



**Rules of
Department of Health and
Senior Services**

**Division 30—Division of Regulation and Licensure
Chapter 85—Intermediate Care and Skilled
Nursing Facility**

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**Title 19—DEPARTMENT OF
HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation and
Licensure
Chapter 85—Intermediate Care and
Skilled Nursing Facility**

**19 CSR 30-85.012 Construction Standards
for New Intermediate Care and Skilled
Nursing Facilities and Additions to and
Major Remodeling of Intermediate Care
and Skilled Nursing Facilities**

PURPOSE: This rule establishes construction standards for new intermediate care and skilled nursing facilities and additions to and remodeling of intermediate care and skilled nursing facilities.

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 1986.

(1) Plans and specifications shall be prepared for the construction of all new intermediate care and skilled nursing facilities and additions to and remodeling of existing facilities. The plans and specifications shall be prepared in conformance with Chapter 327, RSMo, by a duly registered architect or registered professional engineer. III

(2) The facility may submit schematic and preliminary plans to the division showing the basic layout of the building and the general types of construction, mechanical and electrical systems. The facility may submit details before the larger and more complicated working drawings and specifications so that necessary corrections can be easily made before the final plans are submitted. The facility shall prepare and submit working drawings

and specifications, complete in all respects, for approval by the division. These plans shall cover all phases of the construction project, including site preparation; paving; general construction; mechanical work, including plumbing, heating, ventilating and air conditioning; electrical work; and all built-in equipment, including elevators, kitchen equipment and cabinet work. II/III

(3) Facilities shall begin construction only after the plans and specifications have received the written approval of the division. Facilities shall then build in conformance with the approved plans and specifications. The facility shall notify the division within five (5) days after construction begins. If construction of the project is not started within one (1) year after the date of approval of the plans and specifications are not completed within a period of three (3) years, the facility shall resubmit the 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. II/III

(4) The facility shall be located on an all-weather road and have easy access for vehicular traffic. III

(5) Facilities shall have access to local fire protection. III

(6) The facility shall provide adequate roads and walks within the lot lines to the main entrance and service entrance. III

(7) In any new addition, an existing licensed facility shall provide all required ancillary service areas, proportional to the number of new beds. However, for existing facilities, these support service areas may be reduced by the amount of existing areas that meet new facility requirements. New support areas required in this project, whether they are to serve the new beds or the existing beds, shall comply with the rules for new facilities. III

(8) Facilities shall have administrative and public areas as listed: business office, administrator's office (business office and administrator's office may be combined); director of nurses' office; lobby and waiting room (may be combined); public restrooms for each sex; and public telephone. III

(9) The facility shall provide recreation, occupational therapy, activity and residents' dining space at a ratio of at least thirty (30) square feet for each resident. II

(10) Facilities shall provide a bulk storage area consisting of a locked room, shelving, bins and large cans for storing long-term supplies of food and other dietary materials above the floor in a dry room with adequate ventilation, cool, but not freezing. The bulk storage area shall be one (1) square foot per bed, but in no case shall it be less than one hundred (100) square feet. III

(11) Facilities shall have dry short-term storage areas for daily food supplies and other dietary materials. The dry short-term storage area may include the space required for bulk storage. III

(12) A facility shall provide a preparation area for wrapping removal, vegetable cleaning and peeling and meat cutting. III

(13) Facilities shall provide adequate cooking and baking areas. III

(14) A facility shall have a salad and sandwich preparation area for the preparation of cold foods. III

(15) Facilities shall provide a tray preparation and loading area for preparing trays for residents' food delivery and food cart loading. III

(16) A facility shall provide a pot and pan washing area consisting of a three (3)-compartment sink with a double drainboard for the washing of utensils during the food preparation period. III

(17) Facilities shall have a dishwashing area provided with a soiled dish receiving counter, space for scraping with a garbage grinder, prerinse sink, counter for racking dishes, dishwasher, clean dish counter, dish rack storage and an exhaust fan. II/III

(18) A facility shall have a dish storage area with shelves adjacent to the tray preparation area. III

(19) Facilities shall provide refrigerators of adequate capacity in all kitchens and other preparation centers where perishable foods will be stored. A minimum of two (2) separate sections or boxes shall be provided in the main kitchen; one (1) for meat and dairy products and one (1) for general storage. III

(20) The refrigerators' compressors and evaporators shall have sufficient capacity to maintain temperatures of thirty-five degrees Fahrenheit (35°F) in the meat and dairy boxes and forty degrees Fahrenheit (40°F) in



the general storage boxes when the boxes are being used for those purposes. II

(21) These compressors shall be automatically controlled. III

(22) Compressors, piping and evaporators shall be tested for leaks and capacity. Certification of these tests shall be made available to the division. III

(23) A facility shall have an office area for planning menus and food purchases next to the dietary area. III

(24) Kitchen shall have handwashing sinks. III

(25) A facility shall have a janitor's area, exposed or in a closet, in or near the kitchen, that contains a floor receptor or service sink. III

(26) A garbage removal area with garbage and trash cans located inconspicuously shall be easily accessible from both the kitchen and the service drive. III

(27) Housekeeping areas shall be provided as listed: clean linen area, soiled linen area and laundry area. II

(28) The facility shall have a designated physical therapy area large enough to give rehabilitative care to physically disabled residents. This area shall be sized to accommodate all equipment and activities in the facility's proposed physical therapy program. In no case shall this area be less than two hundred (200) square feet. III

(29) The facility shall provide the following elements: treatment areas and equipment as dictated by the facility's physical therapy program; a handwashing sink; an exercise area; storage for clean linen, supplies and equipment; a toilet room located in the physical therapy room or within the immediate area of the physical therapy department; and an office or sufficient space for the physical therapy director's desk and file. The physical therapy area may be located adjacent to an occupational therapy area and share any or all of the required elements providing that the sharing of elements conforms with the facility's therapy programs. III

(30) If there is a designated occupational therapy area, it shall be large enough to accommodate all the equipment and activities in the facility's proposed occupational therapy program. When the facility locates physi-

cal therapy and occupational therapy in the same area, there shall be a space that can be separated from the rest of the area if ceramics, sculpture, minor woodwork and light mechanical work are a part of the occupational therapy program. III

(31) Facilities shall provide a maintenance room or area. II

(32) A facility shall provide an employees' dressing or locker room with separate restrooms for each sex. III

(33) Facilities shall provide storage rooms as listed: general storage—ten (10) square feet per bed for the first fifty (50) beds, plus eight (8) square feet per bed for the next twenty-five (25) beds, plus five (5) square feet per bed for any additional beds over seventy-five (75). No storage room shall be less than one hundred (100) square feet of floor space. The required residents' clothes storage room and storage for outdoor equipment may be included in the minimum area required for general storage. III

(34) A continuous system of unobstructed corridors, referred to as required corridors, shall extend through the enclosed portion of each story of the building. These corridors will connect all rooms and spaces with each other and with all entrances, exit ways and elevators, with the following exceptions: work suites, such as the administrative suite and dietary area, occupied primarily by employed personnel may contain corridors or aisles as necessary, and will not be subject to the rules applicable to required corridors. Areas may be open to this system as permitted by the 1985 edition of the *Life Safety Code*, for those facilities with plans approved on or before December 31, 1998. All facilities with plans submitted for approval on or after January 1, 1999, shall comply with the provisions of the 1997 *Life Safety Code*, incorporated by reference in this rule. II/III

(35) A facility shall provide a personal care room with barber and beauty shop facilities. III

(36) There shall be an oxygen storage room that is surrounded by one (1)-hour rated construction with a powered or gravity vent to the outside. II

(37) Facilities shall have one (1) or more nursing units. A nursing unit shall not exceed a maximum of sixty (60) resident beds. Each nursing unit shall be a single floor continuous area which does not require resident care

traffic to traverse other areas. A facility shall not locate a resident room door more than one hundred forty feet (140') from the nurses' station and the dirty utility room. II

(38) Resident room area shall be a minimum of eighty (80) square feet per bed in multiple bed resident rooms, and one hundred (100) square feet per bed in one (1)-bed resident rooms. A continuous aisle not less than three feet (3') wide shall be available around the foot and along both sides of each bed. Facilities shall locate beds to avoid drafts, excessive heat and other residents discomforts. Typical minimum clear dimensions for the bed area in resident rooms shall be as follows:

- 1-Bed 10' 6" × 9' 3"
- 2-Bed 10' 6" × 15' 6"
- 3-Bed 10' 6" × 21' 9"
- 4-Bed 18' 0" × 15' 6"

Heating units and handwashing sinks may protrude into this required space. II

(39) To provide for the isolation of a resident(s) with a communicable disease(s), each unit shall have at least two (2) private resident rooms provided with a separate room equipped with a toilet and handwashing sink to serve the isolation room only. III

(40) Each resident shall have a wardrobe, locker or closet. A clothes rod and shelf shall be provided. III

(41) No room shall be occupied by more than four (4) beds. III

(42) No resident shall be housed in a room in which the outside grade line is more than three feet (3') above the floor level on the window side of the resident room for a distance of at least fifteen feet (15') from the outside wall of the resident room. The resident rooms shall be outside rooms with minimum window sizes as follows:

- 1-Bed 10 square feet
- 2-Bed 16 square feet
- 3-Bed 24 square feet
- 4-Bed 32 square feet

These areas are for total window size including frames. III

(43) Each resident, without entering the general corridor area, shall have access to a toilet room. III

(44) One (1) toilet room shall serve no more than six (6) beds and no more than two (2) resident rooms. II/III

(45) The toilet room shall contain a water closet and a lavatory. II



(46) If each resident room contains a handwashing sink, the may omit the handwashing sink from a toilet room that serves adjacent resident rooms. When a handwashing sink is located within the same room as the toilet, the minimum area of a room shall be thirty (30) square feet. If the room contains only a toilet, the minimum area of the room shall be eighteen (18) square feet. III

(47) Each nursing unit shall have a centrally located nurses' work station with a work counter and storage space for charts. The entire counter shall have a four foot (4') distance between the wall located behind the counter and the edge of the counter nearest the wall. III

(48) Facilities shall provide a medicine preparation room next to each nurses' station that has at least sixty (60) square feet of useable floor space. Facilities shall provide a special locked medication cabinet for storage of the Class II medications inside the locked medication cabinet. If the outer cabinets are not locked, the facility must provide a closer and hardware that cannot be left unlocked on the door to the medicine room. A facility is also required to have the following in the medicine room: a work counter, handwashing sink, under cabinet storage, a medicine refrigerator, adequate lighting and provisions for proper temperature control. II/III

(49) Each nursing unit shall have a clean utility room accessible directly from the nursing unit corridor and near enough to the nurses' station to facilitate control by the nurses. The floor and walls shall have impervious surfaces. The facility shall provide this room with adequate lighting and heating, a handwashing sink and at least one (1) locking cabinet. II/III

(50) Each nursing unit shall have a dirty utility room which is accessible directly from the nursing unit corridor. The floor shall have an impervious surface and the walls shall have impervious surfaces to a minimum height of five feet (5') above the floor. The room shall be provided with adequate lighting and heating, a double sink, clinic sink and at least one (1) locking cabinet. III

(51) Each nursing unit shall contain one (1) training or handicapped toilet per sex, each with a floor area of at least five feet by six feet (5' × 6'). This toilet may be located in the central bath. III

(52) Each nursing unit shall have a separate bathroom for each sex. II

(53) Tubs shall be institutional-type, free standing with a minimum of three feet (3') clearance from the wall on each side and four feet (4') at the end. The shower shall be a minimum of four feet (4') wide and of ample length for a wheelchair resident. Thirty-inch by sixty-inch (30" × 60") Americans with Disability Act (ADA)-approved showers will be accepted. The facility may replace required institutional-type tub(s) with whirlpool tubs or other types of bathing fixtures. III

