more than twenty (20) residents and which are unsprinklered shall have one (1)-hour rated corridor walls with one and three-quarters inch (1 3/4") solid core wood doors or metal doors with an equivalent fire rating. II

(K) If two (2) or more levels of long-term care or two (2) different businesses are located in the same building, the entire building shall meet either the most strict construction and fire safety standards for the combined facility or the facilities shall be separated from the other(s) by two (2)-hour fire-resistant construction. In buildings equipped with a complete sprinkler system in accordance with NFPA 13 or NFPA 13R, this separation may be rated at one (1) hour. II

(10) Sprinkler Systems.

(A) All residential care facilities II that are not of fire-resistant construction which house any residents above the second floor shall be provided throughout with an automatic sprinkler system installed and maintained according to the applicable edition of the NFPA 13, *Standard for the Installation of Sprinkler Systems*. I/II

(B) Residential care facilities I that are not of fire-resistant construction and which house residents above the third floor shall be provided throughout with an automatic sprinkler system installed and maintained according to the applicable edition of the NFPA 13 or NFPA 13D, *Standard for the Installation of Sprinkler Systems in One- and Two-Story Dwellings and Manufactured Homes*. I/II

(C) Facilities whose plans are approved or which are initially licensed after December 31, 1987, for more than twenty (20) residents shall be completely sprinklered if they are not of fire-resistant construction and if they are over one (1) story in height. One (1) story facilities shall be completely sprinklered unless all combustible structural members are provided with one (1)-hour fire-rated protection. One-half inch (1/2") gypsum board or plaster is considered equivalent to one (1)-hour protection. The sprinkler system shall comply with the applicable edition of either NFPA 13 or NFPA 13R, *Standard for the Installation of Sprinkler Systems in Residential Occupancies Up to and Including Four Stories in Height*. I/II



(D) All residential care facilities I and II initially licensed or with plans approved on or after October 1, 2000, shall have complete sprinkler systems installed and maintained in accordance with the 1996 edition of NFPA 13 or NFPA 13R. In areas where public water supplies are not available, a private water supply meeting the requirements of the 1994 edition of NFPA 13D, *Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes*, will be acceptable. I/II

(E) All facilities shall have inspections and written certifications of the sprinkler system completed by an approved qualified service representative in accordance with the 1998 NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*. The inspections shall be in accordance with the provisions of NFPA 25, with certification at least annually by a qualified service representative. II/III

(F) When a sprinkler system is to be out of service for more than four (4) hours in a twenty-four (24)-hour period, the facility shall immediately notify the department and implement an approved fire watch until the sprinkler system has been returned to full service. I/II

(11) Emergency Lighting.

(A) Emergency lighting of sufficient intensity shall be provided for exits, stairs, resident corridors and attendants' station. II

(B) The lighting shall be supplied by an emergency service, an automatic emergency generator or battery operated lighting system. This emergency lighting system shall be equipped with an automatic transfer switch. II

(C) If battery powered lights are used, they shall be capable of operating the light for at least one and one-half (1 1/2) hours. II

(12) Interior Finish and Furnishings.

(A) In a facility licensed on or after November 13, 1980, for more than twelve (12) residents, wall and ceiling surfaces of all occupied rooms and all exitways shall be of a material or so treated as not to have a flame-spread classification of more than seventy-five (75) according to the method of the *Fire Hazard Classification of Building Materials of Underwriters Laboratories, Inc.* II

(B) In facilities licensed prior to November 13, 1980, all wall and ceiling surfaces shall be smooth and free of highly combustible materials. II

(C) In a facility licensed on or after November 13, 1980, for more than twelve (12) residents, the new or replacement floor covering and carpeting shall be Class I in

nonsprinklered buildings and Class II in sprinklered buildings. Class I has a critical radiant flux of zero point forty-five (0.45) or more watts per square centimeter when tested according to NFPA 253, *Standard Method of Test for Critical Radiant Flux of Floor Covering Systems Using a Radiant Heat Energy Source*. Class II has a critical radiant flux of zero point twenty-two (0.22) or more watts per square centimeter when tested according to NFPA 253. II/III

(D) All new or replacement curtains and drapes in a licensed facility shall be certified or treated to be flame-resistant. II

(13) Smoking.

(A) Smoking shall not be permitted in sleeping quarters except at that time as direct supervision is provided. Areas where smoking is permitted shall be designated as such and shall be supervised either directly or by a resident informing an employee of the facility that the area is being used for smoking. II/III

(B) Ashtrays shall be made of noncombustible material and safe design and shall be provided in all areas where smoking is permitted. II/III

(C) The contents of ashtrays shall be disposed of properly in receptacles made of noncombustible material. II/III

(14) Trash and Rubbish Disposal.

(A) Only metal or UL- or FM-fire-resistant rated wastebaskets shall be used for trash. II

(B) Trash shall be removed from the premises as often as necessary to prevent fire hazards and public health nuisance. II

(C) No trash shall be burned within fifty feet (50') of any facility except in an approved incinerator. I/II

(D) Trash may be burned only in a masonry or metal container. II

(E) The container shall be equipped with a metal cover with openings no larger than one-half inch (1/2") in size. III

*AUTHORITY: section 198.076, RSMo 2000. * This rule originally filed as 13 CSR 15-15.022. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed May 13, 1987, effective Aug. 13, 1987. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Amended: Filed Feb. 28, 2000, effective Sept. 30, 2000. Moved to 19 CSR 30-86.022, effective Aug. 28, 2001. Amended: Filed Aug. 16, 2004, effective Feb. 28, 2005.*

**Original authority: 198.076, RSMo 1979, amended 1984.*

19 CSR 30-86.032 Physical Plant Requirements for New and Existing Residential Care Facilities I and II

PURPOSE: This rule establishes standards for the physical plant of new or existing residential care facilities I and II.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency's headquarters or the same will be made available at the Office of the Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

Editor's Note: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 1986.

