No. 832

APPROVED November 13, 1975

CITY OF PROVIDENCE

RESOLUTION OF THE CITY COUNCIL

TITLE: RESOLUTION REQUESTING THE CITY COUNCIL COMMITTEE ON PUBLIC WELFARE TO STUDY THE NEW RULES AND REGULATIONS FOR LICENSING OF NURSING OR PERSONAL CARE HOMES AS PROPOSED BY THE STATE DEPARTMENT OF HEALTH IN ORDER TO INCORPORATE INTO THE CODE OF ORDINANCES CERTAIN PROVISIONS DEEMED NECESSARY FOR THE PROTECTION OF RESIDENTS OF SO-CALLED BOARDING HOUSES FOR THE ELDERLY.

Whereas, a recent Journal Bulletin investigation has revealed that certain nursing houses in the City of Providence and State of Rhode Island have surrendered their nursing home licenses and are currently operating as boarding houses for the elderly in order to escape strict federal and state regulations,

Whereas, our elderly citizens deserve the best in terms of health and care facilities, and their protection should not be compromised.

Now therefore be it resolved that the City Council Committee on Public Welfare is hereby requested to study the new Rules and Regulations for Licensing of Nursing or Personal Care Homes appended hereto as proposed by the State Department of Health in order to incorporate into the Code of Ordinances provisions deemed necessary for the protection residents of so-called boarding houses for the elderly.

APPROVED

MAYOR

IN CITY COUNCIL

NOV 6 1975

READ AND PASSED

Robert J. Clayton PRES.

Vincent Crapsi CLERK

NOV 13 1975

PROPOSED

RULES AND REGULATIONS

FOR

LICENSING OF

NURSING OR PERSONAL CARE HOMES

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

OCTOBER, 1975

Introduction

These rules and regulations are promulgated pursuant to the authority conferred under Chapter 23-17.1 of the General Laws of Rhode Island of 1956, as amended, and are established for the purpose of defining the minimum standards which may be permitted in Nursing or Personal Care Homes.

These rules and regulations reflect the philosophy of the Department of Health in safeguarding the health, comfort, safety, well-being and rights of patients and in assuring the proper utilization of health care resources through improvement in the organization and management of patient care services, placement of patients at an appropriate level of care and maintenance of sound and safe physical plants and equipment.

Compliance with these rules and regulations in no way conveys assurance of the quality of patient care but rather provides the basic framework of capabilities required by facilities from which quality patient care may evolve.

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PART I LICENSING PROCEDURES AND DEFINITIONS

200.0 PRE-LICENSURE REQUIREMENTS

200.1 Any person acting individually or jointly with any other persons who proposes to undertake any substantial construction as defined in reference 2 or to own, establish or operate a nursing or personal care home shall be subject to the requirements of references 1 and 2 and the regulations herein.

200.2 Any facility which has received authorization for capital expenditures in accordance with section 23-17.1-8.1 of the General Laws of Rhode Island, 1956, as amended, and in accordance with reference 2, as evidenced by written approval of the Director of Health after review by the Health Services Council or by an exemption letter from the Licensing Agency, shall submit plans and specifications for review, prior to signing a construction contract, to the Division of Licensure and Construction, Rhode Island Department of Health and to the Division of Fire Safety, Executive Department.

201.0 GENERAL REQUIREMENTS FOR LICENSURE

201.1 No person or governmental unit acting severally or jointly with any other person or governmental unit shall conduct, maintain or operate a nursing or personal care home without a license in accordance with the requirements of reference 1.

201.2 The provisions of the rules and regulations herein, in addition to those provisions of reference 1, shall apply to all nursing or personal care homes and to all patients housed therein.

202.0 APPLICATION FOR LICENSE

202.1 Application for a license to conduct, maintain or operate a nursing or personal care facility shall be made in writing and submitted on forms provided by the Licensing Agency at least six (6) weeks prior to expiration date for license renewal or at least six (6) weeks prior to opening date for a new facility.

202.2 Prior to the issuance or renewal of a license, the applicant shall secure signed written reports of inspections and statements certifying compliance with or violation of applicable local or state codes from the chief of the fire department and the building inspector of the city or town where the facility is located and from the Division of Fire Safety of the Executive Department.

202.3 A notarized listing of names and addresses of direct and indirect owners whether individual, partnership, or corporation, with percentages of ownership designated, shall be provided with the application for licensure and shall be updated annually. If a corporation, the list shall include all officers, directors and other persons or any subsidiary corporation owning stock.

203.0 ISSUANCE AND RENEWAL OF LICENSE

203.1 The Licensing Agency shall issue a license or renewal thereof for a period of two (2) years from the date of issuance unless sooner suspended or revoked, if the applicant and nursing or personal care home meet the appropriate requirements of reference 1 and the rules and regulations herein.

203.2 A license shall be issued to a specific licensee for a specific location and shall not be transferable. The license shall be issued to the individual owner, operator or lessee, or to the corporate entity responsible for its governance.

203.3 A license issued hereunder shall be the property of the state and loaned to such licensee, and it shall be kept posted in a conspicuous place on the licensed premises.

203.4 A license issued hereunder shall require the provision of multi-level care such that no patient shall be required to transfer to another nursing or personal care home as a result of a change in condition.

204.0 PROVISIONAL LICENSE

204.1 If all requirements established under reference 1 are not met or if a home does not meet the requirements of the rules and regulations herein, a provisional license may be issued not to exceed a period of six (6) months, if the Licensing Agency certifies that the operation will not result in undue hazard to patients or residents.

204.1.1 A provisional license is not renewable i.e., it shall not be reissued consecutively.

205.0 CAPACITY AND CLASSIFICATION

205.1 Each license shall specify the licensed bed capacity of the facility. No facility shall have more patients than the number of beds for which it is licensed.

205.2 Proposed changes in bed capacity, in the classification of beds or in the services available within a facility shall be submitted to the Licensing Agency in writing and shall be subject to the approval of the Licensing Agency in accordance with the provisions of reference 2.

206.0 CHANGE OF OWNERSHIP, OPERATION AND/OR LOCATION

206.1 When a change of ownership, as defined in reference 2, or in operation or location of a facility or when discontinuation of service is contemplated, the owner and/or operator shall notify the Licensing Agency in writing no later than six (6) weeks prior to the proposed action.

206.2 A license shall immediately become void and shall be returned to the Licensing Agency when operation of the facility is discontinued, or when any changes in ownership occur as defined in reference 2.

206.2.1 When there is a change in ownership as defined in reference 2 or in the operation or control of an existing facility, the Licensing Agency reserves the right to extend the expiration date of such license, allowing the facility to operate under the same conditions which applied to the prior operator, for such time as shall be required for the processing of a new application or for transfer of patients, not to exceed six (6) weeks.

207.0 INSPECTIONS

207.1 The Licensing Agency shall make such inspections and investigations as deemed necessary and in accordance with references 1 and 2 and the regulations herein. Such inspections shall apply to all facilities licensed under 23-17.1 and shall apply to all patients housed therein without regard to source of payment and shall include medical review.

207.2 A duly authorized representative of the Licensing Agency shall have the right to enter without prior notice to inspect the entire premises and services of any facility for which an application has been received or for which a license has been issued. Any application shall constitute permission for and willingness to comply with such inspections.

207.3 Refusal to permit inspections shall constitute a valid ground for revocation, suspension or denial of a license in accordance with section 208.0 herein.

207.4 Every nursing or personal care home shall be given prompt notice by the Licensing Agency of all deficiencies reported as a result of an inspection or investigation in accordance with the procedures incorporated in references 1 and 3.

207.5 Written reports and recommendations of inspections shall be maintained on file in each facility.

208.0 DENIAL, SUSPENSION, REVOCATION OF LICENSE OR CURTAILMENT OF ACTIVITIES

208.1 The Licensing Agency is authorized to deny, suspend or revoke the license of any nursing or personal care home which: (1) has failed to comply with the rules and regulations pertaining to licensing of nursing or personal care homes; (2) has aided, abetted or permitted any illegal act or conduct adverse to the health, welfare and safety of residents or of the general public; or (3) has failed to comply with municipal, state or federal law.

208.1.1 Lists of deficiencies noted in inspections conducted in accordance with 207.0 shall be maintained on file in the Licensing Agency, and shall be considered by the Licensing Agency in rendering determinations to deny, suspend, or revoke the license of a nursing or personal care home or to curtail its activities.

208.2 In those instances wherein the Licensing Agency determines that a nursing or personal care home licensed in accordance with reference 1 is not being operated in conformance with all of the requirements established thereby, the Licensing Agency may, (in lieu of suspension or revocation) curtail activities of the home in accordance with section 23-17.1-11 of reference 1. Such action may be taken only when the Licensing Agency determines that operation of the home shall not result in undue hardship to patients or residents.