(54) The aggregate number of tubs or showers or both shall not be less than one for each fifteen (1:15) beds on each floor. II/III

(55) The facility shall provide a locked cabinet in or near each bathroom for the storage of cleaning supplies. III

(56) Centralized bathing facilities shall have fixed partitions or fire-resistant curtains to provide a private compartment for each water closet, bathtub and shower. Curtains or doors shall be installed on access openings. III

(57) Clean linen storage with adequate shelving is required in each nursing unit. III

(58) Each nursing unit must have a stretcher and wheelchair parking area. III

(59) Equipment and supply storage is required in each nursing unit. III

(60) Required corridors shall be at least eight feet (8') wide and shall be wider at elevators and other points of traffic concentration. No part of the area of any required corridor or aisle shall be counted as part of the required area of any space adjacent to the corridor or aisle. II/III

(61) The width of stairways shall not be less than three feet eight inches (3' 8"). The width shall be measured between handrails where handrails project more than three and one-half inches (3 1/2"). II/III

(62) Doors from sleeping and treatment areas through which residents will pass shall be at least forty-four inches (44") wide. Doors to centralized toilets, bathrooms, hair care salons and small day rooms shall be at least thirty-six inches (36") wide. Doors to individual toilets adjacent to resident rooms shall be at least thirty-two inches (32") wide. II

(63) Exit doors shall swing outward. Doors to rooms shall swing into the rooms they serve. Doors to small toilet rooms may swing out-

ward into the next room and, if they swing inward, they shall be equipped for emergency access. No doors shall swing into required corridors or aisles except doors to janitors' closets, linen closets or doors to similar small spaces that are open only temporarily. II

(64) Ceilings shall be at least eight feet (8'). Ceilings in corridors, storage rooms, toilet rooms and other minor rooms shall not be less than seven feet six inches (7' 6"). Suspended tracks, rails and pipes located in the normal traffic path shall be at least six feet eight inches (6' 8") above the floor. III

(65) Drinking fountains shall be located in or near the lobby and recreation area and in each nursing unit. The fountain shall be accessible to residents in wheelchairs. III

(66) Facilities with plans approved on or before December 31, 1998, shall comply with the American National Standards Institute (ANSI) publication A117.1, 1971, *Making Buildings and Facilities Accessible to, and Useable by, the Physically Handicapped*. All new facilities whose plans were submitted to the division on or after January 1, 1999, shall comply with ANSI A117.1, 1992, *Making Buildings and Facilities Accessible to, and Useable by, the Physically Handicapped*, incorporated by reference in this rule. III

(67) Handrails shall be provided on both sides of all corridors and aisles used by residents. Corridor handrails shall have ends return to the wall. III

(68) All stairways shall have handrails on both sides. II

(69) Facilities shall provide grab bars or handrails, secured in proper positions to facilitate the bodily movements of residents, next to all bathtubs, within all showers and on at least one (1) side of all toilets. II

(70) Lavatories shall be positioned to be accessible to wheelchair residents and shall not have cabinets underneath or any other unnecessary obstruction to the maneuverability of wheelchairs. III

(71) The facility shall provide mirrors in each resident's room or adjoining toilet room. Mirrors shall be at least three feet (3') high with the bottom edge located no more than three feet four inches (3' 4") above the floor or the facility may use framed tilting mirror(s). III



(72) Facilities shall provide fire-resistant divider curtains attached to the ceiling or walls in all resident rooms other than private or single bedrooms. A facility shall place these divider curtains to provide complete privacy for each bed. II

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

(74) The following unit live loads shall be the minimum distributed live loads acceptable for the occupancies listed:

(A) Facility bedrooms and all adjoining service rooms which compose a typical nursing unit (except solariums and corridors)—forty pounds per square foot (40 psf); II

(B) Solariums, corridors in nursing units and all corridors above the first floor, examination and treatment rooms, laboratories, toilet rooms and locker rooms—sixty (60) psf; II

(C) Offices, conference room, library, kitchen, corridors and other public areas on first the floor—eighty (80) psf; II

(D) Stairways, laundry, large rooms used for dining, recreation or assembly areas and workshops—one hundred (100) psf; II

(E) Records file room, storage and supply—one hundred twenty-five (125) psf; II

(F) Mechanical equipment room—one hundred fifty (150) psf; II

(G) Roofs (except use increased value where snow and ice may occur)—twenty (20) psf; and II

(H) Wind—as required by local conditions but not less than fifteen (15) psf. II

(75) For live loads of one hundred (100) pounds or less per square foot, the design live load on any member supporting one hundred fifty (150) square feet or more may be reduced at the rate of eight hundredths of a percent (0.08%) per square foot of area supported by the member, except that no reductions shall be made for roof live loads or for live loads of areas to be occupied as places of public assembly. The reduction shall exceed neither “R”, as determined by the following formula nor sixty percent (60%): II

$$R = 100 \times \frac{D + L}{4.33 L}$$

where

R = reduction in percent;
D = dead load per square foot of area supported by the member; and
L = design live load per square foot of area supported by the member.

(76) For live loads exceeding one hundred (100) psf, no reduction shall be made, except that the design live loads on columns may be reduced twenty percent (20%). II

(77) Floor areas where partition positions are subject to change shall be designed to support a uniformly distributed load of twenty-five (25) psf in addition to all other loads. II

(78) Foundations shall rest on natural solid ground or properly compacted fill and shall be carried to a depth of not less than one foot (1') below the estimated frost line or shall rest on leveled rock or load-bearing piles when solid ground is not encountered. Footings, piers and foundation walls shall be adequately protected against deterioration from the action of groundwater. A facility shall take reasonable care to establish proper soil bearing values for the building site soil. If the bearing capacity of a soil is in question, a recognized load test may be used to determine the safe bearing value. II

(79) All facilities with plans approved between June 10, 1981 and December 31, 1998, shall comply with the 1985 edition of the *Life Safety Code*, and all new facilities with plans approved on or after January 1, 1999, shall comply with the 1997 edition of the *Life Safety Code* (National Fire Protection Association NFPA 101), which are incorporated by reference in this rule. No provision of the 1997 code will be enforced if it is more restrictive than the code of original plan approval. Facilities may only use the fire safety evaluation system found in the 1995 NFPA 101A, incorporated by reference in this rule, if necessary to justify variance from the text of the *Life Safety Code* and not as a guide for the total design of a new facility. II

(80) Facilities with plans approved on or before December 31, 1998, shall comply with the fire-resistant rating of structural elements equal to those required by the 1985 *Life Safety Code* (NFPA 101). Facilities with plans approved on or after January 1, 1999, shall comply with the fire-resistant rating of structural elements equal to those required by the 1997 *Life Safety Code* (NFPA 101), incorporated by reference in this rule. All facilities shall meet the following additional requirement: exterior walls less than thirty feet (30') from an adjacent building, proper-

ty line or parallel wing shall have a two (2)-hour fire-resistant rating. This distance may be reduced to fifteen feet (15') if a one (1)-hour rated wall is provided with sprinkler protection for each window. II

(81) Doors between rooms and the required corridors shall not have louvres or transoms. They shall be one and three-fourths inches (1 3/4") solid-core wood doors or metal doors with equivalent or greater fire-resistance. II

(82) Laundry and trash chutes, where used, shall be of fire-resistant material and installed with a flushing ring, vent to atmosphere and floor drain in the basement. Facilities shall provide an automatic sprinkler at the top of each laundry and trash chute. Each floor shall have a self-closing one and one-half (1 1/2)-hour B-label fire door that shall not open to a corridor. II

(83) Hardware on toilet room doors shall be operable from both the inside and the outside. II

(84) The floors of toilets, baths, bedpan rooms, pantries, utility rooms and janitors' closets shall have smooth, waterproof surfaces which are wear-resistant. The floors of residents' rooms shall be smooth and easily cleaned. The floors of kitchens and food preparation areas shall be waterproof, grease-proof, smooth and resistant to heavy wear. II/III

(85) The walls of all rooms where food and drink are prepared, served or stored shall have a smooth surface with painted or equally washable finish. At the base, they shall be waterproof and free from spaces which may harbor ants and roaches. The walls of kitchens, sculleries, utility rooms, baths, showers, dishwashing rooms, janitors' closets and spaces with sinks shall have waterproof painted, glazed or similar finishes to a point above the splash and spray line. III

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

(87) All floor construction shall be completely of noncombustible material regardless of the construction type of the building. II

(88) All new floor covering installed and used in new and existing licensed facilities on or



after January 1, 1999, shall be Class I in non-sprinklered 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 the 1995 NFPA 253, incorporated by reference in this rule. Class II has a critical radiant flux of zero point twenty-two (0.22) or more watts per square centimeter when tested according to the 1995 NFPA 253. Those facilities who installed new floor covering on or before December 31, 1998, shall comply with the requirements of the 1978 edition of the NFPA 253. III

(89) A facility shall furnish and install the heating system, steam system, boilers and ventilation to meet all requirements of local and state codes and NFPA regulations. II/III

(90) The building shall be heated by a two (2)-pipe steam system, a forced hot water system, a forced hot air system, a system of electrical heating elements or a combination of two (2) or more of these systems. No open

flame space heaters or space heaters receiving combustion air from the heated space shall be used. Facilities shall not depend upon fireplaces for required heating. III

(91) The heating system shall be capable of heating resident-occupied areas to a temperature of eighty degrees Fahrenheit (80°F) (27°C) at the winter design temperature. In spaces where radiant panel heating is used, facilities may reduce the temperature as required to maintain an equivalent comfort level. III

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

(93) Neither the heating nor the ventilating system shall require the circulation of air through openings in the required corridor partitions except for the delivery of ventilating air from corridors through each room

door at a velocity of not more than two hundred fifty feet (250') per minute when the door is closed and the space under it is not over one inch (1") in height. No louvres shall be installed in doors in required corridor partitions. II/III

(94) A facility with plans approved on or after January 1, 1999, shall install an air-conditioning system, or individual room air-conditioning units, that meet all the 1996 NFPA 90A requirements, incorporated by reference in this rule. The systems or units must be capable of maintaining resident-use areas at eighty-five degrees Fahrenheit (85°F) (29.4°C) at the summer design temperature. Those facilities with plans approved on or before December 31, 1998, shall comply with the NFPA 90A requirements as referenced in the 1985 *Life Safety Code*. II/III

(95) Ventilation requirements given in Table I—Ventilation Requirements shall be met. II/III

TABLE I VENTILATION REQUIREMENTS

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour Supplied to Room	Minimum Total Air Changes Per Hour Supplied to Room	All Air Exhausted Directly to Outdoors	Air Returned From This Room
Patient Area Corridor	P	Optional	2	Optional	Optional
Physical Therapy	N	2	4	Optional	Optional
Occupational Therapy	N	2	4	Optional	Optional
Soiled Work Room or Soiled Holding	N	2	10	Yes	No
*Toilet Room	N	Optional	6	Yes	No
Bathroom	N	Optional	6	Yes	No
Janitors' Closet(s)	N	Optional	6	Yes	No
Linen and Trash Chute Room	N	Optional	6	Yes	No
Food Preparation Center	E	2	6	Yes	Optional
Warewashing Room	N	Optional	6	Yes	No
Dietary Day Storage	V	Optional	2	Yes	No
Laundry, General	V	2	6	Yes	No
Soiled Linen Sorting and Storage	N	Optional	10	Yes	No

P = Positive
 N = Negative
 E = Equal
 V = Variable

*Up to 75 cubic feet per minute (cfm) of make-up air for each patient room toilet may be supplied to the corridor and need not be supplied directly to the room.