(1) The building shall be substantially constructed and shall be maintained in good repair and in accordance with the construction and fire safety rules in effect at the time of initial licensing. II/III

(2) Only activities necessary to the administration of the facility shall be contained in any building used as a long-term care facility except that related activities may be conducted in buildings subject to prior written approval of these activities by the Division of Aging. Examples of these activities are Home Health Agencies, physician's office, pharmacy, ambulance service, day care and food service for the elderly in the community. II/III

(3) All stairways shall be equipped with permanently secured handrails on at least one (1) side. III

(4) There shall be a telephone in the facility and additional telephones or extensions as necessary so that help may be summoned promptly in case of fire, accident, acute illness or other emergency. II/III



(5) Bath and toilet facilities shall be provided for the convenience, privacy, comfort and safety of residents. Fixed partitions or curtains shall be provided in toilet and bathrooms to assure privacy. II/III

(6) Newly licensed facilities shall have handrails and grab bars affixed in all toilet and bathing areas. Existing licensed facilities shall have handrails and grab bars available in at least one (1) bath and toilet area. II

(7) There shall be adequate storage areas for food, supplies, linen, equipment and resident's personal possessions. III

(8) Each room or ward in which residents are housed or to which residents have reasonable access shall be capable of being heated to not less than eighty degrees Fahrenheit (80°F) under all weather conditions. Temperature shall not be lower than sixty-eight degrees Fahrenheit (68°F) and the reasonable comfort needs of individual residents shall be met. I/II

(9) In newly licensed facilities or if a new heating system is installed in an existing licensed facility, the heating of the building shall be restricted to steam, hot water, permanently installed electric heating devices or a warm air system employing central heating, plants with installation such as to safeguard the inherent fire hazard, or approved installation of outside wall heaters which bear the approved label of the American Gas Association or National Board of Fire Underwriters. All oil or gas heating appliances shall be properly vented to the outside. The use of portable heaters of any kind is prohibited. If approved wall heaters are used, adequate guards shall be provided to safeguard residents. I/II

(10) Wood-burning stoves shall not be installed in newly licensed facilities or in existing licensed facilities that did not previously have a wood-burning stove. If wood-burning stoves are used in an existing licensed facility, or wood-burning furnaces or fireplaces are used, flues or chimneys shall be maintained in good condition and kept free of accumulation of combustible materials. II

(11) Fireplaces may be used only if there is a protective screen in place; if there is direct staff supervision of residents while in use; and the fire shall not be left burning overnight. II

(12) In newly constructed facilities, electrical wiring shall be installed and maintained in accordance with the requirements of the

National Electrical Code and local codes. In existing licensed facilities and newly licensed existing buildings built prior to September 28, 1979 electrical wiring shall be maintained in good repair and shall not present a safety hazard. II

(13) Wiring shall be inspected every two (2) years by a qualified electrician. III

(14) Lighting is restricted to electricity. II

(15) Lighting in hallways, bathrooms, recreational and dining areas and all resident-use areas shall be provided with a minimum intensity of ten (10) footcandles. All lights in resident-use areas shall be provided with a shade to prevent direct glare to the residents' eyes. II/III

(16) Night lights shall be provided for corridors, stairways and toilet areas. II

(17) A reading light shall be provided for each resident desiring to read. III

(18) If extension cords are used, they must be Underwriters' Laboratory (UL)-approved and sized to carry the current required for the appliance used. Only one (1) appliance shall be connected to one (1) extension cord and only two (2) appliances may be served by one (1) duplex receptacle. If extension cords are used, they shall not be placed under rugs, through doorways or located where they are subject to physical damage. II/III

(19) If elevators are used, installation and maintenance shall comply with local and state codes and the *National Electric Code*. II/III

(20) Air conditioning, fans or a ventilating system shall be available and used when the room temperature exceeds eighty-five degrees Fahrenheit (85°F) and the reasonable comfort needs of individual residents shall be met. I/II

(21) Gas-fired water heaters shall be properly installed and vented and all water heaters shall be equipped with a temperature and pressure relief valve. II

(22) Furniture and equipment shall be maintained in good condition and shall be replaced if broken, torn, heavily soiled or damaged. Rooms shall be so designed and furnished that the comfort and safety of the residents are provided for at all times. II/III

(23) Rooms shall be neat, orderly and cleaned daily. II/III

(24) An individual bed, in good repair and of a rigid type, shall be provided to each resident. Beds shall be at least thirty-six inches (36") wide. Double beds of satisfactory construction may be provided for married couples. Rollaway, metal cots or folding beds shall not be used. II/III

(25) A minimum of three feet (3') shall be available between beds when parallel. III

(26) Mattresses shall be clean, in good repair and a minimum of four inches (4") in thickness to provide comfort. II/III

(27) Each bed shall be provided with at least one (1) clean, comfortable pillow. Extra pillows shall be available to meet the needs of the residents. III

(28) Screens or curtains, either portable or permanently affixed, shall be available and used in multi-resident bedrooms to provide privacy as needed or if requested. III

(29) Each resident shall be provided with an individual locker or other suitable space for storage of clothing and personal belongings. III

(30) Each resident shall be provided with an individual rack for a towel(s) and washcloth(s) unless provided with a clean washcloth(s) or towel(s) for use each time needed. III

(31) A comfortable chair shall be available for each resident's use. III

(32) Each window shall be provided with a shade, drape or curtain to restrict the amount of sunlight when necessary. III

(33) All new and existing residential care facilities II and all residential care facilities I whose plans are approved or which are initially licensed for more than twelve (12) residents after December 31, 1987 shall be equipped with a call system consisting of an electrical intercommunication system, buzzer system or hand bells. An acceptable mechanism for calling attendants shall be located in each toilet room and resident bedroom. Call systems for facilities whose plans are approved or which are initially licensed after December 31, 1987 shall be audible in the attendant's work area. II/III



(34) Plumbing fixtures which are accessible to residents and which supply hot water shall be thermostatically controlled so that the water temperature at the fixture does not exceed one hundred twenty degrees Fahrenheit (120°F) (49°C) and the water shall be at a temperature range between one hundred five degrees Fahrenheit (105°F) (41°C) and one hundred twenty degrees Fahrenheit (120°F) (49°C). I/II

AUTHORITY: section 198.076, RSMo 1986. This rule originally filed as 13 CSR 15-15.032. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Nov. 9, 1983, effective Nov. 19, 1983, expired March 18, 1984. Amended: Filed Nov. 9, 1983, effective Feb. 11, 1984. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed May 13, 1987, effective Aug. 13, 1987. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Moved to 19 CSR 30-86.032, effective Aug. 28, 2001.*

**Original authority: 198.076, RSMo 1979, amended 1984.*

19 CSR 30-86.042 Administrative, Personnel and Resident Care Requirements for New and Existing Residential Care Facilities I and II

PURPOSE: This rule establishes standards for administration, personnel and resident care in residential care facilities I and II.

Editor's Note: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 1986.