208.2.1 Notice of an order to curtail any or all activities of a nursing or personal care home in accordance with section 208.2 shall be made in writing and shall state the reason therefor, the action to be taken by the licensee and the time within which said action shall be taken.

208.3 Where, however, the Licensing Agency deems that operation of a nursing or personal care home results in undue hardship to patients or residents as a result of deficiencies enumerated in 208.1, the Licensing Agency is authorized to deny licensure to facilities not previously licensed, or to suspend for a stipulated period of time or revoke the license of a facility already licensed.

208.4 Whenever an action shall be proposed to deny, suspend, or revoke a license, the Licensing Agency shall notify the nursing or personal care home by certified mail, setting forth reasons for the proposed action, and the applicant or licensee shall be given an opportunity for a prompt and fair hearing in accordance with references 21 and 22.

208.4.1 However, if the Licensing Agency finds that public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in its order, the Licensing Agency may order summary suspension of license pending proceedings for revocation or other action.

208.5 The appropriate state and federal placement and reimbursement agencies shall be notified of any action taken by the Licensing Agency pertaining to either denial, suspension, revocation of license or curtailment of activities of any facility.

208.6 SANCTIONS

The Licensing Agency, therefore, may take appropriate action from within the following array for dealing with violations of references 1 and 2 or of the rules and regulations herein.

208.6.1 As a result of denial, the rights and privileges attendant upon licensure will not accrue to a facility.

208.6.2 As a result of an order to curtail any or all activities of a nursing or personal care home, a licensee may be ordered to: admit no additional persons to said home, and/or transfer to other suitable accommodations, all or some of the patients

residing in said home, and/or take any other corrective action necessary to secure compliance with the requirements established by reference 1 and the rules and regulations herein.

208.6.3 As a result of suspension, a facility shall be restrained from admitting any patients during the period of suspension and shall be required to transfer all patients to another facility during the period of suspension. The difference between suspension and revocation of license is essentially a temporal one, such that the sanctions imposed as a result of suspension are so imposed until such time as the deficiency is corrected or until such other time as the Licensing Agency determines, whereas the sanctions imposed as a result of revocation are considered to be permanent and re-application for license de novo would be necessary.

208.6.4 As a result of license revocation, a facility loses all rights and privileges related to licensure and will be required to transfer all patients, will be restrained from admitting any patients and will be subject to prosecution for operation without a license if the foregoing actions are not accomplished.

209.0 DEFINITIONS

Wherever used in these rules and regulations the following terms shall be construed as follows:

209.1 "Nursing or personal care home" means a place, however named, which is established, offered, maintained, conducted, managed, or operated by any person for a period of more than twenty-four hours, for the purpose of providing accommodations and personal care for two or more persons, unrelated by blood or marriage, and who are in need of either nursing care, personal care or who are otherwise mentally, physically, and/or emotionally dependent on others for fulfilling the requirements of daily life, except those places or facilities licensed by the Department of Mental Health, Retardation and Hospitals for the mentally retarded or the mentally ill.

The term "nursing or personal care home" includes the following classifications:

209.1.1 Nursing facility shall mean a place however named or an identifiable unit or distinct part thereof that provides 24-hour inpatient skilled nursing, therapeutic or restorative care services for two (2) or more patients unrelated by blood or marriage with a rehabilitative potential or condition requiring skilled care. The term shall include but not be limited to skilled nursing facilities as defined by reference 6.

209.1.2 Personal care facility shall mean a place however named or an identifiable unit or distinct part thereof which provides 24-hour inpatient preventive and supportive nursing care or personal care to two (2) or more persons unrelated by blood or marriage whose condition is stabilized but who are mentally,

physically and/or emotionally dependent and therefore require continued medical care. The term shall include but not be limited to Intermediate Care Facilities as defined by reference 18.

209.2 A multi-level care facility shall mean a facility which provides both nursing services defined in 209.1.1 and personal care services defined in 209.1.2 such that no patient is required to transfer to another nursing or personal care home solely as a result of a change in condition.

209.3 Licensing Agency shall mean the Rhode Island Department of Health.

209.4 The capacity of a facility refers to the maximum potential number of beds which may be accommodated within a facility according to the dimensional limitations of section 241.0 herein.

209.5 The licensed capacity of a facility refers to the number of beds a facility is licensed to operate.

209.6 The complement (bed capacity) of a facility refers to the number of beds a facility has in actual use, equal to or less than the licensed capacity.

209.7 Definitions of supervisors, consultants, directors of services, and other professional personnel shall be in terms of the required qualifications enumerated in references 5, 6 and/or 18.

209.8 Nursing Unit shall mean a self-contained section of a facility such as a wing, ward or floor, housing no more than 60 beds.

PART II ORGANIZATION AND MANAGEMENT

210.0 GOVERNING BODY OR OTHER LEGAL AUTHORITY

210.1 Each facility shall have an organized governing body or other legal authority, responsible for:

i. the management and control of the operation and maintenance of the facility; and

ii. the conformity of the facility with all federal, state and local laws and regulations relating to fire, safety, sanitation, communicable and reportable diseases, and other relevant health and safety requirements and with all rules and regulations herein.

210.2 The governing body or other legal authority shall provide facilities, personnel and other resources necessary to meet patient and program needs.

210.3 The governing body or other legal authority shall designate a qualified administrator in accordance with reference 5 and shall establish by-laws or policies to govern the organization of the facility, to establish authority and responsibility and to identify program goals.

210.4 The governing body or other legal authority shall obtain a written commitment from the physician(s) serving the facility, attesting to knowledge of and acceptance of responsibility for specific administrative medical care practices. Such responsibilities shall include but not be limited to the following:

i. the development, adoption and implementation of patient care policies to govern the health care, safety and personal rights of patients in accordance with section 218.2 and 218.4 herein;

ii. the functioning of an effective utilization review mechanism established in accordance with reference 6 and applicable to all patients in each facility;

iii. the establishment of a mechanism for the control of infection in accordance with section 219.0 herein;

iv. the application of policies pertaining to physician services in accordance with section 220.0 herein;

v. the authorization of any human experimentation projects subject to the approval of the Licensing Agency;

vi. the establishment of policies pertaining to the pharmaceutical service in accordance with section 225.0 herein; and

vii. such other administrative medical care responsibilities as may be deemed appropriate.

210.5 The governing body or other legal authority shall adopt a policy statement relating to conflict of interest on the part of members of the governing body, medical staff and employees who may influence corporate decisions.

210.6 The governing body or other legal authority shall develop a written institutional plan with representatives of the administrative staff and organized medical staff (if any). The plan shall provide for an annual operating budget and a capital expenditure plan for at least a three-year period to be updated and submitted to the Licensing Agency annually, not later than on 10 January.

210.7 The governing body or other legal authority, through the administrator, shall be responsible for the procurement of a sufficient number of trained, experienced and competent personnel to provide appropriate care and supervision for all patients and to ensure that their personal needs are met.

211.0 ADMINISTRATOR

211.1 Every facility shall have a full-time licensed administrator who shall be directly responsible to the governing body or other legal authority for its management and operation, and shall provide liaison between the governing body, medical and nursing staffs and other professional and supervisory staff.

211.1.1 When the administrator does not spend full-time in the facility, (full-time defined as 40 daytime hours weekly) a qualified substitute shall be designated only with the approval of the Licensing Agency.

211.1.2 In the absence of the administrator a person shall be designated or authorized in writing, as a substitute on an interim basis.

211.2 The administrator shall be responsible to ensure that services required by patients shall be available on a regular basis and provided in an appropriate environment in accordance with established policies.

211.3 The administrator shall be responsible for maintaining accurate time records on all personnel and for posting such on a monthly basis.

211.4 The Licensing Agency shall be notified in writing of any change in the administrator of a facility.

211.5 For hospital based nursing facilities separately licensed under 23-17.1, the administrator may be a member of the hospital administrative staff qualified in accordance with reference 5.

212.0 PERSONNEL

212.1 Each nursing or personal care home shall maintain and implement written personnel policies and procedures supporting sound patient care and personnel practices. Such policies shall be reviewed annually and updated as necessary.

212.2 There shall be a job description for each classification of position which delineates qualifications, duties, authority and responsibilities inherent in each position.

212.3 Facilities shall make provisions for pre-employment and annual health examinations of all employees. Such examinations shall include but not be limited to, a chest X-Ray or a tuberculin test. If the tuberculin test is positive, a chest X-Ray shall be required.

212.4 Personnel records shall be maintained for each employee and shall be available at all times for inspection and shall include:

i. current and background information covering qualifications for employment;

ii. records of all required health examinations;

iii. evidence of current registration, certification or licensure of personnel subject to statutory regulation; and

iv. annual work performance evaluation records.