NOTE: In the interest of energy conservation, energy saving design innovations that are not in strict conformance with these requirements, which do not adversely affect direct patient care, will be acceptable if approved in writing by the Division of Aging.



(96) The entire plumbing system and its maintenance and operation shall comply with the requirements of all applicable local and state codes including the requirements set forth in this rule and with the requirements of the 1987 *National Plumbing Code*, which is incorporated by reference in this rule. II/III

(97) Plumbing fixtures that require hot water and are resident-accessible shall be supplied with water thermostatically controlled to provide a water temperature of between one hundred twenty degrees Fahrenheit (120°F) (49°C) and one hundred five degrees Fahrenheit (105°F) (41°C) at the fixture or faucet. I/II

(98) The hot water heating equipment shall have sufficient capacity to supply five (5) gallons (19 l) of water at one hundred twenty degrees Fahrenheit (120°F) (49°C) per hour per bed for nursing home fixtures or faucets, and eight (8) gallons (30 l) of water at one hundred sixty degrees Fahrenheit (160°F) (71.1°C) per hour per bed for kitchen and laundry. The division may accept lesser capacities following submission of the calculation for the anticipated demand of all fixtures and equipment in the building. II

(99) Pipes shall be sized to supply water to all fixtures with a minimum pressure of fifteen pounds per square inch (15 psi) (1.02 atmospheres) at the top floor fixture during maximum demand periods. All plumbing fixtures except water closets, urinals and drinking fountains shall have both hot and cold water supplies. III

(100) Facilities shall protect every supply outlet or connection to a fixture or appliance against back flow as provided by the 1987 *National Plumbing Code*, incorporated by reference in this rule. All faucets to which hoses can be attached, all spray fittings and all other fittings that could deliver water to points below overflow lines, shall be equipped with vacuum breakers. II/III

(101) Wherever the usage of fixtures or appliances will permit, water supplied to all fixtures, open tanks and equipment shall be introduced through a suitable air gap between the water supply and the flood level of the fixture. II

(102) Hot water circulating mains and risers shall be run from the hot storage tank to a point directly below the highest fixture at the end of each branch main. III

(103) Where the building is higher than three (3) stories, each riser shall be circulated. III

(104) Water pipe sizes shall be equal to or greater than those prescribed by the 1987 *National Plumbing Code*, incorporated by reference in this rule. III

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

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

(107) Facilities where gas-fired equipment is to be installed for use on or after January 1, 1999, shall provide and install all gas piping, fittings, tanks and specialties in compliance with the 1996 NFPA 54, *Installation of Gas Appliances and Gas Piping*, the 1995 NFPA 58, *Storage and Handling of Liquefied Petroleum Gases*, incorporated by reference in this rule, and the instructions of the gas supplier, except where more strict requirements are stated. Facilities which installed gas-fired equipment on or before December 31, 1998, shall ensure that the installation was in compliance with the instructions and requirements outlined in the NFPA 54 and NFPA 58 as referenced in the 1985 *Life Safety Code*. Where liquefied petroleum gas (LPG) is used, the Missouri Department of Agriculture also requires compliance with its rules. II

(108) Where gas piping enters the building below grade, it shall have an outside vent as follows: A concrete box, eighteen inches by eighteen inches (18" × 18") with three-inch (3") thick walls, of a height to rest on top of the entering gas pipe, and top of the box to come within six inches (6") of top grade. The box shall be filled with coarse gravel. A one-inch (1") upright vent line shall be to one-half (1/2) the depth of the box and extend twelve inches (12") above top grade with a screened U-vent looking down. The vent line is to be anchored securely to the building wall. II

(109) Facilities shall not install gas-fired equipment in any resident bedroom except that through-wall gas heating units may be used if vented directly to the outside, take combustion air directly from the outside and provide a complete separation of the combustion system from the atmosphere of the occupied area. II

(110) In facilities where oxygen systems are installed on or after January 1, 1999, the facilities shall install the oxygen piping, outlets, manifolds, manifold rooms and storage rooms in accordance with the requirements of the 1993 NFPA 99, incorporated by reference in this rule. In facilities where oxygen systems were installed on or before December 31, 1998, facilities shall ensure that the installation was in compliance with NFPA 99 as required and referenced in the 1985 *Life Safety Code*. I/II

(111) The building sanitary drain system may be cast iron, steel, copper or plastic if installed in compliance with the *National Plumbing Code*, current edition. III

(112) Each main, branch main, riser and branch to a group of fixtures of the water system shall be valved. III

(113) To prevent condensation, facilities shall cover cold water mains in occupied spaces with approved vapor-proof insulation. III

(114) To prevent freezing, facilities shall insulate all pipes in outside walls. III

(115) Facilities shall test soil, waste, vent and drain lines according to the requirements of the 1987 *National Plumbing Code*, incorporated by reference in this rule. The facility shall make certification of these tests available to the division. III

(116) After installation and before the nursing home is operating, the facility shall disinfect the entire water distribution system, both hot and cold, and all connecting equipment by one (1) of the methods described in the 1987 *National Plumbing Code*, incorporated by reference in this rule. III

(117) Water softeners, if used, shall be connected to the hot water supply only or connected so that water used for cooking and drinking is not softened. III

(118) Facilities with plans approved on or after January 1, 1999, shall ensure that the entire electrical system and its maintenance and operation comply with the 1996 *National Electrical Code*, which is incorporated by reference in this rule. Facilities whose plans were approved on or before December 31, 1998, shall comply with the *National Electrical Code* as referenced in the 1985 *Life Safety Code*. II/III



(119) Facilities shall adequately light all occupied areas as required by the duties performed in that space. II/III

(120) Residents' bedrooms shall have a minimum general illumination of ten (10) foot-candles, a night-light and a resident's reading light. The outlets for general illumination and night-lights shall be switched at the door. III

(121) Each single-bed resident room shall have at least two (2) duplex receptacles. All multi-bed resident rooms shall have at least one (1) duplex receptacle at the head of each bed plus one (1) additional duplex receptacle. Facilities shall not place duplex receptacles in a manner to cause an electrical shock hazard. III

(122) Facilities shall furnish lighting fixtures of a type suitable for the space for all lighting outlets. III

(123) If ceiling lights are used in residents' rooms, they shall be of a type which are shaded or globed to minimize glare. III

(124) Facilities shall provide an electrically-powered nurses' call system with indicator lights at the corridor entrance of each bedroom. Audible signals and indicating panels shall be located in each nurses' station and utility room. Facilities shall provide signal buttons at the head of each resident bed, in each toilet room and in each bathroom. III

(125) Facilities shall provide night-lights in hallways, individual toilet rooms, stairways and resident rooms or adjacent toilet rooms. II

(126) A qualified electrician shall test and certify the entire electrical system as being in compliance with the 1996 *National Electrical Code*, incorporated by reference in this rule. In facilities whose plans were approved on or before December 31, 1998, the electrician shall test the system according to the standards of the *National Electrical Code* as referenced in the 1985 *Life Safety Code*. Facilities shall make this test certification available to the division. III

(127) Facilities shall provide a complete, electrically-operated door alarm system that is audible in the nurses' station for all resident-accessible exterior doors. III

(128) A facility shall have emergency lighting for exits, stairs, corridors and nurses' stations. Facilities may provide this emergency lighting using an emergency generator or bat-

tery-operated lights rated at least one and one-half (1 1/2) hours. In facilities with plans approved on or after January 1, 1999, an emergency generator shall supply emergency power to life support systems as required by the 1993 NFPA 99, *Health Care Facilities*, incorporated by reference in this rule. In facilities where plans were approved on or before December 31, 1998, the electrical system shall comply to the standards of the *National Electrical Code* as referenced in the 1985 *Life Safety Code*. III

(129) The elevator installations shall comply with all local and state codes, American Standards Association Specification A17.1, 1993 *Safety Code for Elevators and Escalators*, the 1996 *National Electrical Code*, incorporated by reference in this rule, and the minimum general standards as set forth in this rule. In facilities whose plans were approved on or before December 31, 1998, the elevators shall comply with applicable local and state codes and the requirements set forth in the ASAS A17.1, *Safety Code for Elevators and Escalators*, and the *National Electrical Code* as referenced in the 1985 *Life Safety Code*. II

(130) Any facility with residents on one (1) or more floors above the first floor shall have at least one (1) hydraulic or electric motor driven elevator. Facilities with a bed capacity from sixty-one to two hundred (61–200) above the first floor shall not have less than two (2) elevators. II

(131) Facilities with a bed capacity of from two hundred to three hundred fifty (200–350) above the first floor shall have not less than three (3) elevators—two (2) passenger and one (1) service. II

(132) Inside cab dimensions of elevators shall be not less than five feet four inches by eight feet (5' 4" × 8') with a capacity of three thousand five hundred pounds (3,500 lbs.). Cab and shaft doors shall have no less than three feet ten inches (3' 10") clear opening. Elevators for which operators will not be employed shall have automatic push-button controls, signal controls or dual controls for use with or without the operator. Where two (2) push-button elevators are located together and where one (1) elevator serves more than three (3) floors and basement, they shall have collective or signal control. III

(133) Facilities with plans approved on or after January 1, 1999, shall have overspeed tests conducted on all elevator machines. Elevators will be tested for speed and load,

with and without loads, in both directions as covered by the 1993 *Safety Code for Elevators and Escalators*, incorporated by reference in this rule. Facilities whose plans were approved on or before December 31, 1998, shall conduct overspeed tests in accordance with applicable local and state codes and the requirements set forth in the ASAS A17.1, *Safety Code for Elevators and Escalators*, as referenced in the 1985 *Life Safety Code*. Facilities shall make this test certification available to the division. III

AUTHORITY: section 198.009, RSMo Supp. 1998. This rule originally filed as 13 CSR 15-14.012. Original rule filed July 13, 1983, effective Oct. 13, 1983. Amended: Filed Aug. 1, 1988, effective Nov. 11, 1988. Amended: Filed May 11, 1998, effective Dec. 30, 1998. Emergency amendment filed May 12, 1999, effective May 22, 1999, expired Feb. 24, 2000. Amended: Filed July 13, 1999, effective Jan. 30, 2000. Moved to 19 CSR 30-85.012, effective Aug. 28, 2001.*

**Original authority: 198.009, RSMo 1979, amended 1993, 1995.*

19 CSR 30-85.022 Fire Safety Standards for New and Existing Intermediate Care and Skilled Nursing Facilities

PURPOSE: This rule establishes fire-safety requirements for new and existing intermediate care and skilled nursing facilities.

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. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

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 1994.

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

(A) Accessible spaces—shall include all rooms, halls, storage areas, basements, attics, lofts, closets, elevator shafts, enclosed



stairways, dumbwaiter shafts, and chutes;

(B) Area of refuge—a space located in or immediately adjacent to a path of travel leading to an exit that is protected from the effects of fire, either by means of separation from other spaces in the same building or its location, permitting a delay in evacuation. An area of refuge may be temporarily used as a staging area that provides some relative safety to its occupants while potential emergencies are assessed, decisions are made, and if applicable, evacuation has begun; and

(C) Major renovation—shall include the following:

1. Addition of any room(s), accessible by residents, that either exceeds fifty percent (50%) of the total square footage of the facility or exceeds four thousand five hundred (4,500) square feet; or

2. Repairs, remodeling, or renovations that involve more than fifty percent (50%) of the building; or

3. Repairs, remodeling, or renovations that involve more than four thousand five hundred (4,500) square feet of a smoke section.

4. If the addition is separated by two (2)-hour fire-resistant construction, only the addition portion shall meet the requirements for an NFPA 13, 1999 edition, sprinkler system, unless the facility is otherwise required to meet NFPA 13, 1999 edition.

(2) General Requirements.