(1) For a residential care facility II, a person shall be designated to be administrator who is currently licensed as a nursing home administrator under Chapter 344, RSMo. II

(2) For a residential care facility I, a person shall be designated as administrator/manager who is either currently licensed as a nursing home administrator or is at least twenty-one (21) years of age, has never been convicted of an offense involving the operation of a long-term care or similar facility and who attends at least one (1) continuing education workshop within each calendar year given by or approved by the Division of Aging. When used in this chapter of rules, the term man-

ager shall mean that person who is designated by the operator to be in general administrative charge of a residential care facility I. It shall be considered synonymous to "administrator" as defined in section 198.006, RSMo and the terms administrator and manager may be used interchangeably. II/III

(3) By January 1, 1991, the administrator/manager of a residential care facility I or II shall have successfully completed the state approved Level I Medication Aide course unless s/he is a physician, pharmacist, licensed nurse or a certified medication technician, or if the facility is operating in conjunction with a skilled nursing facility or intermediate care facility on the same premises, or, for a residential care facility II, if the facility employs on a full-time basis, a licensed nurse who is available seven (7) days per week. II/III

(4) The operator shall be responsible to assure compliance with all applicable laws and regulations. The administrator/manager shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator/manager's responsibilities shall include oversight of residents to assure that they receive appropriate care. II/III

(5) The administrator/manager shall devote sufficient time and attention to the management of the facility as is necessary for the health, safety and welfare of the residents. II

(6) For a residential care facility II, the administrator cannot be listed or function in more than one (1) facility at the same time unless s/he serves no more than four (4) facilities which are within a thirty (30)-mile radius and licensed to serve in total no more than one hundred (100) residents. However, one (1) administrator may serve as the administrator of more than one (1) licensed facility if all facilities are on the same premises. II/III

(7) The administrator/manager shall designate, in writing, a staff person in charge in his/her absence. For a residential care facility II, if the administrator is absent for more than thirty (30) consecutive days, during which time s/he is not readily accessible for consultation by telephone with the person in charge or if the administrator is absent from the facility for more than sixty (60) working days during the course of a calendar year the person designated to be in charge shall be a licensed nursing home administrator. II/III

(8) The facility shall not care for more residents than the number for which the facility is licensed. II/III

(9) The facility's current license shall be posted in a conspicuous place and notices provided to the facility by the Division of Aging granting exception(s) to regulatory requirements shall be posted alongside of the facility's license. III

(10) All personnel responsible for resident care shall have access to the legal name of each resident, name and telephone number of physician and next of kin or responsible party in the event of emergency. II/III

(11) All persons who have any contact with the residents in the facility shall not knowingly act or omit any duty in a manner which would materially and adversely affect the health, safety, welfare or property of residents. No person who is listed on the Employee Disqualification List maintained by the division as required by section 198.070, RSMo shall work or volunteer in the facility in any capacity whether or not employed by the operator. I/II

(12) Effective August 28, 1997, each facility shall, not later than two (2) working days of the date an applicant for a position to have contact with residents is hired, request a criminal background check, as provided in sections 43.530, 43.540 and 610.120, RSMo. Each facility must maintain in its record documents verifying that the background checks were requested and the nature of the response received for each such request. The facility must ensure that any applicant who discloses prior to the check of his/her criminal records that he/she has been convicted of, plead guilty or *nolo contendere* to, or has been found guilty of any A or B felony violation of Chapter 565, 566, or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo, will not be allowed to work in contact with patients or residents until and unless a check of the applicant's criminal record shows that no such conviction occurred. II/III

(13) The facility must develop and implement written policies and procedures which require that persons hired for any position which is to have contact with any patient or resident have been informed of their responsibility to disclose their prior criminal history to the facility as required by section 660.317.5, RSMo. The facility must also develop and implement policies and procedures which ensure that the facility does not knowingly hire, after August



28, 1997, any person who has or may have contact with a patient or resident, who has been convicted of, plead guilty or *nolo contendere* to, in this state or any other state, or has been found guilty of any A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo. II/III

(14) All persons who have or may have contact with residents shall at all time when on duty or delivering services wear an identification badge. The badge shall give their name, title and, if applicable, the status of their license or certification as any kind of health care professional. This rule shall apply to all personnel who provide services to any resident directly or indirectly. III

(15) All personnel shall be able physically and emotionally to work in a long-term care facility. I/II

(16) Personnel who have been diagnosed with a communicable disease may begin work or return to duty only with written approval by a physician or physician's designee which indicates any limitations. II

(17) The administrator/manager shall be responsible for monitoring the health of the employees. II/III

(18) Prior to or on the first day that a new employee works in the facility s/he shall receive orientation of at least one (1) hour appropriate to his/her job function. This shall include, at a minimum, job responsibilities, how to handle emergency situations, the importance of infection control and hand-washing, confidentiality of resident information, preservation of resident dignity, how to report abuse/neglect to the Division of Aging (1-800-392-0210), information regarding the Employee Disqualification List and instruction regarding the rights of residents and protection of property. II/III

(19) The administrator/manager shall maintain on the premises an individual personnel record on each employee of the facility which shall include: the employee's name and address; Social Security number; date of birth; date of employment; experience and education including documentation of specialized training on medication and/or insulin administration, or both; references, if available; the results of background checks required by section 660.317, RSMo; position in the facility; written statement signed by a licensed physician or physician's designee indicating the person can work in a long-term care facility and indicating any limitations; record that the employee was instructed on

residents' rights, facility's policies, job duties and any other orientation and reason for termination. Personnel records shall be maintained for at least one (1) year following termination of employment. III

(20) There shall be written documentation maintained in the facility showing actual hours worked by each employee. III

(21) No one individual shall be on duty with responsibility for oversight of residents longer than eighteen (18) hours per day except in a residential care facility I licensed for twelve (12) or fewer residents. I/II

(22) Employees who are counted in meeting the minimum staffing ratio and employees who provide direct care to the residents shall be at least sixteen (16) years of age. III

(23) One (1) employee at least eighteen (18) years of age shall be on duty at all times. I/II

(24) Staffing for Residential Care Facility I.
 (A) The facility shall have an adequate number and type of personnel on duty at all times for the proper care of residents and upkeep of the facility. At a minimum, one (1) employee shall be on duty for every forty (40) residents or fraction of forty (40) to provide protective oversight to residents and for fire safety. I/II

Staff	Residents
1	1-40
2	41-80
3	81-120
4	121-160

(B) The required staff person shall be in the facility awake, dressed and prepared to assist residents in case of emergency, except that in a facility licensed for twelve (12) or fewer residents, this person may be asleep during the night hours. In a facility licensed for twenty (20) or fewer residents, the required staff person may be asleep if there is a sprinkler system or if there is a complete automatic fire detection system. I/II

(C) In a facility of more than one hundred (100) residents, the administration/manager shall not be counted when determining the personnel required. II

(D) If the facility is opened in conjunction with and is immediately adjacent to and contiguous to another licensed long-term care facility and if—

1. The resident bedrooms of the residential care facility I are on the same floor or on the ground floor immediately below that of the other licensed facility;