212.5 An ongoing in-service educational program shall be conducted for the orientation of new personnel and for the development and improvement of skills of all personnel. The in-service program shall be geared to the needs of the aged, prevention and control of infection, food service sanitation, fire prevention and safety, confidentiality of patient information, rights of patients and any other area related to patient care.

212.5.1 Provision shall be made for written documentation of programs including attendance. Program schedules shall be formulated at least two months in advance.

213.0 HANDLING OF PATIENT FUNDS

213.1 Any assignment of patients' property either by contractual agreement or by transfer of real estate, bank accounts or insurance benefits, must be reported together with the terms of the assignment to the patient's guardian, next of kin, sponsoring agency(ies) or representative payee and to the Licensing Agency.

213.2 Each operator of a nursing or personal care facility acting or intending to act as fiduciary agent for a resident patient is required to have written authorization from any resident so served, duly certified by a notary public, free of any connection, whether financial or familial, to the operator. The certification will attest to the patient's understanding of the significance of his action and will be required to be on file for inspection by authorized surveyors of the Licensing Agency.

213.3 The operator shall maintain adequate safeguards and accurate records of each patient's monies and valuables and shall provide at least quarterly accounting in accordance with section 217.14 herein. Such records shall be available for inspection.

214.0 REPORTING OF PATIENT ACCIDENTS AND DEATHS

214.1 Accidents resulting in hospitalization or death of any patient shall be reported in writing to the Licensing Agency by the next working day. A copy of each report shall be retained by the facility for review during subsequent surveys.

214.2 The death of any patient of a nursing or personal care home occurring within 24 hours of admission or prior to the performance of a physical examination in accordance with section 220.3 (iii) of the regulations herein shall be reported to the Office of the State Medical Examiner.

214.3 In addition, all patient deaths occurring within a nursing or personal care home which are sudden or unexpected, suspicious or unnatural, the result of trauma, remote or otherwise, or when unattended by a physician shall be reported to the Office of the State Medical Examiner in accordance with Title 23, Chapter 4 of the General Laws of Rhode Island, 1956, as amended.

215.0 MEDICAL RECORDS

215.1 A medical record shall be established and maintained for every person admitted to a facility in accordance with accepted professional standards and practices. The administrator shall have ultimate responsibility for the maintenance of medical records; such responsibility may be delegated in writing to a staff member.

215.1.1 Records shall be indexed according to the name of the patient and the final diagnoses.

215.2 Entries in the medical record shall be made by the responsible persons daily. Only physicians shall enter or authenticate medical opinions or judgment.

215.2.1 All accidents, whether resulting in an injury or not, shall be immediately recorded in the patient's record.

215.2.2 Detailed descriptions of all decubiti, or skin lesions indicating potential decubiti, shall be recorded in the patient's record.

215.3 Each medical record shall contain sufficient information to identify the patient and to justify diagnosis, treatment, care and documented results and shall include:

i. identification data;

ii. medical history;

iii. physical examination reports;

iv. admitting diagnosis;

v. diagnostic and therapeutic orders;

vi. consent forms;

vii. physicians' progress notes and observations;

viii. nursing notes;

ix. patient care plans;

x. medication and treatment records;

xi. laboratory reports, X-Ray reports, or other clinical findings;

xii. consultation reports;

xiii. documentation of all care and services rendered, e.g., dental reports, physical and occupational therapy reports, social service summaries, podiatry reports, inhalation therapy reports, etc.

xiv. patient referral forms;

xv. final diagnosis; and

xvi. disposition and final summary notes.

215.4 Medical records of discharged patients shall be completed within 48 hours with all clinical information pertaining to the patient's stay made part of the patient's medical record.

215.5 The discharge summary shall be completed promptly and signed by the attending physician.

215.6 Medical records shall be kept confidential.

215.6.1 Only authorized personnel shall have access to the records.

215.6.2 A facility shall release a patient's medical information only with the written consent of the patient, parent, guardian or legal representative, except in case of transfer to another health care facility or as otherwise provided by law and in accordance with sections 217.13 add 217.13.1 herein.

215.7 Provisions shall be made for the safe storage of medical records to safeguard them against loss, destruction or unauthorized use.

215.8 All medical records, either original or accurately reproduced, shall be preserved for a minimum of five (5) years following discharge or death of the patient in accordance with reference 9.

215.8.1 Medical records of minors, however, shall be kept for at least five (5) years after such minor would have reached the age of 18 years.

215.9 The medical records of patients shall be opened for inspection to duly authorized representatives of the Licensing Agency whose duty it is to enforce the regulations herein consistent with section 217.13.1.

215.9.1 Information contained in medical records gathered and collected for the purpose of enforcing these regulations is confidential in nature and shall not be publicly disclosed by any person obtaining such information by virtue of his office, unless by court order or as otherwise required by law.

216.0 TRANSFER AGREEMENTS, CONTRACTS, OR AGREEMENTS

216.1 The facility shall have in effect transfer agreements with one or more hospitals for the provision of inpatient hospital care or other hospital services to be made available promptly to the patients of the facility, as needed. The written transfer agreement shall ensure:

i. timely (within 24 hours) transfer or admission of patients between the hospital and the facility, whenever deemed medically appropriate in writing by a physician;

ii. interchange of medical and other information necessary or useful in the care and treatment of patients transferred or to determine the kind of care the patient requires; and

iii. security and accountability for the patient's personal effects during transfer.

216.2 If the facility does not employ full-time qualified professional personnel to render required services, or obtains services from an outside source, arrangements for such services shall be made through written agreements or contracts.

216.2.1 The responsibilities, functions, objectives, terms of agreement, financial arrangements, charges and other pertinent requirements shall be clearly delineated in the terms of any contract negotiated by a facility.

216.2.2 All contracts or agreements negotiated by a facility shall be consistent with the policies established in accordance with section 210.5 concerning conflict of interest.

216.2.3 Each consultant or outside source providing services to a facility shall submit a monthly report of his activities to the administrator. Monthly reports and contracts shall be kept on file for inspection.

217.0 RIGHTS OF PATIENTS

Every nursing or personal care home, recognizing established legal precedents, shall observe the following standards with respect to each patient who is admitted to its facility.

217.1 Each patient shall be offered treatment without discrimination as to sex, race, color, religion, national origin or source of payment.

217.2 Each patient shall be treated and cared for with consideration, respect and dignity and shall be afforded his right to privacy to the extent consistent with providing adequate medical care and with efficient administration.

217.3 Each patient shall be fully informed, as evidenced by the patient's written acknowledgement, prior to or at the time of admission or during stay, of all rules and regulations and policies pertaining to rights of patients and governing patient conduct and responsibilities.

217.4 Each patient shall be informed, prior to, or at the time of admission and during stay, of services available and of related charges including all charges not covered either under federal and/or state programs, by other third party payers or by the facility's basic per diem rate.

217.5 Each patient admitted to a facility shall be and remain under the care of a physician as specified in policies adopted by the governing body.

217.5.1 Each patient shall be informed by a physician of his medical condition unless medically contraindicated, (as documented by a physician in his medical record), and shall be afforded the opportunity to participate in the planning of his medical treatment.

217.6 If it is proposed that a patient be used in any human experimentation project, the patient shall first be thoroughly informed in writing of such proposal and shall be offered the right to refuse to participate in such project. The informed consent documentation shall be maintained on file in the facility.

217.7 Patients shall be encouraged and assisted to voice their grievances through a documented grievance mechanism established by the facility which will insure patients' freedom from restraints, interference, coercion, discrimination or reprisal.

217.8 Patients shall not be subject to mental and physical abuse and shall be free from chemical and (except in emergencies) physical restraints except as authorized in writing by a physician for a specified and limited period of time for the protection of the patient.

217.8.1 Restraining devices are generally prohibited. A controlling device to be used for the protection of the patient may be utilized only as prescribed in writing and signed by a physician. The length of time, the purpose and the kind of restraint shall be specified in the physician's order.

217.9 Patients shall not be required to perform services for the facility unless ordered by the physician as part of the patient's therapeutic plan of care.

217.10 Patients may meet with and participate in activities of social, religious and community groups at their discretion unless medically contraindicated per written medical order.

217.11 Patients may associate and communicate privately with persons of their choice and shall be allowed freedom and privacy in sending and receiving mail unless medically contraindicated per written order of a physician.

217.11.1 Posted reasonable visiting hours must be maintained in each home, with a minimum of four hours daily.

217.12 Patients shall have the right to obtain personal services or to purchase personal needs outside of the facility unless contraindicated per written medical order.

217.13 The patient's right to privacy and confidentiality shall extend to all records pertaining to the patient. Release of any records shall be subject to the patient's approval except in case of transfer to another health care facility or as otherwise provided by law.

217.13.1 The right to privacy and confidentiality relates to the public dissemination of specific information contained within patient records and to the identification of specific individuals, but does not abrogate the responsibility of the Licensing Agency to review all patient records.