(A) All National Fire Protection Association (NFPA) codes and standards cited in this rule: NFPA 10, *Standard for Portable Fire Extinguishers*, 1998 edition; NFPA 13, *Standard for the Installation of Sprinkler Systems*, 1999 edition; NFPA 96, *Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations*, 1998 edition; NFPA 99, *Standard for Health Care Facilities*, 1999 edition; NFPA 101, *The Life Safety Code*, 2000 edition; NFPA 72, *National Fire Alarm Code*, 1999 edition; NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, 1998 edition; NFPA 253, *Standard Method of Test of Surface Burning Characteristics of Building Materials*, 2000 edition; NFPA 701, *Standard Methods of Fire Tests for Flame Propagation of Textiles and Films*, 1999 edition; NFPA 211, *Chimneys, Fireplaces, Vents and Solid Fuel-Burning Appliances*, 2000 edition; and NFPA 101A, *Guide to Alternative Approaches to Life Safety*, 2001 edition, are incorporated by reference in this rule and available for purchase from the National Fire Protection Agency, 1 Batterymarch Park, Quincy, MA 02269-9101; www.nfpa.org; by telephone at (617) 770-

3000 or 1-800-344-3555. This rule does not incorporate any subsequent amendments or additions to the materials listed above.

(B) This rule does not prohibit facilities from complying with standards set forth in newer editions of the incorporated by reference material listed in subsection (2)(A) of this rule if approved by the department.

(C) 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. I/II

(D) Facilities shall not use space under stairways to store combustible materials. I/II

(E) No section of the building shall present a fire hazard. I/II

(F) All facilities shall notify the department immediately after the emergency is addressed if there is a fire in the facility or premises and shall submit a complete written fire report to the department within seven (7) days of the fire, regardless of the size of the fire or the loss involved. II/III

(G) Following the discovery of any fire, the facility shall monitor the area and/or the source of the fire for a twenty-four (24)-hour period. This monitoring shall include, at a minimum, hourly visual checks of the area. These hourly visual checks shall be documented. I/II

(H) All electrical appliances shall be Underwriters' Laboratories (UL) or Factory Mutual (FM)-approved, shall be maintained in good repair, and no appliances or electrical equipment shall be used which emit fumes or which could in any other way present a hazard to the residents. I/II

(3) All openings that could permit the passage of fire, smoke, or both, between floors shall be fire-stopped with a suitable noncombustible material. II/III

(4) Hazardous areas shall be separated by construction of at least one (1)-hour fire-resistant construction. Hazardous areas may be protected by an automatic sprinkler system in lieu of a one (1)-hour rated fire-resistant construction. When the sprinkler option is chosen, the areas shall be separated from other spaces by smoke-resistant partitions and doors. The doors shall be self-closing or automatic closing. II

(5) The department prohibits the storage of any unnecessary combustible materials in any part of a building in which a licensed facility is located. No section of the building shall present a fire hazard. I/II

(6) Oxygen storage shall be in accordance with NFPA 99, 1999 edition. Facilities shall

use permanent racks or fasteners to prevent accidental damage or dislocation of oxygen cylinders. Safety caps shall remain intact except where a cylinder is in actual use or where the regulator has been attached and the cylinder is ready for use. Individual oxygen cylinders in use or with an attached regulator shall be supported by cylinder collars or by stable cylinder carts. II/III

(7) Each nursing unit may maintain only one (1) emergency-use oxygen tank in a readily accessible unit area. II

(8) Fire Extinguishers.

(A) Fire extinguishers shall be provided at a minimum of one (1) per floor, so that there is no more than seventy-five feet (75') travel distance from any point on that floor to an extinguisher. I/II

(B) All new or replacement portable fire extinguishers shall be ABC-rated extinguishers, in accordance with the provisions of NFPA 10, 1998 edition. A K-rated extinguisher or its equivalent shall be used in lieu of an ABC-rated extinguisher in the kitchen cooking areas. II

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

1. Ten pounds (10 lbs.), ABC-rated or the equivalent, in or within fifteen feet (15') of hazardous areas as defined in 19 CSR 30-83.010; II and

2. Five pounds (5 lbs.), ABC-rated or the equivalent, in other areas. II

(D) All fire extinguishers shall bear the label of the Underwriters' Laboratories (UL) or the Factory Mutual (FM) Laboratories and shall be installed and maintained in accordance with NFPA 10, 1998 edition. This includes the documentation and dating of a monthly pressure check. II/III

(9) Facilities shall provide every cooking range with a range hood and approved range hood extinguishing system installed, tested, and maintained in accordance with NFPA 96, 1998 edition. The range hood and its extinguishing system shall be certified at least twice annually in accordance with NFPA 96, 1998 edition. II/III

(10) Complete Fire Alarm Systems.

(A) Facilities shall have a complete fire alarm system installed in accordance with NFPA 101, Section 18.3.4, 2000 edition. The complete fire alarm system shall automatically transmit to the fire department, dispatching agency, or central monitoring company. The complete fire alarm system shall include visual signals and audible alarms that can be heard throughout the building and a



main panel that interconnects all alarm-activating devices and audible signals in accordance with NFPA 72, 1999 edition. At a minimum, the complete fire alarm system shall consist of manual pull stations at or near each attendant's station and each required exit and smoke detectors interconnected to the complete fire alarm system. Specific minimum requirements relating to the interconnected smoke detectors are found in subsections (10)(I) and (10)(J) of this rule. I/II

(B) All facilities shall test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition. I/II

(C) All facilities shall have inspections and written certifications of the complete fire alarm system completed by an approved qualified service representative in accordance with NFPA 72, 1999 edition, at least annually. I/II

(D) The complete fire alarm system shall be activated by all of the following: sprinkler system flow alarm, smoke detectors, heat detectors, manual pull stations, and activation of the range hood extinguishment system. II/III

(E) Facilities shall test by activating the complete fire alarm system at least once a month. II/III

(F) Facilities shall maintain a record of the complete fire alarm system tests, inspections and certifications required by subsections (10)(B), (10)(C), and (10)(E) of this rule. III

(G) Upon discovery of a fault with the complete fire alarm system, the facility shall promptly correct the fault. I/II

(H) When a complete 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 the local fire authority and implement an approved fire watch in accordance with NFPA 101, 2000 edition, until the fire alarm system has returned to full service. I/II

(I) Facilities that have a sprinkler system in accordance with NFPA 13, 1999 edition, shall have smoke detectors interconnected to the complete fire alarm system in all corridors and spaces open to the corridor. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. I/II

(J) Facilities that do not have a sprinkler system in accordance with NFPA 13, 1999 edition, shall have smoke detectors interconnected to the complete fire alarm system in all accessible spaces within the facility as required by NFPA 72, 1999 edition. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke

detector. Smoke detectors shall not be installed in areas where environmental influences may cause nuisance alarms. Such areas include, but are not limited to, kitchens, laundries, bathrooms, mechanical air handling rooms, and attic spaces. In these areas, heat detectors interconnected to the complete fire alarm system shall be installed. Bathrooms not exceeding fifty-five (55) square feet and clothes closets, linen closets, and pantries not exceeding twenty-four (24) square feet are exempt from having any detection device if the wall and ceilings are surfaced with limited-combustible or noncombustible material as defined in NFPA 101, 2000 edition. Concealed spaces of noncombustible or limited-combustible construction are not required to have detection devices. These spaces may have limited access but cannot be occupied or used for storage. I/II

(11) Sprinkler System.

(A) All facilities shall have inspections and written certifications of the sprinkler system completed by an approved qualified service representative in accordance with NFPA 25, 1998 edition. The inspections shall be in accordance with the provisions of NFPA 25, 1998 edition, with certification at least annually by a qualified service representative. I/II

(B) All facilities licensed prior to August 28, 2007, that do not have a complete sprinkler system in accordance with NFPA 13 shall have until December 31, 2012, to comply with NFPA 13, 1999 edition. I/II Exceptions shall be granted to this requirement if the following conditions are met:

1. The water supply for an NFPA 13 sprinkler system is unavailable, and the department receives a statement in writing from a licensed engineer or a certified sprinkler representative documenting the unavailability of water; or

2. The facility meets Chapter 33 of NFPA 101, *Life Safety Code*, 2000 edition, and the evacuation capability of residents meets the standards in NFPA 101A, *Guide to Alternative Approaches to Life Safety*, 2001 edition. I/II

(C) Facilities that have sprinkler systems installed prior to August 28, 2007, shall inspect, maintain, and test these systems in accordance with NFPA 13, 1999 edition, and NFPA 25, 1998 edition. I/II

(D) Facilities licensed on or after August 28, 2007, and any facility performing major renovations to the facility, shall have a complete sprinkler system installed in accordance with NFPA 13, 1999 edition. I/II

(E) 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 the local fire authority and implement an approved fire watch in accordance with NFPA 101, 2000 edition, until the sprinkler system has returned to full service. I/II

(12) All facilities shall submit, by July 1, 2008, a plan for compliance to the state fire marshal showing how the facility meets the requirements of sections (10), (11), (28), and (29) of this rule. If the facility's plan for compliance does not meet the requirements of sections (10), (11), (28), and (29) of this rule, the facility shall provide the state fire marshal with a written plan to include, at a minimum, an explanation of how the requirements of sections (10), (11), (28), and (29) will be met, when they will be met, and contact information in the event the plan does not evidence compliance with these requirements. II

(A) To qualify for a sprinkler system exception, the facility shall present evidence to the state fire marshal in writing from a certified sprinkler system representative or licensed engineer that the facility is unable to install an approved National Fire Protection Association 13 system due to the unavailability of water supply requirements associated with this system or the facility meets the safety requirements of Chapter 33 of existing residential board and care occupancies of NFPA 101, *Life Safety Code*. II

(13) Each floor of an existing licensed facility shall have at least two (2) unobstructed exits remote from each other. One (1) of the required exits in an existing multi-story facility must be an outside stairway or an enclosed stair that is separated by one (1)-hour construction from each floor and has an exit leading directly outside at grade level. One (1) exit may lead to a lobby with exit facilities to the ground level outside instead of leading directly to the outside. The lobby shall have at least a one (1)-hour fire-rated separation from the remainder of the exiting floor. I/II

(14) If facilities have outside stairways, they shall be substantially constructed to support residents during evacuation. These stairways shall be protected or cleared of ice and snow. Fire escapes added to existing buildings, whether interior or exterior, shall have at least a minimum thirty-six-inch (36") width, eight-inch (8") maximum risers, a nine-inch (9") minimum tread, no winders, a maximum height between landings of twelve feet (12'), minimum landing dimensions of forty-four inches (44"), landings at each exit door, and handrails on both sides. Stairways shall be of sturdy construction using at least two-inch



(2") lumber and shall be continuous to ground level. Exit(s) to fire escapes shall be at least thirty-six inches (36") wide, and the fire-escape door shall swing outward. All treads and risers shall be of the same height and width throughout the entire stairway, not including landings. II/III

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

(16) Door locks shall be of a type that can be opened from the inside by turning the knob or operating a simple device that will release the lock, or shall meet the requirements of Section 19.2 of NFPA 101, 2000 edition. Only one (1) lock will be permitted on any one (1) door. I/II

(17) All exit doors in existing licensed facilities shall be at least thirty inches (30") wide. II

(18) All exit doors in new facilities shall be at least forty-four inches (44") wide. II

(19) In all facilities, all exit doors and vestibule doors shall swing outward in the direction of exit travel. II

(20) In all existing licensed facilities, all horizontal exit doors in fire walls and all doors in smoke barrier partitions may swing in either direction. These doors normally may be open, but shall be automatically self-closing upon activation of the fire alarm system. They shall be capable of being manually released to self-closing action. II/III

(21) Facilities shall maintain corridors to be free of obstruction or equipment or supplies not in use. Doors to resident rooms shall not swing into the corridor. II/III