2. There is an approved call system in each resident's bedroom and bathroom or a patient-controlled system connected to a nursing station of the other licensed facility;

3. There is a complete fire alarm system in the residential care facility I connected to the complete fire alarm system in the other licensed facility;

4. The staff of the other licensed facility is greater than their minimum requirements; and

5. Periodic visits to the residential care facility I are made by a staff person to determine the welfare of the resident in the residential care facility; then, for a facility serving twenty (20) or fewer residents, there need not be an attendant on duty during the day and evening shifts and the attendant may be asleep during the night shift; or if the facility is on the same floor as the other licensed facility, there need not be an attendant at night. If there are more than twenty (20) residents, there shall be at least one (1) staff person awake and dressed at all times for every forty (40) residents or fraction of forty (40). I/II

(E) Those facilities which have only an asleep attendant during the night-time period and those facilities which have only the minimum staff required by subsection (24)(D) during the night-time period shall not accept residents who are blind, use assistive devices, such as walkers or wheelchairs, or who need care greater than can be provided with the staffing pattern in those facilities. Those residents who were living in a residential care facility I prior to July 11, 1980, may remain in that facility with an asleep attendant even though they may be blind, deaf or use assistive devices provided they can demonstrate the ability to reach safety unassisted or with assistive devices. II

(25) Staffing for Residential Care Facility. II

(A) The facility shall have an adequate number and type of personnel for the proper care of residents and upkeep of the facility. At a minimum, the staffing pattern for fire safety and care of residents shall be one (1) staff person for every fifteen (15) residents or major fraction of fifteen (15) during the day shift, one (1) person for every twenty (20) residents or major fraction of twenty (20) during the evening shift and one (1) person for every twenty-five (25) residents or major fraction of twenty-five (25) during the night shift. I/II

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)*	1	3-15
3 p.m. to 9 p.m. (Evening)*	1	3-20
9 p.m. to 7 a.m. (Night)*	1	3-25

*If the shift hours vary from those indicated, the hours of the shifts shall show on the work



schedules of the facility and shall not be less than six (6) hours. III

(B) The required staff shall be in the facility awake, dressed and prepared to assist residents in case of emergency. I/II

(C) In a facility of more than one hundred (100) residents, the administrator shall not be counted when determining the personnel required. II

(D) If a residential care facility II is operated in conjunction with and is immediately adjacent to and contiguous to another licensed long-term care facility and if the resident bedrooms of the residential care facility II are on the same floor as at least a portion of a licensed intermediate care or skilled nursing facility; there is an approved call system in each resident's bedroom and bathroom or a patient-controlled call system; and there is a complete fire alarm system in the facility tied into the complete fire alarm system in the other licensed facility, then the following minimum staffing for oversight and care of residents, for upkeep of the facility and for fire safety shall be one (1) staff person for every eighteen (18) residents or major fraction of residents during the day shift, one (1) person for every twenty-five (25) residents or major fraction of residents during the evening shift and one (1) person for every thirty (30) residents or major fraction of residents during the night shift. I/II

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)*	1	3-18
3 p.m. to 9 p.m. (Evening)*	1	3-25
9 p.m. to 7 a.m. (Night)*	1	3-30

*If the shift hours vary from those indicated, the hours of the shifts shall show on the work schedules of the facility and shall not be less than six (6) hours. III

(E) There shall be a licensed nurse employed by the facility to work at least eight (8) hours per week at the facility for every thirty (30) residents or additional major fraction of thirty (30). The nurse's duties shall include, but shall not be limited to, review of residents' charts, medications and special diets or other orders, review of each resident's adjustment to the facility and observation of each individual resident's general physical and mental condition. The nurse shall inform the administrator/manager of any problems noted and these shall be brought to the attention of the resident's physician. II/III

(26) All residents shall be physically and mentally capable of negotiating a normal path

to safety unassisted or with the use of assistive devices. I/II

(27) Residents suffering from short periods of incapacity due to illness, injury or recuperation from surgery may be allowed to remain or be readmitted from a hospital if the period of incapacity does not exceed forty-five (45) days and written approval of a physician is obtained for the resident to remain in or be readmitted to the facility. II/III

(28) The facility shall not admit or continue to care for residents whose needs cannot be met. If necessary services cannot be obtained in or by the facility, the resident shall be promptly referred to appropriate outside resources or transferred to a facility providing the appropriate level of care. I/II

(29) In the event a resident is transferred from the facility, a report of the resident's current medical status shall accompany him/her. III

(30) Residents admitted to a facility on referral by the Department of Mental Health shall have an individual treatment plan or individual habilitation plan on file prepared by the Department of Mental Health, updated annually. III

(31) Residents under sixteen (16) years of age shall not be admitted. III

(32) Placement of residents in the building shall be determined by their abilities. Those residents who require the use of a walker or who are blind shall be housed on a floor which has direct exits at grade, a ramp or no more than two (2) steps to grade with a handrail. Those residents who use a wheelchair shall be able to demonstrate the ability to transfer to and from the wheelchair unassisted. They shall be housed near an exit and there shall be a direct exit at grade or a ramp. II

(33) Residents admitted or readmitted to the facility shall have an admission physical examination by a licensed physician. Documentation should be obtained prior to admission but shall be on file not later than ten (10) days after admission and shall contain information regarding the resident's current medical status and any special orders or procedures which should be followed. If the resident is admitted directly from a hospital or another long-term care facility and is accompanied on admission by a report which reflects his/her current medical status, an admission physical will not be required. II/III

(34) If at any time a resident or prospective resident is diagnosed with a communicable disease, the Division of Aging shall be notified within seven (7) days and if the facility can meet the resident's needs, the resident may be admitted or does not need to be transferred. Appropriate infection control procedures shall be followed if the resident remains in or is accepted by the facility. I/II

(35) Protective oversight shall be provided twenty-four (24) hours a day. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II

(36) Residents shall receive proper care to meet their needs. Physician orders shall be followed. I/II

(37) In case of serious illness, accident or death, appropriate action shall be taken and the person designated in the resident's record as the responsible party and, if applicable, the guardian shall be immediately notified. II/III

(38) Every resident shall be clean, dry and free of offensive body and mouth odor. I/II

(39) Except in the case of emergency, the resident shall not be inhibited by chemical and/or physical restraints that would limit self-care or ability to negotiate a path to safety unassisted or with assistive devices. I/II

(40) A supply of clean linen shall be available in the facility and provided to residents to meet their daily needs. II/III

(41) Beds shall be made daily and linen changed at least weekly or more often if needed to maintain a clean, dry bed. II/III

(42) The resident's unit shall be thoroughly cleaned and disinfected following a resident's death, discharge or transfer. II/III