217.14 A patient may manage his personal financial affairs or shall be given at least quarterly accounting of financial transactions made on his behalf if written delegation of this responsibility was accepted by the facility for a stipulated period of time and in conformance with state laws.

217.15 If married, patients shall be assured privacy for visits by the spouse; if both are inpatients in the facility they may share a room unless medically contraindicated per written order of the physician.

217.16 Before transferring a patient to another facility or level of care within a facility, the patient shall be informed of the need for such a transfer and of any alternatives to such a transfer.

217.16.1 A patient shall be transferred or discharged only for medical reasons, or for his welfare or that of other patients or for nonpayment of his stay.

217.16.2 Reasonable advance notice shall be given to ensure orderly transfer or discharge and such actions shall be documented in the medical record.

217.17 All rights and responsibilities specified in Sections 217.3 through 217.6 and 217.16 above shall devolve to a patient's guardian, next of kin, sponsoring agency(ies) or representative payee (except when the facility itself is the representative payee) for patients who are:

i. adjudicated incompetent in accordance with state law; or

ii. found by the physician to be medically incapable of understanding their rights; or

iii. found to exhibit a communication barrier.

PART III PATIENT CARE SERVICES

218.0 PATIENT CARE POLICIES

218.1 Each facility shall have written patient care policies to govern the continuing nursing care and related medical or other services provided.

218.2 Patient care policies and procedures shall be developed in all facilities by a group of professional personnel including one or more physicians, a registered nurse, and other professional personnel as deemed necessary.

218.3 Patient care policies shall be available to all patients, physicians, community agencies, relatives and personnel and shall include provisions for at least the following:

i. meeting the total medical and psychosocial needs of patients;

ii. the establishment of written plans of care for each patient for medical, nursing and other services provided;

iii. the range of services available and provided to patients and constraints imposed by limitations of services, physical facilities, staff coverage or other;

iv. the frequency of physician visits based on category or level of patient care;

v. the protection of patients' personal and property rights;

vi. types of clinical conditions acceptable for admission to specific levels of care and appropriate services;

vii. financial considerations;

viii. emergency admissions or discharges and emergency care of patients;

ix. requirements for informed consent by patient, parent, guardian or legal representative for treatment;

x. advance notification of next of kin, attending physician or responsible agency of any transfer or discharge;

xi. notification of next of kin, attending physician or responsible agency of any change of condition;

xii. internal transfer of patients from one level or type of care to another if multi-level care is provided;

xiii. discharge and termination of services; and

xiv. provision for continuity of patient care as related to discharge planning.

218.4 There shall be documented evidence of the designation of responsibility to a physician, or a nurse or to the medical staff for the execution and implementation of patient care policies.

218.4.1 When a nurse is designated as the responsible agent for a day-to-day execution of patient care policies, a physician shall be available to provide necessary medical guidance.

218.5 Provisions shall be made for the annual review and revision of patient care policies as deemed necessary.

219.0 INFECTION CONTROL

219.1 All facilities shall make provisions through patient care policies (to be established by an Infection Control Committee in nursing facilities) for the control of infection and the protection of patients and personnel which shall pertain to no less than the following:

i. sanitation and medical asepsis;

ii. disposal of solid waste materials;

iii. admission and isolation of patients with known or suspected infectious diseases and their protective isolation;

iv. the establishment of a system of interval reporting, evaluation and recording of the occurrences of all infections among personnel and patients; and

v. the monitoring of staff performance to insure the implementation of the infection control program.

219.2 A continuing education program on infection control shall be conducted.

219.3 REPORTING OF COMMUNICABLE DISEASES

219.3.1 Each facility shall report promptly to the Rhode Island Department of Health, Division of Epidemiology, cases of communicable diseases designated as "reportable diseases" when such cases are diagnosed in the facility in accordance with reference 10.

219.3.2 When infectious diseases other than those designated as "reportable diseases" in accordance with reference 10, present a potential hazard to patients or personnel, these shall be reported to the Rhode Island Department of Health, Division of Epidemiology.

219.3.3 When outbreaks of foodborne illness are suspected, such occurrences shall be reported immediately to the Rhode Island Department of Health, Division of Epidemiology.

220.0 PHYSICIAN SERVICES

220.1 All patients shall remain or be under the care of a physician.

220.2 No less than the following patient care information shall be made available to facilities by the referring source prior to or upon admission:

i. current medical findings;

ii. summary of pre-admission treatment and care; and

iii. diagnosis and medical orders by the physician for immediate patient care.

220.3 Each facility shall establish policies governing the medical care supervision in accordance with section 210.4 herein. Such policies shall include no less than the following:

i. that every patient be under the continued medical supervision of a physician;

ii. that a prescribed medical care plan be established for each patient by the attending physician;

iii. that the medical care plan be based on a physical examination done within 48 hours of admission unless such was performed 5 days prior to admission;

iv. that each patient be visited by an attending physician and the medical care plan be reviewed:

a) in nursing facilities, at least every 60 days;

b) in personal care facilities at least every 90 days.

v. that arrangements be made for physician coverage in the absence of the attending physician; and

vi. that progress notes be written and signed by the physician at the time of each visit.

220.4 Written policies and procedures pertaining to emergency medical care including a listing of physician coverage shall be established and maintained at each nursing station.

221.0 NURSING SERVICE (GENERAL)

221.1 All nursing and personal care facilities shall provide appropriate, adequate and sufficient nursing services on a 24 hour basis, to assess the needs of patients, to develop and implement patient care plans and

to carry out other related services for the welfare and protection of patients from accidents, injury and infection.

221.2 Every nursing or personal care facility shall have an active program of rehabilitative nursing care.

221.3 Written patient care plans shall be developed and maintained for each patient, consonant with the attending physician's plan of medical care.

221.3.1 Patient care plans shall be reviewed, evaluated and updated as necessary by all professional personnel and shall be included as part of the medical record.

222.0 NURSING SERVICE FOR NURSING FACILITIES

222.1 In nursing facilities a director of nursing services shall be a registered nurse employed full-time, who shall have administrative responsibilities for the total nursing service.

222.1.1 The nursing director shall serve only one facility in this capacity.

222.1.2 If the director of nursing carries other administrative responsibilities, a registered nurse shall serve as full-time assistant.

222.1.3 The administrative responsibilities of the nursing director shall include no less than the development and maintenance of standards of nursing practice, nursing policies and procedure manuals and shall include all other functions and activities related to nursing service management including nursing staff development.

222.2 SUPERVISING NURSE. - In facilities with a licensed capacity of more than 60 beds, there shall be a qualified nursing supervisor as defined in section 209.0 herein, on each shift for every two nursing units or fraction thereof.

222.3 CHARGE NURSE. - In nursing facilities, a registered nurse or a licensed practical nurse who is a graduate of an accredited nursing school shall be designated as charge nurse by the director of nursing for each tour of duty and shall be responsible for the supervision of the total nursing activities. In facilities with licensed capacity of more than 60 beds, the director of nursing shall not serve as charge nurse.

222.3.1 The charge nurse shall delegate responsibility to nursing personnel for the direct nursing care of specific patients during each tour of duty, on the basis of staff qualifications, size and physical layout of the facility, characteristics and needs of patients and availability of personnel.

222.4 The following minimum nursing staff shall be on duty for direct nursing care:

STAFFING -- NURSING FACILITY

Beds Per Unit	7 a.m. to 3 p.m.	3 p.m. to 11 p.m.	11 p.m. to 7 a.m.
1-10	8 L.P.N. Hours	8 L.P.N. Hours	8 L.P.N. Hours
11-20	8 L.P.N. Hours 8 Aide Hours	8 L.P.N. Hours 8 Aide Hours	8 L.P.N. Hours
21-30	8 L.P.N. Hours 16 Aide Hours	8 L.P.N. Hours 16 Aide Hours	8 L.P.N. Hours 8 Aide Hours
31-35	8 L.P.N. Hours 20 Aide Hours	8 L.P.N. Hours 16 Aide Hours	8 L.P.N. Hours 8 Aide Hours
36-40	8 L.P.N. Hours 24 Aide Hours	8 L.P.N. Hours 16 Aide Hours	8 L.P.N. Hours 8 Aide Hours
41-45	16 L.P.N. Hours 24 Aide Hours	8 L.P.N. Hours 24 Aide Hours	8 L.P.N. Hours 16 Aide Hours
46-50	8 R.N. Hours 8 L.P.N. Hours 24 Aide Hours	8 R.N. Hours 24 Aide Hours	8 L.P.N. Hours 16 Aide Hours
51-55	8 R.N. Hours 8 L.P.N. Hours 32 Aide Hours	8 R.N. Hours 32 Aide Hours	8 L.P.N. Hours 16 Aide Hours
56-60	8 R.N. Hours 8 L.P.N. Hours 40 Aide Hours	8 R.N. Hours 40 Aide Hours	8 L.P.N. Hours 32 Aide Hours

222.4.1 The above staffing is exclusive of the Director of Nursing or her alternate who must be on duty 7 days/week. It is also exclusive of the Supervising Nurse, but not of the charge nurse. (see sections 222.2 and 222.3 herein)

222.4.2 Each floor or nursing unit as defined in section 209.0 herein must be staffed according to the above patterns.

222.4.3 The licensing agency reserves the right to require additional nursing personnel, dependent upon an evaluation of the staffing pattern in relation to the level of nursing services required to meet patient care needs, the size of the facility, and distribution and location of patients within the facility.