(22) Facilities shall place signs bearing the word EXIT in plain, legible block letters at each required exit, except at doors directly from rooms to exit corridors or passageways. II

(23) Wherever necessary, the facility shall place additional signs in corridors and passageways to indicate the exit's direction. Letters on these signs shall be at least six inches (6") high and principle strokes three-fourths inch (3/4") wide, except that the letters of internally illuminated exit signs may be not less than four inches (4") high. III

(24) Facilities shall maintain all exit and directional signs to be clearly legible and electrically illuminated at all times by acceptable means such as emergency lighting when lighting fails. II

(25) Facilities shall have emergency lighting of sufficient intensity to provide for the safety of residents and other people using any exit, stairway, and corridor. The lighting shall be supplied by an emergency service, an automatic emergency generator or battery lighting system. This emergency lighting system shall be equipped with an automatic transfer switch. In an existing licensed facility, battery lights, if used, shall be wet cell units or other rechargeable-type batteries that shall be UL-approved and capable of operating the light for at least one and one-half (1 ½) hours. Battery-operated emergency lighting shall be tested for at least thirty (30) seconds every thirty (30) days, and an annual function test shall be conducted for the full operational duration of one and one-half (1 ½) hours. Records of these tests shall be documented and maintained for review. II

(26) If existing licensed facilities have laundry chutes, dumbwaiter shafts, or other similar vertical shafts, they shall have a fire resistance rating of at least one (1) hour if serving three (3) or fewer stories. Enclosures serving four (4) or more stories shall have at least a two (2)-hour fire-rated enclosure. These chute or shaft doors shall be self-closing or shall have any other approved device that will guarantee separation between floors. II

(27) Existing licensed multistoried facilities shall provide a smoke separation barrier between the basement and the first floor and the floors of resident-use areas. At a minimum, this barrier shall consist of one-half inch (1/2") gypsum board, plaster, or equivalent. There shall be a one and three-fourths inch (1 3/4") thick solid-core wood door, or equivalent, at the top or bottom of the stairs. If the door is glazed, it shall be glazed with wired glass. II

(28) Each floor accessed by residents shall be divided into at least two (2) smoke sections with each section not exceeding one hundred fifty feet (150') in length or width. If the floor's dimensions do not exceed seventy-five feet (75') in length or width, a division of the the floor into two (2) smoke sections will not be required. II

(29) Each smoke section shall be separated by one (1)-hour fire-rated walls that are continuous from outside wall-to-outside wall and

from floor-to-floor or floor-to-roof deck. All doors in this wall shall be at least twenty (20)-minute fire rated or its equivalent, self-closing, and may be held open only if the door closes automatically upon activation of the fire alarm system. II

(30) Existing licensed facilities shall have attached self-closing devices on all doors providing separation between floors. If the doors are to be held open, they shall have electromagnetic hold-open devices that are interconnected with either a smoke alarm or with other smoke-sensitive fire extinguishment or alarm systems in the building. II/III

(31) Smoking shall be permitted only in designated areas. Areas where smoking is permitted shall be directly supervised unless the resident has been assessed by the facility and determined capable of smoking unassisted. At least annually, the facility shall reassess those residents the facility has determined to be capable of smoking unsupervised and shall also reassess such resident when changes in his or her condition indicate the resident may no longer be capable of smoking without supervision. The facility shall document this assessment in the resident's medical record. II

(32) Designated smoking areas shall have ashtrays of noncombustible material and of safe design. The contents of ashtrays shall be disposed of properly in receptacles made of noncombustible material. II/III

(33) Fire Drills and Evacuation Plans.

(A) All facilities shall develop a written plan for fire drills and other emergencies and evacuation and shall request consultation and assistance annually from a local fire unit. If the consultation cannot be obtained, the facility shall inform the state fire marshal immediately in writing and request assistance in review of the plan. II/III

(B) The plan shall include, but is not limited to—

1. A phased response ranging from relocation of residents within the facility to relocation to an area of refuge, if applicable, to total evacuation. This phased response part of the plan shall be consistent with the direction of the local fire unit or state fire marshal and shall be appropriate for the fire or emergency;

2. 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;



3. Evacuating residents, if necessary, from an area of refuge to a point of safety outside the building;

4. The location of any additional water sources on the property such as cisterns, wells, lagoons, ponds, or creeks;

5. Procedures for the safety and comfort of residents evacuated;

6. Staffing assignments;

7. Instructions for staff to call the fire department or other outside emergency services;

8. Instructions for staff to call alternative resource(s) for housing residents, if necessary;

9. Administrative staff responsibilities; and

10. Designation of a staff member to be responsible for accounting for all residents' whereabouts. II/III

(C) The written plan shall be accessible at all times and an 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

(D) A minimum of twelve (12) fire drills shall be conducted annually with at least one (1) every three (3) months on each shift. At least four (4) of the required fire drills must be unannounced to residents and staff, excluding staff who are assigned to evaluate staff and resident response to the fire drill. The fire drills shall include a simulated resident evacuation that involves the local fire department or emergency service at least once a year. II/III

(E) The fire alarm shall be activated during all fire drills unless the drill is conducted between 9 p.m. and 6 a.m., when a facility-generated predetermined message is acceptable in lieu of the audible and visual components of the fire alarm. II/III

(F) The facility shall keep a record of all fire drills including the simulated resident evacuation. 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

(34) Fire Safety Training Requirements.

(A) The facility shall ensure that fire safety training is provided to all employees:

1. During employee orientation;
2. At least every six (6) months; and
3. When training needs are identified as a result of fire drill evaluations. II/III

(B) The training shall include, but is not limited to, the following:

1. Prevention of fire ignition, detection of fire, and control of fire development;
2. Confinement of the effects of fire;

3. Procedures for moving residents to an area of refuge, if applicable;

4. Use of alarms;

5. Transmission of alarms to the fire department;

6. Response to alarms;

7. Isolation of fire;

8. Evacuation of the immediate area and building;

9. Preparation of floors and facility for evacuation; and

10. Use of the evacuation plan required by section (33) of this rule. II/III

(35) The use of wood- or gas-burning fireplaces will be permitted only if the fireplaces are built of firebrick or metal, enclosed by masonry, and have metal or tempered glass screens. The chimneys shall be of masonry construction with flue linings that have at least eight inches (8") of masonry separating the flue lining and the fireplace from any combustible material. All fireplaces shall be installed, operated, and maintained in a safe manner. Fireplaces not in compliance with these requirements may be provided if they are for decorative purposes only or if they are equipped with decorative-type electric logs or other electric heaters which bear the UL label and are constructed of electrical components complying with and installed in compliance with the *National Electrical Code*, incorporated by reference in this rule. Fireplaces meeting standards set forth in NFPA 211, 2000 edition, are considered in compliance with this rule. II/III

(36) All electric or gas clothes dryers shall be vented to the outside and the lint trap cleaned regularly. II/III

(37) In existing licensed facilities, all wall and ceiling surfaces shall be smooth and free of highly-combustible materials. II/III

(38) All curtains in resident-use areas shall be rendered and maintained flame-resistant in accordance with NFPA 701, 1999 edition. II/III

(39) All new floor covering installed shall be Class I in nonsprinklered buildings and Class II in sprinklered buildings in accordance with NFPA 253, 2000 edition. II/III

(40) Trash and Rubbish Disposal Requirements.

(A) Only metal or UL- or Factory Mutual (FM)-approved wastebaskets shall be used for the collection of trash. II

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

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

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

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

(41) Minimum staffing for safety and protective oversight to residents shall be—

(A) In a fire-resistant or sprinklered building—

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)	1	3-10*
3 p.m. to 11 p.m. (Evening)	1	3-15*
11 p.m. to 7 a.m. (Night)	1	3-20*

*One (1) additional staff person for every fraction after that; I/II or

(B) In a nonfire-resistant, nonsprinklered building—

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)	1	3-10*
3 p.m. to 11 p.m. (Evening)	1	3-15*
11 p.m. to 7 a.m. (Night)	1	3-15*

*One (1) additional staff person for every fraction after that. I/II

AUTHORITY: sections 198.074 and 198.079, RSMo Supp. 2008. This rule originally filed as 13 CSR 15-14.022. Original rule filed July 13, 1983, effective Oct. 13, 1983. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Aug. 1, 1988, effective Nov. 11, 1988. Amended: Filed May 11, 1998, effective Dec. 30, 1998. Emergency amendment filed May 12, 1999, effective May 22, 1999, expired Feb. 24, 2000. Amended: Filed July 13, 1999, effective Jan. 30, 2000. Moved to 19 CSR 30-85.022, effective Aug. 28, 2001. Emergency amendment filed Nov. 24, 2008, effective Dec. 4, 2008, expired June 1, 2009. Amended: Filed Nov. 24, 2008, effective May 30, 2009.*

**Original authority: 198.074, RSMo 2007 and 198.079, RSMo 1979, amended 2007.*



19 CSR 30-85.032 Physical Plant Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

PURPOSE: This rule establishes the requirements necessary in new and existing intermediate care and skilled nursing facilities.

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. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

AGENCY 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) General Requirements.

(A) All National Fire Protection Association (NFPA) codes and standards cited in this rule: NFPA 54, *National Fuel Code*, 1999 edition; NFPA 58, *Liquefied Petroleum Gas Code*, 1999 edition; NFPA 70, *National Electric Code*, 1999 edition; NFPA 99, *Health Care Facilities*, 1999 edition; and NFPA 101, *The Life Safety Code*, 2000 edition, are incorporated by reference in this rule and available for purchase from the National Fire Protection Agency, 1 Batterymarch Park, Quincy, MA 02269-9101; www.nfpa.org; by telephone at (617) 770-3000 or 1-800-344-3555. This rule does not incorporate any subsequent amendments or additions to the materials listed above.

(B) This rule does not prohibit facilities from complying with standards set forth in newer editions of the incorporated by reference material listed in subsection (1)(A) of this rule where approved by the Department of Health and Senior Services (the department).

(2) The building shall be substantially constructed and shall be maintained in good repair. New facilities shall comply with the requirements in accordance with the provisions found in 19 CSR 30-85.012. Existing licensed facilities shall meet and maintain the facility's physical plant in accordance with the construction standards in effect at the

time of initial licensing, unless there is a specific rule governing the subject cited in this section or in 19 CSR 30-85.022, except that those facilities licensed between 1957 and 1965 shall not increase the capacity of any room or the total capacity of the facility without meeting new construction requirements. Existing licensed facilities with plans approved after April 8, 1972 and prior to January 1, 1999, shall comply as Existing Health Care Occupancies with NFPA 101, 2000 edition. Facilities whose physical plant requirement plans are approved on or after January 1, 1999, shall comply as New Health Care Occupancies with NFPA 101, 2000 edition. II/III

(3) In an existing facility licensed prior to July 1, 1965, the number of persons in any room or area used as sleeping quarters shall not exceed the proportion of one (1) adult for each sixty (60) square feet. In facilities licensed on or after July 1, 1965, adult resident rooms shall be a minimum of eighty (80) square feet per bed in multi-bed resident rooms and one hundred (100) square feet for private rooms. This square footage can include all useable floor spaces such as closets, entryways, and areas with moveable items or furniture that do not impact the safety or welfare of the resident, used for residents' belongings or if related to their care. Only the area of a room with a ceiling height of at least seven feet (7') can be included when calculating the square footage. II/III

(4) An existing facility licensed prior to July 1, 1965 shall not use a private room less than sixty (60) square feet in size as sleeping quarters for residents under seventeen (17) years of age. In multi-bed resident rooms, the following ratios shall apply: thirty (30) square feet per bed for beds four feet (4') or less in length, forty (40) square feet per bed for beds four feet through five feet (4'-5') in length and sixty (60) square feet per bed for beds over five feet (5') in length. In facilities licensed on or after July 1, 1965, rooms shall be a minimum of thirty-five (35) square feet per bed for beds four feet (4') or less in length; forty-five (45) square feet per bed for beds four feet through five feet (4'-5') in length; eighty (80) square feet per bed over five (5) square feet in length in multiple bedrooms; and one hundred (100) square feet for private rooms. II/III