(43) Commodes and urinals, if used, shall be kept at the bedside of the residents. They shall not be left open and the container shall be emptied promptly and thoroughly cleaned after each use. In a residential care facility I, portable commodes and urinals may be used only during short periods of recuperation from illness or for night-time use. III

(44) Cuspidors shall be emptied and cleaned daily or disposable cartons shall be provided daily. III



(45) Self-control of prescription medication by a resident may be allowed only if approved in writing by the resident's physician and allowed by facility policy. If a resident is not taking any prescription medication, the resident may be permitted to control the storage and use of nonprescription medication unless there is a physician's written order or facility policy to the contrary. If not permitted, all medications for that resident, including over-the-counter medications, shall be controlled by the administrator unless the physician specifies otherwise. II/III

(46) Written approval for self-control of prescription medication shall be rewritten as needed but at least annually and after any period of hospitalization. III

(47) All medication shall be safely stored at proper temperature and shall be kept in a secured location behind at least one (1) locked door or cabinet. If access is controlled by the resident, a secured location shall mean in a locked container, a locked drawer in a bedside table or dresser or in a resident's private room if locked in his/her absence, although this does not preclude access by a responsible employee of the facility. II/III

(48) All prescription medications shall be supplied as individual prescriptions. All medications, including over-the-counter medications shall be packaged and labeled in accordance with applicable professional pharmacy standards, state and federal drug laws and regulations and the *United States Pharmacopeia (USP)*. Labeling shall include accessory and cautionary instructions as well as the expiration date, when applicable, and the name of the medication as specified in the physician's order. Over-the-counter medications for individual residents shall be labeled with at least the resident's name. II/III

(49) Injections shall be administered only by a physician or licensed nurse, except that residents who require insulin, upon written order of their physician, may administer their own insulin or the insulin may be administered by a person trained to do so by a licensed nurse or physician and the resident's condition shall be monitored by his/her physician. After December 31, 1990, unless insulin is self-administered or it is administered only by a physician or licensed nurse, it shall be administered by a certified medication technician or a level I medication aide who has successfully completed the state-approved course for insulin administration, taught by an approved instructor and who was recommended for training by an administra-

tor or nurse with whom s/he works. Anyone trained prior to December 31, 1990, who completed the state-approved insulin administration course taught by an approved instructor shall be considered qualified to administer insulin in a residential care facility I or II. Anyone trained prior to December 31, 1990, to administer insulin by a licensed nurse or physician not using the state-approved course may qualify by challenging the final examination of the insulin administration course. I/II

(50) The administrator/manager shall develop and implement a safe and effective system of medication control and use which assures that all residents' medications are administered or distributed by personnel at least eighteen (18) years of age, in accordance with physicians' instructions using acceptable nursing techniques. Until January 1, 1991, those facilities administering medications shall utilize personnel trained in medication administration (a licensed nurse, certified medication technician or level I medication aide) and shall employ a licensed nurse eight (8) hours per week for every thirty (30) residents to monitor each resident's condition. Distribution shall mean delivering to a resident his/her prescription medication either in the original pharmacy container, or for internal medication, removing an individual dose from the pharmacy container and placing it in a small cup container or liquid medium for the resident to remove from the container and self-administer. External prescription medication may be applied by facility personnel if the resident is unable to do so and the resident's physician so authorizes. After December 31, 1990, all persons who administer or distribute medication shall be trained in medication administration and, if not a physician or a licensed nurse, shall be a certified medication technician or level I medication aide. I/II

(51) Medication Orders.

(A) Physician's instructions, as evidenced by the prescription label or by signed order of a physician, shall be accurately followed. If the physician changes the order which is designated on a prescription label, there shall be on file in the resident's record a signed physician's order to that effect with the amended instructions for use or until the prescription label is changed by the pharmacy to reflect the new order. II/III

(B) Physician's written and signed orders are not required, but if it is the facility's or physician's policy to use the orders, they shall include: name of medication, dosage and frequency of administration and the orders shall be renewed at least every three (3) months. II/III

(C) Verbal and telephone orders shall be taken only to a licensed nurse, medication technician, level I medication aide or pharmacist and shall be immediately reduced to writing and signed by that individual. If a telephone order is given to a medication technician or level I medication aide, an initial dosage of a new prescription shall not be initiated until the order has been reviewed by telephone or in person by a licensed nurse or pharmacist. II

(D) The review shall be documented by the nurse's or pharmacist's signature within seven (7) days. III

(E) The physician shall sign all verbal and telephone orders within seven (7) days. III

(F) The administration or distribution of medication shall be recorded on a medication sheet or directly in the resident's record and, if recorded on a medication sheet, shall be made part of the resident's record. The administration or distribution shall be recorded by the same person who prepares the medication and who distributes or administers it. II/III

(52) No stock supply of prescription medication may be kept in the facility except in a residential care facility II, an emergency drug supply as recommended by a pharmacist or physician may be kept if approved by the Division of Aging. Storage and use of medications in the emergency drug supply shall assure accountability. II/III

(53) Stock supplies of nonprescription medication may be kept for *pro re nata* (PRN) use in both residential care facility Is or IIs as long as the particular medications are approved in writing by a consulting physician, a registered nurse or a pharmacist. II/III

(54) All controlled substances shall be handled according to state laws and regulations as given in and required by 19 CSR 30-1 and Chapter 195, RSMo. II/III

(55) A pharmacist or registered nurse shall review the drug regime of each resident. This shall be done at least every other month in a residential care facility II and every three (3) months in a residential care facility I. The review shall be performed in the facility and shall include, but shall not be limited to, possible drug and food interactions, contraindications, adverse reactions and a review of the medication system utilized by the facility. Irregularities and concerns shall be reported in writing to the resident's physician and to the administrator/manager. If after thirty (30) days, there is no action taken by a resident's physician and significant concerns continue



regarding a resident's or residents' medication order(s), the administrator/manager shall contact or recontact the physician to determine if s/he received the information and if there are any new instructions. II/III

(56) Medications controlled by the facility shall be disposed of either by destroying, returning to the pharmacy or sending with residents on discharge. The following shall be destroyed within the facility within ninety (90) days: discontinued medication not returnable to the pharmacy, all discontinued controlled substances, outdated or deteriorated medication, medication of expired residents not returnable to the pharmacy and medications not sent with the resident on discharge. II/III

(57) Disposition of medication controlled by the facility shall be recorded listing the resident's name, the date and the name, strength and quantity of the drug and the signature(s) of the person(s) involved. Medication destruction shall involve two (2) persons, one (1) of whom shall be a pharmacist, a nurse or a state inspector. III