223.0 NURSING SERVICE FOR PERSONAL CARE FACILITIES

223.1 In personal care facilities a supervisor of health services shall be employed full-time 7 days a week on the day shift, to coordinate and monitor plans of care of each patient.

223.1.1 In facilities of 20 beds or less, the supervisor of health services shall be a licensed practical nurse or a registered nurse.

223.1.2 In facilities of more than 20 beds, the supervisor of health services shall be a licensed registered nurse. If the supervisor of health services carries other administrative responsibilities, a registered nurse shall serve as assistant.

223.1.3 The supervisor of health services shall serve only one facility in this capacity.

223.2 The supervisor of health services shall be responsible for all functions and activities related to patient care services including continuing in-service education and the development of patient care policies and procedures in accordance with section 218.2 herein.

223.3 The following are the minimum nursing staff requirements for each tour of duty:

STAFFING -- PERSONAL CARE FACILITIES

Beds Per Unit	7-3 Shift	3-11 Shift	11-7 Shift
1-10	8 Aide Hours	8 Aide Hours	8 Aide Hours
11-20	16 Aide Hours	16 Aide Hours	8 Aide Hours
21-30	8 L.P.N. Hours 16 Aide Hours	8 L.P.N. Hours 16 Aide Hours	8 L.P.N. Hours 8 Aide Hours
31-40	8 L.P.N. Hours 20 Aide Hours	8 L.P.N. Hours 20 Aide Hours	8 L.P.N. Hours 8 Aide Hours
41-50	8 L.P.N. Hours 24 Aide Hours	8 L.P.N. Hours 24 Aide Hours	8 L.P.N. Hours 16 Aide Hours
51-60	8 L.P.N. Hours 28 Aide Hours	8 L.P.N. Hours 28 Aide Hours	8 L.P.N. Hours 16 Aide Hours

223.4 The above staffing is exclusive of the supervisor of health services or her alternate who must be on duty 7 days a week during the day shift.

223.5 Each floor or nursing unit as defined in section 209.0 herein shall be staffed in accordance with the above requirements.

223.5.1 The Licensing Agency reserves the right to require additional nursing personnel, dependent upon an evaluation of the staffing pattern in relation to the level of nursing services required to meet patient care needs, the size of the facility, and distribution and location of patients within the facility.

224.0 DIETETIC SERVICES

224.1 Each facility shall maintain a dietetic service under the supervision of a full-time person qualified by training or having at least two years experience in organization and management of food services.

224.1.1 When the supervisor is absent, a responsible person shall be assigned to supervise dietetic service personnel and food service operations.

224.2 When the dietetic service supervisor is not a dietitian who meets the qualifications of reference 6, the facility shall obtain, per written contractual arrangements, consultation services from a dietitian qualified in accordance with reference 6.

224.2.1 Nursing facilities shall obtain consultation services from a qualified dietitian for a minimum of 4 continuous hours per week except that in nursing facilities having 40 beds or more, an additional one hour per week shall be required for each additional 20 beds or fraction thereof above 40.

224.2.2 Personal care facilities shall obtain consultation services from a qualified dietitian as follows:

i. for a minimum of 1 hour per week for facilities with less than 20 beds;

ii. for a minimum of 2 hours per week for facilities of more than 20 beds and an additional 1 hour for each additional 20 beds or fraction thereof.

224.2.3 The responsibilities of the qualified dietitian shall include but not be limited to:

i. advising the administrator and the supervisor of dietetic services on all nutritional aspects of patient care, and food service and preparation;

ii. preparing food service programs and menus to insure the nutritional needs of all patients are met in accordance with reference 8;

iii. serving as liaison with medical and nursing staff on nutritional aspects of patient care;

iv. advising on patient care policies pertaining to dietetic services;c

v. providing dietary counseling to patients when necessary;

vi. planning and conducting regularly scheduled in-service education programs in consultation with the Division of Food Protection and Sanitation;

vii. preparing reports of consultation and services rendered, which reports shall be dated, signed and kept on file in the facility; and

viii. recording observations and information pertinent to dietetic treatment in the patient's record.

224.3 Adequate space, equipment and supplies shall be provided for the efficient, safe and sanitary receiving, storage, refrigeration, preparation and service of food and other related aspects of the food service operation in accordance with reference 7.

224.4 Policies and procedures shall be established for the dietetic service, pertaining to but not limited to the following:

i. responsibilities and functions of personnel;

ii. standards for nutritional care in accordance with reference 8;

iii. alterations or modifications to diet orders or schedules;

iv. food purchasing, storage, preparation and service;

v. safety and sanitation relative to personnel and equipment in accordance with reference 7; and

vi. ancillary dietary services, including food storage and preparation in satellite kitchens and vending operations in accordance with reference 7.

224.5 All facilities shall provide sufficient and adequately trained supportive personnel, competent to carry out the functions of the dietetic services.

224.5.1 The dietetic service shall have employees on duty over a period of 12 or more hours per day, seven days per week.

224.5.2 Only dietetic service employees shall be assigned duties in the kitchen. Dietetic service employees shall not be assigned duties outside the dietary department.

224.6 The facility's food service operation shall comply with all appropriate standards of reference 7.

224.6.1 Diet kitchens, nourishment stations, and any other related areas shall be the responsibility of the dietetic service.

224.7 All menus shall be planned at least one week in advance, to meet the standards for nutritional care in accordance with reference 8, and to provide for a variety of foods, adjusted for seasonal changes, and reflecting the dietary preferences of patients or residents.

224.7.1 Menus shall be posted in a conspicuous place in the dietary department.

224.8 All diets shall be ordered in writing by the attending physician.

224.8.1 All diets shall be planned, prepared and served to conform to the physician's orders and to the standards of reference 8.

224.8.2 Diet orders shall be reviewed by the attending physician monthly in nursing facilities and quarterly in personal care facilities.

224.9 There shall be a diet manual, approved by the dietitian and staff physicians, and available to all dietetic and nursing services personnel. Diets served to patients shall comply with the principles set forth in the diet manual.

224.10 At least three meals (or their equivalent as ordered by the physician) are to be served daily at regular hours, with not more than a 14 hour span between a substantial evening meal and breakfast the next day.

224.10.1 Breakfast shall not be served before 7:00 A.M. nor later than 8:30 A.M.. Lunch shall not be served before 11:30 A.M. nor later than 1:00 P.M.. Supper shall not be served before 5:00 P.M. nor later than 6:30 P.M.

224.10.2 Between evening meal and bedtime, nourishments shall be offered to all patients, unless medically contraindicated.

224.11 Foods shall be prepared by methods that conserve nutritive value, flavor and appearance, and shall be prepared and served at proper temperatures and in a form to meet individual needs. Food substitutes of similar nutritive value shall be offered when patients refuse foods served.

224.11.1 A file of tested recipes, adjusted to appropriate yield shall be maintained and utilized corresponding to items on the menu.

224.11.2 House diets shall be appropriately seasoned in cooking and this shall include salt.

224.11.3 There shall be a supply of staple foods for a minimum of one week and of perishable foods for a minimum of 2 days in the facility.

224.11.4 There shall be a plan to include alternate methods and procedures for food preparation and service to be used in emergencies.

224.12 Records of menus actually served shall be retained for 30 days.

224.13 Food shall be attractively served on dinnerware of good quality, such as ceramic, plastic or other materials that are durable and aesthetically pleasing.

224.14 A dining room shall be available for those patients or residents who wish to participate in group dining in accordance with section 243.0 herein.

224.15 Self-help feeding devices shall be available to those patients who need them to maintain maximum independence in the activities of daily living.

224.16 A facility contracting for food service shall require as part of the contract, that the contractor comply with the provisions of the regulations herein.

225.0 PHARMACEUTICAL SERVICES

225.1 Each facility shall provide pharmaceutical services either directly within the facility or per contractual arrangement.

225.1.1 In either instance, appropriate methods and procedures for the dispensing and administration of drugs and biologicals shall be established in accordance with reference 4 and subject to other appropriate federal and state laws.