(5) A facility may not house a resident in a room which has an outside grade of more than three feet (3') above the floor level on the window side of the resident's room for a

distance of at least fifteen feet (15') from the outside wall of the resident's room. II/III

(6) Facilities initially licensed after July 1, 1965 shall have no more than four (4) beds per room. II/III

(7) The facility shall provide sleeping quarters, separate from resident bedrooms for the administrator or employees and their families who reside there. III

(8) A facility shall conspicuously and unmistakably identify each room or ward or resident-use area with a number or room name securely fastened to, or plainly painted on the entrance of the room or ward. III

(9) Each resident room shall have an outside window with an area equivalent to not less than ten percent (10%) of the required floor area. The facility shall maintain windows so that they may be readily opened and closed. II/III

(10) Facilities shall ensure that every window in resident-use areas has shades, curtains or drapes. III

(11) The facility shall make provisions for a room(s) which can be used for isolation of a resident(s) with communicable diseases. Facilities licensed after July 1, 1965 and prior to June 11, 1981 shall have at least two (2) private rooms with a toilet room equipped with toilet and handwashing sink. Rooms designated as isolation rooms may be occupied by residents provided there is a written agreement on file indicating the resident's willingness to relocate without prior notice if the room is needed for isolation purposes. III

(12) Every facility shall provide a living room or community room for the sole use of residents. Sufficient chairs and tables shall be furnished. Under no circumstances may the living room be used as a bedroom. A living room must be well-lighted, ventilated, and easily accessible to residents. II

(13) Facilities shall ensure that gas-burning equipment and appliances are approved by the American Gas Association and installed in compliance with NFPA 54, 1999 edition. Where liquefied petroleum gas (LPG) is used, facilities shall comply with the rules of the Missouri Department of Agriculture and NFPA 58, 1999 edition. Facilities that were complying prior to the effective date of this rule with prior editions of the NFPA 54 and NFPA 58 referenced in this rule shall be permitted to continue to comply with the earlier



editions, as long as there is not an imminent danger to the health, safety, or welfare of any resident or a substantial probability that death or serious physical harm would result as determined by department. Gas-fired water heaters shall be properly vented and all water heaters shall be equipped with a temperature and pressure relief valve. II

(14) Oxygen cylinders for medical use shall be labeled "Oxygen." All facilities shall have oxygen systems, oxygen piping, outlets, manifold rooms, and storage rooms installed in accordance with the requirements of the NFPA 99, 1999 edition. I/II

(15) Facilities shall provide adequate storage areas for food, supplies, linen, equipment and residents' personal possessions. II/III

(16) Toilet rooms shall be easily accessible, conveniently located, well-lighted and properly ventilated. Doors to toilet rooms which may be locked from the inside, shall be equipped with a special lock which may be opened from the outside. II/III

(17) Existing licensed facilities shall provide one (1) toilet for each ten (10) residents or fraction of ten. II/III

(18) The facility shall provide separate toilet facilities for each sex. Where urinals are provided for men, a facility shall provide one (1) toilet and urinal for each fifteen (15) males or fraction of fifteen. III

(19) Facilities shall provide grab bars on at least one (1) side of all toilets, in proper positions to facilitate bodily movement of residents. II

(20) Existing licensed facilities shall provide handwashing facilities consisting of a handwashing sink in each toilet room for each fifteen (15) residents or fraction of fifteen. The handwashing sink may be omitted from a toilet room which serves adjacent resident rooms if each room contains a handwashing sink. II/III

(21) The facility shall provide one (1) shower or tub for each fifteen (15) residents or fraction of fifteen. II/III

(22) Facilities shall have metal grab bars securely mounted for bathtubs, shower stalls and toilets. The facility shall also provide rubber or similar type nonskid mats or strips in tubs and showers to reduce or prevent slipping accidents and hazardous conditions. II

(23) Facilities shall provide fixed partitions or curtains in bathrooms and toilet areas to ensure privacy. III

(24) The facility shall ensure that plumbing fixtures that supply hot water and are accessible to the residents, shall be thermostatically controlled so the water temperature at the fixture does not exceed one hundred twenty degrees Fahrenheit (120°F) (49°C). The water shall be at a temperature range of one hundred five degrees Fahrenheit to one hundred twenty degrees Fahrenheit (105°F–120°F) (41°C–49°C). I/II

(25) Facilities shall provide adequate space and locations for the proper cleansing, disinfection, sterilization, and storage of nursing supplies and equipment. This area shall be specifically designated as a clean utility area. There shall be a separate area designated as a dirty utility area, and neither area shall be located in or open into a kitchen, dining room, or a bathroom. The facility shall have utility areas that are easily available to personnel and located conveniently for the nursing station staff. Utility areas shall be well-ventilated and well-lighted. II/III

(26) The facility shall provide either a nursing station or a nurses' work area on each floor of a multistory facility. This area shall have chart storage space on current residents. Facilities licensed or with plans approved on or after July 1, 1965, shall have a nurses' station for every sixty (60) beds. Handwashing facilities at or near the nurses' station shall be available for physicians, nurses and other personnel attending residents. II/III

(27) The facility shall be equipped with a call system that consists of an electrical intercommunication system, a wireless pager system, a buzzer system, or hand bells for each resident bed, toilet room, and bathroom. The call system shall be audible in the attendant's work area and be in compliance with 19 CSR 30-85.012(124). II/III

(28) The heating of the building shall be restricted to steam, hot water, permanently installed electric heating devices or warm air systems employing either central heating plants with installation so as to safeguard the inherent fire hazard or outside wall heaters with approved installation. Portable heater use is prohibited. Facilities shall provide adequate guards to safeguard residents where potential burn hazards exist. I/II

(29) The facility shall heat all resident-accessible areas to ensure that the air temperature

is not lower than sixty-eight degrees Fahrenheit (68°F). These areas shall be capable of being heated to not less than eighty degrees Fahrenheit (80°F). At all times the reasonable comfort needs of residents shall be met. I/II

(30) The facility shall cool resident-accessible areas when air temperatures exceed eighty-five degrees Fahrenheit (85°F). These areas shall be capable of being cooled to at least seventy-one degrees Fahrenheit (71°F). At all times the reasonable comfort needs of residents shall be met. I/II

(31) Electrical Wiring Requirements.

(A) Electrical wiring and equipment shall be installed and maintained in accordance with the NFPA 70, 1999 edition. Facilities that were complying prior to the effective date of this rule with prior editions of the NFPA 70 referenced in this rule shall be permitted to continue to comply with the earlier editions, as long as there is not an imminent danger to the health, safety, or welfare of any resident or a substantial probability that death or serious physical harm would result as determined by the department. II/III

(B) Every two (2) years, a qualified electrician will be required to certify in writing that the electrical system is being maintained and operated in accordance with the standards outlined by the NFPA 70, 1999 edition or the earlier NFPA 70 edition with which the facility was complying prior to the effective date of this rule. II/III

(32) Lighting in hallways, bathrooms, recreational, dining, and all resident-use areas shall be provided with a minimum intensity of ten (10) footcandles and shall be sufficient to meet the residents' and staff needs. III

(33) Facilities shall use night-lights in hallways, resident rooms, toilet rooms or bathrooms and on stairways. II

(34) The facility shall ensure that a reading light is provided for each resident who desires to read. III

(35) To prevent direct glare to residents' eyes, facilities shall ensure that lights in resident-use areas have a shade or dome. III

(36) If elevators are used, their installation and maintenance shall comply with all local and state codes and NFPA 70, 1999 edition. II

(37) If extension cords are used, they must be Underwriters Laboratories (UL)-approved or



shall comply with other recognized electrical appliance approval standards and sized to carry the current required for the appliance used. Only one (1) appliance shall be connected to one (1) extension cord. Only two (2) appliances may be served by one (1) duplex receptacle. Extension cords shall not be placed under rugs, through doorways, or located where they are subject to physical damage. II/III

(38) The facility shall maintain furniture and equipment in good condition and shall replace it if broken, torn, heavily soiled or damaged. Rooms shall be designed and furnished so that the comfort and safety of the residents are provided for at all times. II/III

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

(40) The facility shall ensure that each resident shall be provided an individual bed, single or twin, in good repair of rigid type. 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

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

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

(43) The facility shall ensure that each bed has at least one (1) clean comfortable pillow. Extra pillows shall be available to meet the needs of the residents. III

(44) Multi-bed resident rooms shall have screens or curtains, either portable or permanently affixed, available and used to provide privacy as needed or as requested. III

(45) Facilities shall provide each resident with an individual locker or other suitable space for storage of clothing and personal belongings. III

(46) The facility shall provide residents with an individual rack for towels and washcloths unless they are provided with clean washcloths or towels for use each time needed. III

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

(48) Only activities necessary to the administration of the facility shall be contained in any

building used as a long-term care facility except as follows:

(A) Related activities may be conducted in buildings subject to prior written approval of these activities by the department. Examples of these activities are home health agencies, physician's office, pharmacy, ambulance service, child day care, food service, and outpatient therapy for the elderly or disabled in the community;

(B) Adult day care may be provided for four (4) or fewer participants without prior written approval of the department if the long-term care facility meets the following stipulations:

1. The operation of the adult day care business shall not interfere with the care and delivery of services to the long-term care residents;

2. The facility shall only accept participants in the adult day care program appropriate to the level of care of the facility and whose needs can be met;

3. The facility shall not change the physical layout of the facility without prior written approval of the department;

4. The facility shall provide a private area for adult day care participants to nap or rest;

5. Adult day care participants shall not be included in the census, and the number shall not be more than four (4) above the licensed capacity of the facility; and

6. The adult day care participants, while on-site, are to be included in the determination of staffing patterns for the long-term care facility; and

(C) An associated adult day health care program may be operated without prior written approval if the provider of the adult day health care services is certified in accordance with 13 CSR 70-92.010. II/III

AUTHORITY: section 198.079, RSMo Supp. 2007. This rule originally filed as 13 CSR 15-14.032. 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. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Aug. 1, 1988, effective Nov. 11, 1988. Amended: Filed May 11, 1998, effective Dec. 30, 1998. Emergency amendment filed Feb. 1, 1999, effective Feb. 11, 1999, expired Aug. 9, 1999. Amended: Filed Feb. 1, 1999, effective July 30, 1999. Moved to 19 CSR 30-85.032, effective Aug. 28, 2001. Amended: Filed March 13, 2008, effective Oct. 30, 2008.*

**Original authority: 198.079, RSMo 1979, amended 2007.*

19 CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

PURPOSE: This rule establishes standards for administration and resident care in an intermediate care or skilled nursing facility.