(58) Residents shall be encouraged to be active and to participate in activities. In a residential care facility licensed for more than twelve (12) residents, a method for informing the residents in advance of what activities are available, where they will be held and at what times they will be held shall be developed, maintained and used. II/III

(59) A record shall be maintained in the facility for each resident which shall include:

(A) Admission information including the resident's name; admission date; confidentiality number; previous address; birth date; sex; marital status; Social Security number; Medicare and Medicaid number; name, address and telephone number of physician and alternate; name, address and telephone number of resident's next of kin, legal guardian, designee or person to be notified in case of emergency; and preferred dentist, pharmacist and funeral director; III and

(B) A resident's record, including a review monthly or more frequently, if indicated, of the resident's general condition and needs; a monthly review of medication consumption of any resident controlling his/her own medication, noting if prescription medications are being used in appropriate quantities; a daily record of distribution or administration of medication; any physician's orders; a logging of the drug regime review process; a monthly weight; a record of each referral of a resident for services from an outside service; and

a record of any patient incidents and accidents involving the resident. III

(60) A record of the resident census as well as records regarding discharge, transfer or death of residents shall be kept in the facility. III

(61) Resident records shall be maintained by the operator for at least five (5) years after the resident leaves the facility or after the resident reaches the age of twenty-one (21), whichever is longer. III

AUTHORITY: sections 198.006, RSMo Supp. 2003 and 198.076, RSMo 2000. This rule originally filed as 13 CSR 15-15.042. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed March 14, 1985, effective June 13, 1985. Amended: Filed May 13, 1987, effective Aug. 13, 1987. Amended: Filed April 17, 1990, effective June 30, 1990. Amended: Filed Feb. 13, 1998, effective Sept. 30, 1998. Moved to 19 CSR 30-86.042, effective Aug. 28, 2001. Emergency amendment filed Sept. 12, 2003, effective Sept. 22, 2003, expired March 19, 2004. Amended: Filed Sept. 12, 2003, effective Feb. 29, 2004.*

**Original authority: 198.006, RSMo 1979, amended 1984, 1987, 2003 and 198.076, RSMo 1979, amended 1984.*

19 CSR 30-86.045 Standards and Requirements for Residential Care Facilities II Which Provide Services to Residents with Alzheimer's Disease or Other Dementia

PURPOSE: This rule establishes the additional standards for those residential care facilities II which admit or continue to care for residents who are physically capable but mentally incapable of negotiating a pathway to safety due to Alzheimer's disease or other dementia.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency's headquarters or the same will be made available at the Office of the Secretary of State at a cost not to

exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

EDITOR'S NOTE: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.

(1) Definitions. For the purposes of this rule, the following definitions shall apply:

(A) Activities of daily living (ADLs) mean a resident's ability to eat, bathe, toilet, dress, transfer and ambulate.

(B) Chemical restraint means a psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms.

(C) Convenience means any action taken by the facility to control resident behavior or maintain residents with a lesser amount of effort by the facility and not in the resident's best interests.

(D) Discipline means any action taken by the facility for the purpose of punishing or penalizing residents.

(E) Individual service plan means the planning document which outlines and describes the services to be provided and the outcomes expected in order to meet the resident's needs.

(F) Licensed professional means any of the following:

1. Physician, as defined in and licensed under the provisions of Chapter 334, RSMo;
2. Nurse, as defined in and licensed under the provisions of Chapter 335, RSMo;
3. Psychologist, as defined in and licensed under the provisions of Chapter 337, RSMo;
4. Professional counselor, as defined in and licensed under the provisions of Chapter 337, RSMo; and
5. Clinical social worker, as defined in and licensed under the provisions of Chapter 337, RSMo.

(G) Physical restraint means any physically applied method, or mechanical device which the resident cannot easily remove, that restricts the free movement or normal functioning of any portion of the resident's body, or the resident's normal access to common areas and his or her personal spaces.

(H) Resident, only for the purpose of this rule, means an individual who is mentally incapable of negotiating a pathway to safety due to Alzheimer's disease or other dementia, who is admitted to or continues to be



cared for in the facility under the provisions of this rule.

(I) Significant change means any change in the resident's physical, emotional or psychosocial condition or behavior that would require an adjustment or modification in the resident's treatment or services.

(2) General Requirements.

(A) A residential care facility II which admits or continues to care for persons who have been diagnosed with Alzheimer's disease or other dementia who are physically capable but mentally incapable of negotiating a pathway to safety with the use of assistive devices or aids when necessary, shall not care for such residents unless:

1. The resident has been diagnosed with Alzheimer's disease or other dementia by a physician licensed to practice medicine; and

2. The facility is able to provide appropriate services for and meet the needs of the resident. I/II

(B) A residential care facility II may admit or continue to care for residents who have been diagnosed with Alzheimer's disease or other dementia if the residents are physically capable but mentally incapable of negotiating a pathway to safety with the use of assistive devices or aids when necessary, providing the facility is in substantial compliance with the provisions of Chapter 198, RSMo and all regulations under which the facility is licensed by the Division of Aging. I/II

(C) A residential care facility II which admits or continues to care for persons who have been diagnosed with Alzheimer's disease or other dementia who are physically capable but mentally incapable of negotiating a pathway to safety with the use of assistive devices or aids when necessary, shall comply with the provisions of the Alzheimer's Special Care Disclosure Act pursuant to sections 198.500 to 198.515, RSMo. The facility shall complete, and submit to the Division of Aging, an Alzheimer's Special Care Services Disclosure form (MO Form 886-3548), which is incorporated by reference in this rule. II

(D) A residential care facility II which admits or continues to care for persons who have been diagnosed with Alzheimer's disease or other dementia who are physically capable but mentally incapable of negotiating a pathway to safety with the use of assistive devices or aids when necessary, shall not admit, retain or continue to care for any resident who is mentally incapable of negotiating a pathway to safety with the use of assistive devices or aids who:

1. Has exhibited behaviors which indicate that the resident is a danger to self or others;

2. Is at constant risk of elopement and, despite repeated interventions which have not altered the resident's behavior, continues to be a danger to self;

3. Requires physical or chemical restraint as defined in this rule;

4. Requires skilled nursing services as defined in section 198.006(17), RSMo for which the facility is not licensed or able to provide;

5. Requires more than one person to simultaneously provide physical assistance to the resident with any activity of daily living, with the exception of bathing; or

6. Is bed-bound or chair-bound and is unable to ambulate due to a debilitating or chronic condition. I/II

(3) Physical Design and Fire Safety Requirements.