225.2 There shall be written policies and procedures relating to the pharmaceutical service which shall include no less than:

i. the authority, responsibility and duties of the pharmacist;

ii. the selection, distribution, administration, storage and disposition of drugs and biologicals in accordance with federal and state laws;

iii. maintenance of records of all transactions, including recording of receipt and disposition of all drugs;

iv. inspection of all drug storage and medication areas and documented evidence of findings;

v. automatic stop orders for drugs or biologicals;

vi. the use of only approved drugs and biologicals;

vii. control of patient medication from any source;

viii. a monitoring program to identify untoward drug reactions; and

ix. labeling of drugs and biologicals in accordance with accepted principles including cautionary instructions and expiration date.

225.3 Adequate space, equipment and supplies shall be provided for the storage of drugs based on the scope of services provided. Refrigerated food storage units shall not be utilized for storage of drugs and/or biologicals.

225.4 Each nursing unit shall have adequate drug preparation areas with provisions for locked storage in accordance with federal and state laws.

225.5 Drugs and biologicals shall be administered only by physicians, licensed nursing personnel or by other personnel who have completed a state approved training program in medication administration.

225.5.1 Drugs shall be administered in accordance with written orders of the attending physician. Physicians' verbal orders for drugs shall be given only to a licensed nurse, to a pharmacist or to a physician and shall be immediately recorded and signed by the person receiving the order. Such orders shall be countersigned by the attending physician within 48 hours.

225.6 An emergency medication kit approved by the pharmaceutical service committee or its equivalent shall be kept readily available.

225.7 In Nursing Facilities:

225.7.1 The pharmaceutical service committee or its equivalent consisting of no less than a pharmacist, the nursing director, a physician and the administrator shall:

i. serve as an advisory body on all matters pertaining to pharmaceutical services;

ii. establish a program of accountability for all drugs and biologicals;

iii. develop and review periodically all policies and procedures for safe and effective drug therapy in accordance with section 225.2 herein;

iv. monitor the service; and

v. hold quarterly meetings with written documentation of all proceedings.

225.7.2 A pharmacist shall assist in developing, coordinating and supervising all pharmaceutical services in conjunction with the pharmaceutical committee. In addition, a pharmacist shall:

i. review the drug regimen of each patient at least monthly;

ii. report any irregularities to the medical director and to the administrator; and

iii. document in writing the performance of such review which documentation shall be kept on file by the facility and shall be made accessible to inspectors on request.

225.8 In Personal Care Facilities:

225.8.1 Medications shall be reviewed quarterly by the attending or staff physician. Written documentation of the performance of such review shall be kept on file by the facility and shall be made accessible to inspectors on request.

226.0 DENTAL SERVICES

226.1 Each facility shall make provisions for patients to obtain dental services for routine and emergency care.

221.1.1 Each patient shall have the right to receive dental services from a dentist of his choice.

226.2 A list of community dentists shall be maintained and available to all residents.

226.3 When necessary, arrangements shall be made by facilities for the transportation of patients to and from the dental care office.

227.0 LABORATORY AND RADIOLOGIC SERVICES

227.1 All nursing or personal care facilities shall make provisions for laboratory, X-Ray and other services to be provided either directly by the facility or per contractual arrangements with an outside provider.

227.2 All services shall be provided only per order of the attending physician who shall be promptly notified of the findings.

227.3 Signed and dated reports of all findings shall become part of the patient's medical record.

228.0 SOCIAL SERVICES

228.1 Every facility shall have a written plan and procedure for the social services to be provided either directly or by arrangement with an appropriate health or social agency.

228.1.1 Such plan and procedure shall pertain to no less than the following:

i. measures for the identification of medically related social and emotional needs of patients;

ii. establishment of a plan of care based on patient needs;

iii. procedures for referral of patients when indicated to appropriate social agencies; and

iv. notification of next-of-kin, or of the legal representative, or responsible agency, of the patient's personal and property rights.

228.2 The administrator shall designate responsible staff members suited by training or experience to implement the plans and procedures enumerated in accordance with 228.1.1 herein.

228.3 Sufficient supportive personnel shall be available to meet patient needs.

228.4 Appropriate records shall be maintained of all social services rendered, including consultation services, and reports shall be included in the patient's medical record.

228.5 Policies and procedures shall be established to ensure confidentiality of all patient information consistent with policies and procedures required in sections 217.13 and 217.13.1 herein.

229.0 SPECIALIZED REHABILITATIVE SERVICES

229.1 Each facility shall provide directly or per written agreement with outside providers specialized rehabilitative and supportive services as needed by patients to improve, restore or maintain functioning.

229.1.1 Patients shall not be admitted or retained in a facility not providing either directly or per contractual arrangement, those rehabilitative or other specialized services required to meet individual medical care needs of patients.

229.2 The specialized rehabilitative and supportive services, which include physical therapy, speech pathology, audiology and occupational therapy shall be provided per written order of the attending physician and in accordance with accepted professional practice by qualified therapists or assistants or by other supportive personnel under the supervision of qualified therapists in accordance with section 209.7 herein.

229.3 Written administrative and patient care policies and procedures shall be developed for rehabilitative services by appropriate therapists and representatives of the medical, administrarive and professional staff.

229.4 Rehabilitative services shall be provided under a written plan of care initiated by the attending physician and developed in consultation with appropriate therapist(s) and nursing personnel.

229.5 Entries of all rehabilitative or supportive services rendered including the plan of care, evaluation of progress and other pertinent information shall be recorded in the patient's medical record and signed by personnel rendering the service(s).

229.6 Safe and adequate space and equipment shall be available commensurate with the scope of services provided.

230.0 PATIENT ACTIVITIES

230.1 Each facility shall provide for an ongoing activities program, appropriate to the needs and interests of each patient, to encourage self-care, resumption of normal activities and maintenance of an optimal level of psychosocial functioning.

320.2 A member of the staff shall be designated as responsible for the patient activity program and shall maintain adequate records.

230.3 The ongoing activities program shall make provisions to:

i. promote opportunities for engaging in normal pursuits including religious activities of the patient's choice;

ii. promote the physical, social and mental well-being of each patient;

iii. promote independent as well as group activities; and

iv. harmonize with each patient's needs and medical treatment plan, subject to approval by the patient's attending physician.

230.4 Adequate space, supplies and equipment shall be available to meet patient care needs in accordance with the activities program and as stipulated in section 243.0 herein.

231.0 DISCHARGE PLANNING

231.1 Every nursing or personal care facility shall maintain a centralized coordinated program to ensure that each patient has a planned program of continuing care, regardless of prognosis.

231.2 The responsibility for discharge planning shall be designated to one or more members of the professional staff of the facility who shall work with consultation if necessary, or arrange for such service to be provided by a health, social or welfare agency.

231.3 The discharge planning procedure and the function, authority and relationships of the discharge planning coordinator(s) shall be clearly delineated in writing.

PART IV ENVIRONMENTAL AND MAINTENANCE SERVICES

232.0 HOUSEKEEPING

232.1 A full-time employee of the facility shall be designated responsible for housekeeping services, supervision and training of housekeeping personnel.

232.2 Sufficient housekeeping and maintenance personnel shall be employed to maintain a comfortable, safe, clean, sanitary and orderly environment in the facility.

232.2.1 Housekeeping duties shall not be assigned to personnel providing patient care, such as nursing and dietary.

232.3 Written housekeeping policies and procedures shall be established in accordance with section 219.0 herein on Infection Control for the operation of housekeeping services throughout the facility. Copies shall be available to personnel.

232.4 All parts of the home and its premises shall be kept clean, neat and free of litter and rubbish and offensive odors.

232.5 Equipment and supplies shall be provided for cleaning of all surfaces. Such equipment shall be maintained in a safe, sanitary condition and shall be properly stored.

232.6 Hazardous cleaning solutions, compounds, and substances shall be labeled, stored in a safe place, and kept in an enclosed section separate from other cleaning materials.

232.7 Cleaning shall be performed in a manner which will minimize the development and spread of pathogenic organisms in the home environment.

232.8 Exhaust ducts from kitchens and other cooking areas shall be equipped with proper filters and cleaned at regular intervals. The ducts shall be cleaned as often as necessary and inspected no less than twice a year.

232.9 Facilities contracting with outside resources for housekeeping services shall require conformance with existing regulations.

233.0 LAUNDRY SERVICE

233.1 Each facility shall make provisions for the cleaning of all linens and other washable goods.

233.2 Facilities providing laundry service shall have adequate facilities and equipment for the safe and effective operation of laundry service and in unsewered areas shall obtain approval of the sewage system by the Licensing Agency to ensure its adequacy.

233.3 Written policies and procedures for the operation of the laundry service, including special procedures for the handling and processing of contaminated linens, shall be established in accordance with section 219.0 herein on Infection Control and shall be based on the guidelines of reference 11.