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) The operator shall designate a person as administrator who holds a current license as a nursing home administrator in Missouri. II

(2) The facility shall post the administrator's license. III

(3) The operator shall be responsible to assure compliance with all applicable laws and rules. The administrator 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's responsibilities shall include the oversight of residents to assure that they receive appropriate nursing and medical care. II/III

(4) The administrator shall be employed in the facility and serve in that capacity on a full-time basis. An administrator cannot be listed or function as an administrator in more than one (1) licensed facility at the same time, except that 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

(5) The licensed administrator shall not leave the premises without delegating the necessary authority in writing to a responsible individual. If the administrator is absent from the facility for more than thirty (30) consecutive days, the person designated to be in administrative charge shall be a currently licensed nursing home administrator. Such thirty (30) consecutive-day absences may only occur once within any consecutive twelve (12)-month period. I/II

(6) The facility shall not knowingly admit or continue to care for residents whose needs cannot be met by the facility directly or in cooperation with outside resources. Facilities which retain residents needing skilled nursing



care shall provide licensed nurses for these procedures. I/II

(7) When outside resources are used to provide services to the resident, the facility shall enter into a written agreement with each resource. III

(8) Persons under seventeen (17) years of age shall not be admitted as residents to the facility unless the facility cares primarily for residents under seventeen (17) years of age. III

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

(10) The facility's current license shall be readily visible in a public area within the facility. Notices provided to the facility by the Division of Aging granting exceptions to regulatory requirements shall be posted with the facility's license. III

(11) Regular daily visiting hours shall be established and posted. Relatives or guardians and clergy, if requested by the resident or family, shall be allowed to see critically ill residents at any time unless the physician orders otherwise in writing. II/III

(12) A supervising physician shall be available to assist the facility in coordinating the overall program of medical care offered in the facility. II

(13) The facility shall develop policies and procedures applicable to its operation to insure the residents' health and safety and to meet the residents' needs. At a minimum, there shall be policies covering personnel practices, admission, discharge, payment, medical emergency treatment procedures, nursing practices, pharmaceutical services, social services, activities, dietary, housekeeping, infection control, disaster and accident prevention, residents' rights and handling residents' property. II/III

(14) A pharmacist currently licensed in Missouri shall assist in the development of written policies and procedures regarding pharmaceutical services in the facility. II/III

(15) All personnel shall be fully informed of the policies of the facility and of their duties. II/III

(16) 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 a resident. I

(17) 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

(18) 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—

(A) Shall 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, unless the person has been granted a good cause waiver by the division;

(B) May consider for employment, in positions which have contact with resident or patients, any person who has been granted a good cause waiver by the division in accordance with the provisions of section 660.317, RSMo Supp. 1999 and 13 CSR 15-10.060; and;

(C) Shall contact the division to confirm the validity of an applicant's good cause waiver prior to hiring the applicant. II/III

(19) 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. II

(20) The facility shall develop and offer an in-service orientation and continuing educational program for the development and improvement of skills of all the facility's personnel, appropriate for their job function. Facilities shall begin providing orientation on the first day of employment for all personnel including licensed nurses and other professionals. At a minimum, this shall cover prevention and control of infection, facility policies and procedures including emergency protocol, job responsibilities and lines of authority, confidentiality of resident information and preservation of resident dignity including protection of the resident's privacy and instruction regarding the property rights of residents. Nursing assistants who have not successfully completed the classroom portion of the state-approved training program prior to employment shall not provide direct resident care until they have completed the sixteen (16)-hour, orientation module and at least twelve (12) hours of supervised practical orientation. This shall include, in addition to the topics covered in the general orientation for all personnel, special focus on facility protocols as well as practical instruction on the care of the elderly and disabled. This orientation shall be supervised by a licensed nurse who is on duty in the facility at the time orientation is provided. II/III

(21) Nursing assistants who have not successfully completed the state-approved training program shall complete a comprehensive orientation program within sixty (60) days of employment. This may be part of a nursing assistant training program taught by an approved instructor in the facility. It shall include, at a minimum, information on communicable disease, handwashing and infection control procedures, resident rights, emergency protocols, job responsibilities and lines of authority. II/III

(22) The facility must ensure there is a system of in-service training for nursing personnel which identifies training needs related to problems, needs, care of residents and infection control and is sufficient to ensure staff's continuing competency. II/III

(23) Facilities shall conduct at least annual in-service education for nursing personnel including training in restorative nursing. This training by a registered nurse or qualified therapist shall include: turning and positioning for the bedridden resident, range of



motion (ROM) exercises, ambulation assistance, transfer procedures, bowel and bladder retraining and self-care activities of daily living. II/III

(24) A registered nurse shall be responsible for the planning and then assuring the implementation of the in-service education program for nursing personnel. II

(25) Facilities shall maintain records which indicate the subject of, and attendance at, all in-service sessions. III

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

(27) The facility must develop and implement policies and procedures which ensure employees are screened to identify communicable diseases and ensure that employees diagnosed with communicable diseases do not expose residents to such diseases. The facility's policies and procedures must comply with the Missouri Department of Health's regulations pertaining to communicable diseases, specifically 19 CSR 20-20.010 through 19 CSR 20-20.100, as amended. II

(28) The administrator 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; references, if available; the result of background checks required by section 660.317, RSMo; a copy of any good cause waiver, granted by the division, if applicable; position in the facility; record that the employee was instructed on resident's rights; basic orientation received; and reason for termination, if applicable. Documentation shall be on file of all training received within the facility in addition to current copies of licenses, transcripts, certificates or statements evidencing competency for the position held. Facilities shall retain personnel records for at least one (1) year following termination of employment. III

(29) Facilities shall maintain written documentation on the premises showing actual hours worked by each employee. III

(30) All persons who have or may have contact with residents shall at all times when on duty or delivering services wear an identifi-

cation 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

(31) Employees other than nursing personnel shall be at least sixteen (16) years of age. II/III

(32) Nursing personnel shall be at least eighteen (18) years of age except that a person between the ages of seventeen (17) years of age and eighteen (18) years of age may provide direct resident care if he/she has successfully completed the state-approved nursing assistant course and has been certified with his/her name on the state nursing assistant register. He/she must work under the direct supervision of a licensed nurse and will never be left responsible for a nursing unit. II/III

(33) All nurses employed by the facility shall be currently licensed in Missouri. II

(34) All facilities shall employ a director of nursing on a full-time basis who shall be responsible for the quality of patient care and supervision of personnel rendering patient care. II

(35) Licensed Nursing Requirements; Skilled Nursing Facility.

(A) The director of nursing shall be a registered nurse. II

(B) A registered nurse shall be on duty in the facility on the day shift. Either a licensed practical nurse (LPN) or a registered professional nurse (RN) shall be on duty in the facility on both the evening and night shifts. II

(C) A registered nurse shall be on call during the time when only an LPN is on duty. II

(36) Licensed Nursing Requirements; Intermediate Care Facilities.

(A) The director of nursing shall be either an RN or an LPN. II

(B) When the director of nursing is an LPN, an RN shall be employed as consultant a minimum of four (4) hours per week to provide consultation to the administrator and the director of nursing in matters relating to nursing care in the facility. II

(C) An LPN or RN shall be on duty and in the facility on the day shift. II

(D) An LPN or RN shall be on call twenty-four (24) hours a day, seven (7) days a week. I/II

(37) All facilities shall employ nursing personnel in sufficient numbers and with sufficient qualifications to provide nursing and related services which enable each resident to attain or maintain the highest practicable level of physical, mental and psychosocial well-being. Each facility shall have a licensed nurse in charge who is responsible for evaluating the needs of the residents on a daily and continuous basis to ensure there are sufficient, trained staff present to meet those needs. I/II

(38) Nursing personnel shall be on duty at all times on each resident-occupied floor. II

(39) Nursing assistants employed after January 1, 1980, shall have completed mandatory training as required by section 198.082, RSMo, or be enrolled in the course and functioning under the supervision of a state approved instructor of clinical supervisor as part of the one hundred (100) hours of on-the-job training. The person enrolled shall have successfully completed the course and become certified within one (1) year of employment with a licensed-only facility or within four (4) months of employment with a facility certified under Title XVIII or Title XIX if he or she is to remain employed in the facility as a nursing assistant. II

(40) Nursing personnel in any facility with more than twenty (20) residents shall not routinely perform non-nursing duties. II/III

(41) Nursing personnel in facilities with twenty (20) residents or less shall perform non-nursing duties only if acceptable infection control measures are maintained. II/III

(42) Each facility resident shall be under the medical supervision of a Missouri-licensed physician who has been informed of the facility's emergency medical procedures and is kept informed of treatments or medications prescribed by any other professional lawfully authorized to prescribe medications. I/II

(43) Facilities shall ensure that at the time the resident is admitted, the facility obtains from a physician the resident's primary diagnosis along with current medical findings and the written orders for the immediate care of the resident. II/III

(44) The facility shall ensure that the resident's private physician, the physician's designee, the facility's supervising physician or an alternate physician shall examine the resident at least annually, and shall examine



the resident as often as necessary to ensure proper medical care. I/I

(45) For each medical examination, the physician must review the resident's care, including medications and treatments; write, sign and date progress notes; and sign and date all orders. The facility shall establish a policy requiring the physician to sign orders and to complete all other documentation required if the physician does not visit the resident routinely. II/III

(46) No medication, treatment or diet shall be given without a written order from a person lawfully authorized to prescribe such and the order shall be followed. No restraint shall be applied except as provided in 13 CSR 15-18.010, Resident Rights. I/II

(47) There shall be a safe and effective system of medication distribution, administration, control and use. I/II

(48) Verbal and telephone orders for medication or treatment shall be given only to those individuals licensed or certified to accept orders. Orders shall be immediately reduced to writing and signed by that individual. If a telephone order is given to a certified medication technician, an initial dose of medication or treatment shall not be given until the order has been reviewed by telephone or in person by a licensed nurse or pharmacist. The review shall be documented by the reviewer co-signing the telephone order. II

(49) Medications shall be administered only by a licensed physician, a licensed nurse or a medication technician who has successfully completed the state-approved course for medication administration. II

(50) Injectable medication, other than insulin, shall be administered only by a licensed physician or a licensed nurse. Insulin injections may be administered by a certified medication technician who has successfully completed the state-approved course for insulin administration. II

(51) Self-administration of medication is permitted only if approved in writing by the resident's physician and it is in accordance with the facility's policy and procedures. II

(52) All medication errors and adverse reactions shall be reported immediately to the nursing supervisor and the resident's physician and, if there was a dispensing error, to the issuing pharmacist. II/III

(53) At least monthly a pharmacist or a registered nurse shall review the drug regimen of each resident. Irregularities shall be reported in writing to the resident's physician, the administrator and the director of nurses. There must be written documentation which indicates how the reports were acted upon. II/III

(54) 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 and state and federal drug laws and regulations. The *United States Pharmacopoeia* (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

(55) If the resident brings medications to the facility, they shall not be used unless the contents have been examined, identified and documented by a pharmacist or a physician. II/III

(56) Facilities shall store all external and internal medications at appropriate temperatures in a safe, clean place and in an orderly manner apart from foodstuffs and dangerous chemicals. A facility shall secure all medications, including those refrigerated, behind at least one (1) locked door or cabinet. Facilities shall store containers of discontinued medication separately from current medications. II/III

(57) Facilities shall store Schedule II medications, including those in the emergency drug supply, under double lock separately from noncontrolled medication. Schedule II medications may be stored and handled with other noncontrolled medication if the facility has a single unit dose drug distribution system in which the quantity stored is minimal and a missing dose can be readily detected. II

(58) Upon discharge or transfer, a resident may be given medications with a written order from the physician. Instructions for the use of those medications will be provided to the resident or the resident's designee. III

(59) All non-unit doses and all controlled substances which have been discontinued must be destroyed on the premises within thirty (30) days. Outdated, contaminated or deteriorated medications and non-unit dose

medications of deceased residents shall be destroyed within thirty (30) days. Unit dose medications returnable to the pharmacy shall be returned within thirty (30) days. II/III

(60) Medications shall be destroyed in the facility by a pharmacist and a licensed nurse or by two (2) licensed nurses. III

(61) Facilities shall maintain records of medication destroyed in the facility. Records shall include: the resident's name; the date; the name, strength and quantity of the medication; the prescription number; and the signatures of the participating parties. III

(62) The facility shall maintain records of medication released to the family or resident upon discharge or to the pharmacy. Records shall include: the resident's name; the date; the name, strength and quantity of the medication; the prescription number; and the signature of the persons releasing and receiving the medication. III