(A) The facility shall be equipped with a complete sprinkler system installed and maintained in accordance with the 1996 edition of the National Fire Protection Association (NFPA) 13, *Standard for the Installation of Sprinkler Systems*, or the 1996 edition of NFPA 13R, *Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height*, which are incorporated by reference in this rule. I/II

(B) The facility shall be equipped with a complete electrically supervised fire alarm system in accordance with the provisions of the 1997 *Life Safety Code for Existing Health Care Occupancy*, incorporated by reference in this rule. The system shall include smoke detectors located no more than thirty feet (30') apart in corridors with no point in the corridor located more than fifteen feet (15') from a smoke detector. The fire alarm system shall be equipped to automatically transmit an alarm to the fire department. I/II

(C) Each floor used for resident bedrooms shall be divided into at least two (2) smoke sections by one (1)-hour rated smoke stop partitions. No smoke section shall exceed one hundred fifty feet (150') in length. If, however, neither the length nor width of a floor exceeds seventy-five feet (75'), no smoke stop partitions are required. Openings in smoke stop partitions shall be protected by one and three-fourths inches (1 3/4")-thick solid core wood doors or metal doors with an equivalent fire rating. The doors shall be equipped with closers and magnetic hold-open devices. Any duct passing through this smoke wall shall be equipped with automatic resetting smoke dampers that are activated by the fire alarm system. Smoke parti-

tions shall extend from outside wall-to-outside wall and from floor-to-floor or floor-to-roof deck. II

(D) In a multilevel facility, residents who are mentally incapable of negotiating a pathway to safety shall be housed only on a ground floor. The ground floor shall be any floor that has at least one exit at grade. All other required exits shall be at grade, or with no more than two steps to grade, or with a ramp to grade. The ramp shall have a maximum slope of one to twelve (1:12) leading to grade. II

(E) When a resident resides among the entire general population of the facility, the facility shall take necessary measures to provide such residents with the opportunity to explore the facility and, if appropriate, its grounds. When a resident resides within a designated, separated area that is secured by limited access, the facility shall take necessary measures to provide such residents with the opportunity to explore the separated area and, if appropriate, its grounds. If enclosed or fenced courtyards are provided, residents shall have reasonable access to such courtyards. Enclosed or fenced courtyards that are accessible through a required exit door shall be large enough to provide an area of refuge for fire safety at least thirty feet (30') from the building. Enclosed or fenced courtyards that are accessible through a door other than a required exit shall have no size requirements. II

(F) The facility shall provide freedom of movement for the residents to common areas and to their personal spaces. The facility shall not lock residents out of or inside their rooms. I/II

(G) The facility may allow resident room doors to be locked providing the residents request to lock their doors. Any lock on a resident room door shall not require the use of a key, tool, special knowledge or effort to lock or unlock the door from inside the resident's room. Only one (1) lock shall be permitted on each door. The facility shall ensure that facility staff have the means or mechanisms necessary to open resident room doors in case of an emergency. I/II

(H) Every facility shall use a personal electronic monitoring device for any resident whose physician recommends the use of such device. II

(I) The facility may provide a designated, separated area where residents, who are mentally incapable of negotiating a pathway to safety, reside and receive services and which is secured by limited access if the following conditions are met:

1. Dining rooms, living rooms, activity rooms, and other such common areas shall be



provided within the designated, separated area. The total area for common areas within the designated, separated area shall be equal to at least forty (40) square feet per resident; II/III

2. Doors separating the designated, separated area from the remainder of the facility or building shall not be equipped with locks that require a key to open; I/II

3. If locking devices are used on exit doors egressing the facility or on doors accessing the designated, separated area, delayed egress magnetic locks shall be used. These delayed egress devices shall comply with the following:

A. The lock must unlock when the fire alarm is activated;

B. The lock must unlock when the power fails;

C. The lock must unlock within thirty (30) seconds after the release device has been pushed for at least three (3) seconds, and an alarm must sound adjacent to the door;

D. The lock must be manually reset and cannot automatically reset; and

E. A sign shall be posted on the door that reads: PUSH UNTIL ALARM SOUNDS, DOOR CAN BE OPENED IN 30 SECONDS. I/II

4. The delayed egress magnetic locks may also be released by a key pad located adjacent to the door for routine use by staff. I/II

(4) Staffing Requirements.

(A) The facility shall be staffed twenty-four (24) hours a day by the adequate number and type of personnel necessary for the proper care of residents and upkeep of the facility in accordance with the staffing requirements found in 13 CSR 15-15.042. In meeting such staffing requirements, every resident who is mentally incapable of negotiating a pathway to safety shall count as three (3) residents. I/II

(B) All on-duty staff of the facility shall, at all times, be awake, dressed in on-duty work attire, and prepared to assist residents in case of emergency. I/II

(5) Assessments and Individual Service Plans.

(A) Prior to admitting or continuing to care for a resident diagnosed with Alzheimer's disease or other dementia, a family member or legal representative of the resident, in consultation with the resident's primary physician, shall meet with a facility representative to determine if the facility can meet the needs of the resident. The facility shall document the decisions regarding admission or contin-

ued placement in the facility through written verification by the family member, physician and the facility representative. II

(B) After consultation, if the facility admits or continues to care for the resident, a Minimum Data Set (MDS) assessment shall be completed on an MDS form provided by the Division of Aging to assess the needs of each resident who is mentally incapable of negotiating a pathway to safety. II/III

(C) Each resident shall be assessed by a licensed professional, as defined in subsection (1)(F) of this rule, by use of the MDS:

1. Within ten (10) days of admission; and

2. Every one hundred eighty (180) days thereafter; or

3. Whenever a significant change occurs in the resident's condition as defined in subsection (1)(I) of this rule. I/II

(D) Based on the MDS assessment, an interdisciplinary team shall develop an individual service plan for each resident who is mentally incapable of negotiating a pathway to safety. Whenever possible and appropriate, the resident, family members or other individuals instrumental in identifying the needs of, or providing treatment or services to, the resident shall be involved in the development or revision of the individual service plan. Every individual service plan shall be signed by each person participating in its development. II/III

(E) An individual service plan shall be completed and implemented within twenty (20) days after the completion of an MDS assessment of a resident. I/II

(F) An individual service plan shall describe the resident's needs and preferences, the specific methods and services to meet those needs, desired outcomes or interventions, and the names of the staff, service provider, and if applicable, family members who are primarily responsible for implementing the individual service plan. At a minimum, the individual service plan for each resident shall identify:

1. The resident's capabilities, strengths, potential, preferences and customary behaviors;

2. The resident's behavioral, medical and social needs based on the assessment;

3. The services provided to meet the needs of the resident;

4. The expected outcomes of the services provided; and

5. Staff or other persons responsible for providing the services to meet the needs of the resident. II/III

(G) The facility shall make each resident's individual service plan available for use to all

persons providing services to that resident. II/III

(6) Staff Training and Orientation.