233.4 There shall be distinct areas for the separate storage and handling of clean and soiled linens.

233.4.1 The soiled linen area and the washing area shall be negatively pressurized.

233.4.2 The clean linen area and the drying area shall be physically divorced from the preceding.

233.5 All soiled linen shall be placed in closed containers prior to transportation.

233.6 To safeguard clean linens from cross-contamination they shall be transported in containers used exclusively for clean linens which shall be kept covered at all times while in transit and stored in areas designated exclusively for this purpose.

233.7 A quantity of linen equivalent to three times the number of beds shall be available at all times.

233.8 Facilities contracting for services with an outside resource shall require conformance with these regulations in accordance with section 216.2 herein.

234.0 DISASTER PREPAREDNESS

234.1 Each facility shall develop and maintain a written disaster preparedness plan based on the guidelines of reference 20 which shall include plans and procedures to be followed in case of fire or other emergencies.

234.2 The plan and procedures shall be developed with the assistance of qualified safety and other appropriate experts.

234.3 The plan shall include procedures to be followed pertaining to no less than the following:

i. fire, explosion or other disaster;

ii. transfer of casualties;

iii. transfer of records;

iv. location and use of alarm systems, signals and fire fighting equipment;

v. containment of fire;

vi. notification of appropriate persons; and

vii. reallocation of patients and evacuation routes.

234.4 A copy of the plan shall be available at every nursing unit.

234.5 Emergency steps of action shall be clearly outlined and posted in conspicuous locations throughout the facility.

234.6 Simulated drills testing the effectiveness of the plan shall be conducted for all shifts at least twice a year. Written reports and evaluation of all drills shall be maintained.

234.7 All personnel shall receive training in disaster preparedness as part of their employment orientation.

PART V PHYSICAL PLANT

235.0 NEW CONSTRUCTION, ADDITION OR MODIFICATION

235.1 All construction, as defined in section 502.1 of the Rules and Regulations for Construction of Nursing or Personal CAre Homes, shall be subject to the provisions of the following:

Reference 2 (R&R for Construction)
Reference 7 (R&R for Food Establishment)
Reference 12 (HEW Construction R&R)
Reference 13 (State Fire Code)
Reference 14 (National Plumbing Code)
Reference 15 (R&R for Sewage)
Reference 16 (NFPA, Fire Code)
Reference 17 (ANSI Code)
Reference 19 (Cross-Connection Control)

In addition, any other applicable state and local laws, codes and regulations shall apply. Where there is a difference between codes, the code having the higher standard shall apply.

236.0 GENERAL PROVISIONS - PHYSICAL ENVIRONMENT

236.1 Each facility shall be constructed, equipped and maintained to protect the health and safety of patients, personnel and the public. All equipment and furnishings shall be maintained in good condition, properly functioning and replaced when necessary.

236.2 All steps, stairs and corridors shall be suitably lighted, both day and night. Stairs used by patients shall have bannisters, hand rails or other types of support. All stair treads shall be well maintained to prevent hazards.

236.3 All rooms utilized by patients shall have proper ventilation and shall have outside openings with satisfactory screens, and shades or venetian blinds and draperies shall be provided for each window.

236.4 Grounds surrounding the facility shall be accessible to and usable by patients and shall be maintained in an orderly and well-kept manner.

237.0 FIRE AND SAFETY (EXISTING FACILITIES)

237.1 Each facility shall meet the provisions of reference 13.

237.2 Each facility shall establish a monitoring program for the internal enforcement of all applicable fire and safety laws and regulations. Such a program shall include written procedures for the implementation of said rules and regulations and logs shall be maintained.

237.3 A telephone shall be available in an easily accessible location on each floor of the facility. Pay stations or locked telephones shall not be acceptable substitutes.

238.0 EMERGENCY POWER

238.1 The facility shall provide an emergency source of electrical power necessary to protect the health and safety of patients in the event the normal electrical supply is interrupted.

238.1.1 Such emergency power systems shall supply power adequate at least for: (1) lighting all means of egress; (2) equipment to maintain detection, alarm and extinguishing systems; (3) life support systems, where applicable; and (4) internal communication systems established in accordance with section 240.2 herein.

238.1.2 Where life support systems are used, emergency electrical service shall be provided by an emergency generator located on the premises.

239.0 FACILITY REQUIREMENTS FOR THE PHYSICALLY HANDICAPPED

239.1 The facility shall be accessible to, and functional for, patients, personnel and the public. All necessary accommodations shall be made to meet the needs of persons with semi-ambulatory disabilities, or sight, hearing, and coordination disabilities.

239.2 In facilities of two or more stories which are not of at least 2 hours fire resistive construction, blind, nonambulatory or physically handicapped patients shall not be housed above the street level floor unless the facility is of 1-hour protected non-combustible construction, as defined in N.F.P.A. standard no. 220 of reference 16.

239.3 In fully sprinklered 1-hour protected ordinary construction or fully sprinklered 1-hour protected wood frame construction, blind, nonambulatory or physically handicapped patients may be housed on the first and second floors only.

239.4 Unless the facility is equipped with an elevator, blind, nonambulatory or physically handicapped patients shall not be housed above the street level floor.

240.0 NURSING UNIT

240.1 Each nursing unit as defined in section 209.8 herein shall have at least the following basic service areas:

i. nurses' stations;

ii. storage and preparation area(s) for drugs and biologicals; and

iii. utility and storage rooms for walkers, wheelchairs and other equipment.

240.2 In addition, each nursing unit shall be equipped with a communication system which, as a minimum, shall be:

i. electrically activated;

ii. operated from the bedside of each occupant and from all areas used by occupants, including multipurpose rooms, toilet and bathing facilities; and

iii. capable of alerting the responsible person or persons on duty 24 hours a day, wherever their station may be.

241.0 PATIENT ROOMS AND TOILET FACILITIES

241.1 Patient rooms shall be designed and equipped for adequate nursing care, comfort and privacy of patients with no more than two (2) beds per room.

241.1.1 Single bedrooms shall be no less than 100 square feet in area and no less than eight feet wide exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules;

241.1.2 Multi-bedrooms shall be no less than 160 square feet in area and no less than ten feet wide, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves or vestibules.

241.2 Each room shall have a window which can be easily opened. The windowsill shall not be higher than 3'0" above the floor and shall be above grade level.

241.3 The size of each window shall be no less than 2'6" wide by 4'5" high, double hung or an approved equivalent.

241.4 Each room shall have direct access to a corridor and outside exposure with the floor at or above grade level.

241.5 Lavatories and bathing areas shall be equipped with grab-bars for the safety of the patients and shall meet the requirements of reference 12.

241.6 All nursing and personal care facilities constructed after the effective date of these regulations shall have, as a minimum, connecting lavettes between patients' rooms in accordance with the requirements of section 235.0 herein.

241.6.1 However, in existing facilities there shall be no less than 1 bath per 12 beds and 1 toilet per 8 beds or fraction thereof on each floor where patients' rooms are located and which are not otherwise served by bathing facilities within patients' rooms.

241.7 Separate lavatory and toilet facilities shall be provided for employees and the general public commensurate with the needs of the facility.

241.8 At least one bathtub shall be provided in each nursing unit. Additional bathing fixtures may include showers.

241.9 Each bathtub or shower shall be in an individual room or enclosure which provides space for the private use of the bathing fixture for drying and dressing and for a wheelchair and an attendant.

241.10 Complete privacy shall be provided to each patient in semi-private rooms by the use of overhead type fire resistive screens and/or cubicle fire resistive curtains suspended by inset overhead tracks in accordance with references 13 and 16.

241.10.1 When overhead type screens and/or cubicle curtains are not provided, each semi-private room shall be equipped with a fire resistive portable screen in accordance with references 13 and 16.

241.11 Each patient must be provided with bed, spring and mattress, bedside stand, straight-back chair, comfortable chair, dresser and adequate closet space for clothing in each room including a reading lamp equipped with bulb of adequate candlepower.

241.12 Each bed shall be equipped with bedside rails for the protection of patients, as required.

241.13 In all situations where physical configuration is not conformable to adequate nursing care, comfort or privacy in the application of the above standards, the Licensing Agency shall be the ultimate authority in determining standards to be applied.

242.0 SPECIAL CARE UNIT

242.1 A single patient room shall be designed for isolation purposes. Such room shall be properly identified with precautionary signs, and shall have outside ventilation, private toilet and handwashing facilities, and shall conform to other requirements established for the control of infection in accordance with section 219.0 herein.

243.0 DINING AND PATIENT ACTIVITIES ROOMS

243.1 The facility shall provide one or more clean, orderly, appropriately furnished and easily accessible room(s) of adequate size designed for patient dining and patient activities.