(63) The facility must establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation. The system must enable the facility to determine that drug records are in order and that an account of all controlled drugs is maintained and reconciled. II/III

(64) Facilities shall make available to all nursing staff up-to-date reference material on all medications in use in the facility. III

(65) The facility shall develop policies to identify any emergency stock supply of prescription medications to be kept in the facility for resident use only. This emergency drug supply must be checked at least monthly by a pharmacist to ensure its safety for use and compliance with facility policy. A facility shall have the emergency drug supply readily available to medical personnel and use of medications in the emergency drug supply shall assure accountability. III

(66) Each resident shall receive twenty-four (24)-hour protective oversight and supervision. 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



(67) Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II

(68) Each resident shall be clean, dry and free of body and mouth odor that is offensive to others. I/II

(69) Taking into consideration the resident's preferences, residents shall be well-groomed and dressed appropriately for the time of day, the environment and any identified medical conditions. II/III

(70) Residents who are physically or mentally incapable, or both, of changing their own positions shall have their positions changed at least every two (2) hours and shall be provided supportive devices to maintain good body alignment. I/II

(71) The facility must provide each resident the opportunity to access sufficient fluids to maintain proper hydration in accordance with the resident's medical condition and goals of treatment as documented in the medical record. I/II

(72) All residents who require assistance at mealtimes, whether it be preparation of the food items or actual feeding, shall be provided the assistance upon delivery of the tray. Facilities shall provide dining room supervision during meals. II/III

(73) Facilities shall provide each resident, according to his/her needs, with restorative nursing to encourage independence, activity and self-help to maintain strength and mobility. Each resident shall be out of bed as desired unless medically contraindicated. II

(74) Each resident shall have skin care including the application of oil, lotion and cream as needed to prevent dryness and scaling of skin. II/III

(75) Facilities shall keep residents free from avoidable pressure sores, taking measures toward prevention. If sores exist, staff shall give adequate treatment. I/II

(76) Facility staff shall check residents requiring restraints every thirty (30) minutes and exercise the residents every two (2) hours. II/III

(77) Facilities shall not use locked restraints. I

(78) Residents shall be cared for by using acceptable infection control procedures to prevent the spread of infection. The facility shall make a report to the division within seven (7) days if a resident is diagnosed as having a communicable disease, as determined by the Missouri Department of Health and listed in the *Code of State Regulations* pertaining to communicable diseases, specifically 19 CSR 20-20.020, as amended. I/II

(79) In the event of accident, injury or significant change in the resident's condition, facility staff shall notify the resident's physician in accordance with the facility's emergency treatment policies which have been approved by the supervising physician. I/II

(80) In the event of accident, injury or significant change in the resident's conditions, facility staff shall immediately notify the person designated in the resident's record as the designee or responsible party. III

(81) Staff shall inform the administrator of accidents, injuries and unusual occurrences which adversely affect, or could adversely affect, the resident. The facility shall develop and implement responsive plans of action. III

(82) Facilities shall ensure that each resident is provided individual personal care items necessary for good grooming. Items shall be stored and maintained in a clean manner within the resident's room. III

(83) Facilities shall provide equipment and nursing supplies in sufficient number to meet the needs of the residents. II/III

(84) Facilities shall keep all utensils and equipment in good condition, effectively sanitized, sterilized, or both, and stored to prevent contamination. II/III

(85) Staff shall ensure that bedpans, commodes and urinals are covered after use, emptied promptly and thoroughly cleaned after use. II/III

(86) Facilities shall provide and use a sufficient supply of clean bed linen, including sheets, pillow cases, blankets and mattress pads to assure that resident beds are kept clean, neat, dry and odor free. II/III

(87) Staff shall use moisture proof covers as necessary to keep mattresses and pillows clean, dry and odor free. II/III

(88) Facilities shall provide each resident with fresh bath towels, hand towels and washcloths as needed for individual usage. II/III

(89) In addition to rehabilitative or restorative nursing, all facilities shall provide or make arrangements for providing rehabilitation services to all residents according to their needs. If a resident needs rehabilitation services, a qualified therapist shall perform an evaluation on written order of the resident's physician. II/III

(90) Facilities shall ensure that rehabilitation services are provided by or under the on-site supervision of a qualified therapist or a qualified therapy assistant who works under the general supervision of a qualified therapist. I/II

(91) Staff shall include the following in documentation of rehabilitation services: physician's written approval for proposed plan of care; progress notes at least every thirty (30) days by the therapist; daily record of the procedure(s) performed; summary of therapy when rehabilitation has been reached and, if applicable, recommendations for maintenance procedures by restorative nursing. III

(92) The facility shall designate a staff member to be responsible for the facility's social services program. The designated staff person shall be capable of identifying social and emotional needs, knowledgeable of methods or resources, or a combination of these, to use to meet them and services shall be provided to residents as needed. II/III

(93) The facility shall designate an employee to be responsible for the activity program. The designated person shall be capable of identifying activity needs of residents, designing and implementing programs to maintain or increase, or both, the resident's capability in activities of daily living. Facilities shall provide activity programs on a regular basis. Each resident shall have a planned activity program which includes individualized activities, group activities and activities outside the facility as appropriate to his/her needs and interests. II/III

(94) The facility shall provide and use adequate space and equipment within the facility for the identified activity needs of residents. II/III

(95) The facility shall establish and maintain a program for informing all residents in advance of available activities, activity location and time. III



(96) Facility staff shall include the following general information in admission records: resident's name; prior address; age (birth date); sex; marital status; Social Security number; Medicare and Medicaid numbers; date of admission; name, address and telephone number of responsible party; name, address and telephone number of attending physician; height and weight on admission; inventory of resident's personal possessions upon admission; and names of preferred dentist, pharmacist and funeral director. II/III

(97) Facility staff shall include physician entries in the medical record with the following information: admission diagnosis, admission physical and findings of subsequent examinations; progress notes; orders for all medications and treatment; orders for extent of activity; orders for restraints including type and reason for restraint; orders for diet; and discharge diagnosis or cause of death. II/III

(98) Residents admitted to a facility on referral by the Department of Mental Health shall have an individualized treatment plan or individualized habilitation plan on file which is updated annually. III

(99) Facilities shall ensure that the clinical record contains sufficient information to—

(A) Identify the resident;

(B) Reflect the initial and ongoing assessments and interventions by each discipline involved in the care and treatment of the resident; and

(C) Identify the discharge or transfer destination. II/III

(100) Facilities shall ensure that the resident's clinical record must contain progress notes that include, but are not limited to:

(A) Response to care and treatment;

(B) Change(s) in physical, mental and psychosocial condition;

(C) Reasons for changes in treatment; and

(D) Reasons for transfer or discharge. II/III

(101) The facility must safeguard clinical record information against loss, destruction or unauthorized use. III

(102) The facility must keep all information confidential that is contained in the resident's records regardless of the form or storage method of the records, including video-, audio- or computer-stored information. III

(103) The facility must maintain clinical records on each resident in accordance with

accepted professional standards and practices. These records shall be complete, accurately documented, readily accessible on each nursing unit and systematically organized. II/III

(104) Facilities must retain clinical records for the period of time required by state law or five (5) years from the date of discharge when there is no requirement in state law. III

(105) Facilities shall retain all financial records related to the facility operation for seven (7) years from the end of the facility's fiscal year. III

(106) In the event the resident is transferred from the facility, the resident shall be accompanied by a copy of the medical history, transfer forms which include the physical exam report, nursing summary and report of orders physicians prescribed. II/III

AUTHORITY: sections 198.006, RSMo Supp. 2003 and 198.079, RSMo 2000. This rule originally filed as 13 CSR 15-14.042. 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. Amended: Filed Sept. 12, 1984, effective Dec. 13, 1984. Amended: Filed Aug. 1, 1988, effective Nov. 10, 1988. Amended: Filed Jan. 3, 1992, effective Aug. 6, 1992. Amended: Feb. 13, 1998, effective Sept. 30, 1998. Amended: Filed Feb. 15, 2000, effective Aug. 30, 2000. Moved to 19 CSR 30-85.042, 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; 198.079, RSMo 1979.*

19 CSR 30-85.052 Dietary Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

PURPOSE: This rule establishes dietary requirements for new and existing intermediate care and skilled nursing facilities.

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) Each resident shall be served nutritious food, properly prepared and appropriately seasoned, taking into consideration resident food preferences, to provide an adequate diet in accordance with the physician's order and as recommended by the National Research Council. Nutritional needs of residents shall be met and shall be based on the individual's circumstances, medical condition and goals of treatment as determined and justified by the physician. A qualified professional, such as a dietitian or registered nurse, shall regularly assess these needs and shall keep the physician informed of the nutritional status of the resident. I/II

(2) At least three (3) substantial meals or other equivalent shall be served daily at regular hours with supplementary feedings as necessary. At least two (2) meals shall be hot. II/III

(3) Foods shall be prepared and served using methods that conserve nutritive value, flavor and appearance. II/III

(4) Special attention shall be given to the texture of food given to residents who have chewing difficulty. II/III

(5) Provision shall be made to assure that hot food is served hot and cold food is served cold. II

(6) If a resident refuses food served, appropriate substitutes of similar nutritive value shall be offered. II/III

(7) Bedtime snacks of nourishing quality shall be offered to all residents unless medically contraindicated. III

(8) Tray service and dining room service for residents shall be attractive and each resident shall receive appropriate table service. III

(9) Each resident who is served meals in bed or in a chair not within the dining area shall be provided with either a table, an overbed table or an overbed tray of sturdy construction which is positioned so that the resident can eat comfortably. III

(10) A time schedule for service of meals to residents shall be established. Meals shall be served approximately four to five (4-5) hours apart and not longer than fourteen (14) hours from a substantial evening meal to breakfast. II/III

(11) A minimum of thirty (30) minutes shall be given for eating meals. Residents who eat



slowly or who need assistance shall be given as much time to eat as necessary. II/III

(12) An identification system shall be established to assure that each resident receives the diet as ordered. II/III

(13) If the residents have objectionable table manners, an alternate method of meal service shall be provided. III

(14) There shall be sufficient personnel properly trained in their duties to assure adequate preparation and serving of food. II

(15) All facilities shall employ a food service supervisor who shall have overall supervisory responsibility for dietary services. II

(16) Menus for special prescribed diets shall be reviewed and approved in writing by either a qualified dietitian, a registered nurse or a physician. II/III

(17) If food preparation, service, or both, within the facility is handled through a contractual arrangement, all regulations governing sanitation (13 CSR 15-17), dietary service and contractual personnel shall be met and maintained. II/III

(18) If it is determined by the Division of Aging that due to the complexity of prescribed diets or that the food service supervisor is unable to assure compliance with the dietary requirements, the facility shall be required to employ, for specified periods of time, a qualified dietitian to serve as a consultant and until the food service management improves to assure that the residents' needs are being met. II

(19) A current record of purchased food shall be kept to show the kind and amount of food purchased each month. III

(20) Supplies of staple food for a minimum of a one (1)-week period and of perishable foods for a minimum of a three (3)-day period shall be maintained on the premises. II

(21) Menus for all diets shall be planned at least two (2) weeks in advance. If cycle menus are used, the cycle must cover a minimum of three (3) weeks and must be different each day of the week. Menus showing the foods and amounts of food to be served each day during the current week shall be posted where seen readily as food is prepared and served. Each day's menu shall show the date it was actually used and shall be kept on file

for thirty (30) days. A list of substitutions shall be kept for thirty (30) days. III

(22) A file of standardized recipes shall be used. III

(23) A diet manual approved by the Division of Aging shall be readily available to attending physicians, nursing and dietary personnel. III

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**Original authority: 198.009, RSMo 1979.*