(A) All facility personnel who provide direct care to residents who are mentally incapable of negotiating a pathway to safety shall receive at least twenty-four (24) hours of training within the first thirty (30) days of employment.

1. At least twelve (12) hours of the twenty-four (24) hours of training shall be classroom instructions; and

2. Six (6) classroom instruction hours and two (2) on-the-job training hours shall be related to the special needs, care and safety of residents with dementia. II

(B) The in-service training requirements for personnel in a facility that provides services for residents who are mentally incapable of negotiating a pathway to safety, shall be determined as follows:

1. If the residents reside among the entire general population of the facility, all facility personnel, whether or not such personnel provide direct care to these residents, shall receive at least four (4) hours of in-service training on a quarterly basis, with at least two (2) such hours relating to the care and safety of residents who are mentally incapable of negotiating a pathway to safety; or

2. If the residents reside within a designated, separated area that is secured by limited access, those personnel who have or could have contact with these residents, shall receive at least four (4) hours of in-service training on a quarterly basis, with at least two (2) such hours relating to the care and safety of residents who are mentally incapable of negotiating a pathway to safety. II

(C) Any training related to the special needs, treatment and safety of residents with dementia shall include, but not be limited to, the following:

1. An overview of Alzheimer's disease and other dementia;

2. Communication techniques which are effective in enhancing and maintaining communication skills for residents with dementia;

3. Components of or techniques for creating a safe, secure and socially oriented environment for residents with dementia;

4. Provision of structure, stability and a sense of routine for residents based on their needs;

5. Effective management of different or difficult behaviors; and

6. Issues involving families and care givers. II/III

(D) The initial twenty-four (24) hours of training required within the first thirty (30) days of employment shall include, at a mini-



mum, all of the components in subsection (6)(C) of this rule. II

(E) The in-service training to be provided on a quarterly basis shall include at least four (4) hours of in-service training, with at least two (2) such hours relating to the care and safety of residents who are mentally incapable of negotiating a pathway to safety. Each component listed in subsection (6)(C) of this rule must be included over the course of each twelve (12)-month period. II

(F) All in-service or orientation training relating to the special needs, care and safety of residents who are mentally incapable of negotiating a pathway to safety shall be conducted, presented or provided by a training instructor who is qualified by education, experience or knowledge in the care of individuals with Alzheimer's disease or other dementia. II/III

(7) Programs and Services for Residents Who are Mentally Incapable of Negotiating a Pathway to Safety.

(A) Each facility shall make available and implement self-care, productive and leisure activity programs for persons with dementia which maximize and encourage the resident's optimal functional ability. The facility shall provide activities that are appropriate to the resident's individual needs, preferences, background and culture. Individual or group activity programs may consist of the following:

1. Gross motor activities, such as exercise, dancing, gardening, cooking and chores;
2. Self-care activities, such as dressing, grooming and personal hygiene;
3. Social and leisure activities, such as games, music and reminiscing;
4. Sensory enhancement activities, such as auditory, olfactory, visual and tactile stimulation;
5. Outdoor activities, such as walking and field trips;
6. Creative arts; or
7. Other social, leisure or therapeutic activities that encourage mental and physical stimulation or enhance the resident's well-being. II/III

(B) The facility shall develop and implement written policies and procedures which address, at a minimum:

1. The facility's admission, transfer and discharge criteria taking into account the individual's needs and the facility's ability to meet those needs;
2. The basic services provided or offered to residents with Alzheimer's disease or other dementia;

3. The procedures and actions to be taken in the event of resident elopement;

4. The development and implementation of individual service plans;

5. The assignment of staff to residents based on the resident's needs which minimize resident confusion and maintain familiarity with environment;

6. Staff orientation and in-service training relating to the special needs, care and safety of residents with dementia;

7. Fire drill and emergency evacuation procedures for residents who are mentally incapable of negotiating a pathway to safety; and

8. The protection of the rights, privacy and safety of residents and the prevention of financial exploitation of residents. II/III

AUTHORITY: section 198.073, RSMo 2000. This rule originally filed as 13 CSR 15-15.045. Emergency rule filed Dec. 14, 2000, effective Jan. 2, 2001, expired June 30, 2001. Original rule filed Dec. 14, 2000, effective June 30, 2001. Moved to 19 CSR 30-86.045, effective Aug. 28, 2001.*

**Original authority: 198.073; RSMo 1979, amended 1984, 1992, 1999.*

19 CSR 30-86.052 Dietary Requirements for New and Existing Residential Care Facilities I and II

PURPOSE: This rule establishes standards for meeting dietary needs of residents in residential care facilities I and II.

Editor's Note: All rules relating to long-term care facilities licensed by the Division of Aging are followed by a Roman Numeral notation which refers to the class (either class I, II or III) of standard as designated in section 198.085.1, RSMo 1986.

(1) The nutritional needs of the residents shall be met. Balanced nutritious meals using a variety of foods shall be served. Consideration shall be given to the food habits, preferences, medical needs and physical abilities of the residents. II/III

(2) At least three (3) substantial meals per day, of which at least two (2) are hot, shall be served. II/III

(3) Meals shall be served with not more than fourteen (14) hours from evening meal to morning meal. III

(4) Fresh water shall be available to the resident at all times. II/III

(5) Dining room service for residents shall be attractive and each resident shall receive appropriate table service. III

(6) Menus shall be planned in advance and shall be readily available for personnel involved in food purchase and preparation. Food shall be served as planned although substitutes of equal nutritional value and complementary to the remainder of the meal can be made if recorded. III

(7) A three (3)-day supply of food shall be maintained in the facility. III

(8) If a physician prescribes in writing a modified diet for a resident, the resident may be accepted or remain in the facility if—

(A) The physician monitors the resident's condition on a regular periodic basis and at least quarterly; II

(B) The diet, food preparation and serving is reviewed at least quarterly by a consulting nutritionist, dietitian, registered nurse or physician and there is written documentation of the review; II/III

(C) The modified diet menu is posted in the kitchen and includes portions to be served; III and

(D) The facility has entered into a written agreement for dietary consultation with a nutritionist, dietitian registered nurse or physician. III

AUTHORITY: section 198.076, RSMo 1986. This rule originally filed as 13 CSR 15-15.052. Original rule filed July 13, 1983, effective Oct. 13, 1983. Emergency amendment filed Aug. 1, 1984, effective Aug. 13, 1984, expired Dec. 10, 1984. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Moved to 19 CSR 30-86.052, effective Aug. 28, 2001.*

**Original authority: 198.076, RSMo 1979, amended 1984.*