243.1.1 These areas shall be appropriately lighted and ventilated.

243.1.2 If a multi-purpose room is used there must be sufficient space to accommodate dining and patient activities and prevent interference with each other.

243.1.3 The total area set aside for these purposes shall be not less than 30 square feet per bed for the first 100 beds and 27 square feet per bed for all beds in excess of 100.

243.1.4 Storage shall be provided for recreational equipment and supplies.

244.0 PLUMBING

244.1 All plumbing shall be installed in such a manner as to prevent back siphonage or cross connections between potable and non-potable water supplies in accordance with reference 19.

244.2 Fixtures from which grease is discharged may be served by a line in which a grease trap is installed in accordance with standards of reference 14. The grease trap shall be cleaned sufficiently often to sustain efficient operation.

245.0 WASTE DISPOSAL

245.1 Pathological and bacteriological wastes, dressings, and other contaminated wastes shall be incinerated at the facility or disposed of by other methods as approved by the Licensing Agency.

246.0 WATER SUPPLY

246.1 Water shall be distributed to conveniently located taps and fixtures throughout the building and shall be adequate in volume and pressure for all purposes including fire fighting.

247.1.1 In patient areas, hot water temperatures shall not exceed 110° F.

247.0 MAINTENANCE

247.1 A written preventive maintenance program shall be established to ensure that equipment is operative and that the interior and exterior of the building are clean and orderly.

247.2 All essential mechanical, electrical and patient care equipment shall be maintained in safe operating condition and logs or records shall be maintained of required inspections.

248.0 OTHER PROVISIONS

248.1 Facilities shall make provisions to ensure that the following are maintained:

i. adequate and comfortable lighting levels in all areas in accordance with appendix I;

ii. limitation of sounds at comfort levels;

iii. comfortable temperature levels in all parts of patient occupied areas, with a centralized heating system of sufficient capacity to maintain a minimum of 75° F during the coldest periods;

iv. adequate ventilation through windows or by mechanical means; and

v. corridors equipped with firmly secured handrails on each side.

PART VI VARIANCE AND APPEAL PROCEDURE

249.0 VARIANCE AND APPEAL PROCEDURE

249.1 If the licensing agency notifies a facility of violation of any individual standard requiring action in accordance with section 208.4, the applicant will be notified of a hearing date, time and place at which he must appear unless he shall appeal for a variance within 10 days.

249.2 The Director, or his designee for the consideration of quasi-judicial matters, may grant a variance from the provisions of any rule or regulation in a specific case if he finds that a literal enforcement of such provision will result in unnecessary hardship to the applicant and that such a variance will not be contrary to the public interest and public health.

249.3 An appeal for a variance filed by an applicant shall be by petition in writing, setting forth in detail the basis upon which the appeal is taken.

249.3.1 Upon the filing of each such petition of appeal with the Department of Health, and within thirty days thereafter, the Department of Health shall notify the applicant by certified mail of the hearing date, time and place.

249.4 At the hearing, the applicant shall present his case to the Director or his designee for quasi-judicial matters, and shall have the burden of persuading the Director or his designee as aforesaid, through the introduction of clear and convincing evidence, that a literal enforcement of the rules will result in unnecessary hardship, and that a variance will not be contrary to the public interest and the public health.

249.5 The Department of Health through its authorized agents may present evidence to the Director of Health or his designee relative to the issues aforesaid.

249.6 Any remonstrant who has been notified as required by this rule, may present evidence to the Director of Health or his designee relative to the issues as aforesaid.

249.7 The notice of the hearing to be given by the Department of Health shall comply in all respects with the provisions of Section 10 of reference 22. The hearing shall in all respects comply with the provisions of reference 21 and of Sections 9, 10 and 12 of reference 22.

PART VII EXCEPTION AND SEVERABILITY

Modification of any individual standard herein, for experimental or demonstration purposes, or as deemed appropriate by the Licensing Agency, provided that such modification will not be contrary to the public interest and the public health, shall require advance written approval by the Licensing Agency.

251.0 SEVERABILITY

If any provision of these regulations or the application thereof to any facility or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of the regulations which can be given effect, and to this end the provisions of the regulations are declared to be severable.

REFERENCES

1. "Licensing of Nursing or Personal Care Homes," Chapter 23-17.1 of the General Laws of Rhode Island of 1956, as amended.

2. "Rules and Regulations for Construction of Nursing or Personal Care Homes," Rhode Island Department of Health.

3. "Department of Health," Section 23-1-20 of the General Laws of Rhode Island of 1956, as amended.

4. "Pharmacy" Chapter 5-19 of the General Laws of Rhode Island of 1956, as amended.

5. "Nursing Home Administrators," Chapter 5-45 of the General Laws of Rhode Island of 1956, as amended.

6. "Conditions of Participation, Skilled Nursing Facilities," Federal Health Insurance for the Aged, Social Security Administration, Department of Health, Education and Welfare.

7. "Rules and Regulations Pertaining to Food Establishments," Rhode Island Department of Health.

8. "Recommended Dietary Allowances," National Research Council, National Academy of Sciences, 2101 Constitution Avenue, Washington, D.C. 20418.

9. "Vital Statistics," Chapter 23-2-26 of the General Laws of Rhode Island of 1956, as amended.

10. "Regulations Pertaining to Reporting of Communicable Disease," Rhode Island Department of Health.

11. "Handling, Selection, and Use of Linens in Nursing Homes and Related Facilities," American Nursing Home Association, Washington, D.C.

12. "Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities," U.S. Department of Health, Education and Welfare, Public Health Service, Division of Facilities Utilization, Rockville, Maryland 20085.

13. "Rhode Island State Fire Safety Code," Chapter 23-28.1 through 28.28 of the General Laws of Rhode Island of 1956, as amended.

14. "The National Plumbing Code," American Society of Mechanical Engineers, United Engineering Center, 345 East 47th Street, New York, New York 10017.

15. "Rules and Regulations Establishing Minimum Standards Relating to . . . Maintenance of Individual Sewage Disposal Systems," Rhode Island Department of Health.

16. "The Life Safety Code (21st ed., 1967), "National Fire Protection Association, 470 Atlantic Avenue, Boston, Massachusetts 02210.

17. "The American National Standard - Specifications for Making Buildings and Facilities Accessible to and Usable by, the Physically Handicapped," American National Standards Institute, Inc., 1430 Broadway New York, New York 10018.

18. "Standards for Intermediate Care Facilities," Social and Rehabilitative Services - Medical Services Administration, U.S. Department of Health, Education and Welfare.

19. "Cross-Connection Control Manual," U.S. Environmental Protection Agency, Office of Water Programs, Water Supply Division, Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

20. "Disaster Preparedness Guidelines for Nursing Homes," Rhode Island Defense Civil Preparedness Agency.

21. "Rules Relating to the Description and Organization of the Department of Health," Rhode Island Department of Health.

22. "Administrative Procedures," Chapter 42-35 of the General Laws of Rhode Island of 1956, as amended.

APPENDIX I

Recommended Lighting Levels for Areas Unique to Nursing Homes

Areas	Minimum Foot Candles on Tasks at any Time
Corridors and Interior ramps	20
Stairways other than exits	30
Exit stairways and landings (on floor)	5
Doorways	10
Administrative and lobby areas, day	50
Administrative and lobby areas, night	20
Chapel or quiet area, general	5
Chapel or quiet area, local for reading	30
Physical therapy	20
Occupational therapy	30
Worktable, coarse work	100
Worktable, fine work	200
Recreation area	50
Dining area	30
Patient care unit (or room), general	10
Patient care room, reading	30
Nurses' station, general, day	50
Nurses' station, general, night	20
Nurses' desk, for charts and records	70
Nurses' medicine cabinet	100
Utility room, general	20
Utility room, work counter	50
Pharmacy area, general	30
Pharmacy, compounding and dispensing area	100
Janitor's closet	15
Toilet and bathing facilities	30
Barber and beautician areas	50

Councilman
JOHN P. GARAN
303 Washington Avenue 02905

CITY OF PROVIDENCE, RHODE ISLAND

COMMITTEES

Licenses
Chairman

Ordinances

Finance

Board of Park Commissioners

Bicentennial Celebration
Declaration of Independence

October 20, 1975

Honorable Members
Council Committee on Public Welfare
City Hall
Providence, R.I.

Dear Members of Committee:

At the next meeting of the Providence City Council, Councilman Laurence K. Flynn and I plan to introduce a resolution calling for a study of current standards for the care of the elderly residing in so-called boarding houses and for the possible inclusion of some new provisions into the Code of Ordinances dealing with certain minimal standards for the operation of these facilities.

I hope you will devote time to studying this important matter affecting the plight of the elderly in Providence. For your convenience, copies of the proposed resolution are attached.

Thanking you in advance for your cooperation in this matter, I am

Sincerely yours,

John P. Garan

jag