s 72207. Separate Licenses.
Separate licenses shall be required for skilled nursing facilities which are maintained on separate premises even though they are under the same management. Separate licenses shall not be required for separate buildings on the same grounds or adjacent grounds.

s 72209. Posting.
The license or a true copy thereof shall be conspicuously posted in a location accessible to public view within the facility.

(a) The licensee shall notify the Department in writing of any changes in the information provided pursuant to Sections 1265 and 1267.5, Health and Safety Code, within 10 days of such changes. This notification shall include information and documentation regarding such changes.
...(d) When a change in the principal officer of a corporate licensee (chairman, president or general manager) occurs the Department shall be notified within 10 days in writing by the licensee. Such writing shall include the name and business address of such officer.

s 72213. Program Flexibility.
(a) All skilled nursing facilities shall maintain compliance with the licensing requirements. These requirements do not prohibit the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualifications or the conducting of pilot projects, provided such exceptions are carried out with the provisions for safe and adequate care and with the prior written approval of the department. Such approval shall provide for the terms and conditions under which the exception is granted. A written request and substantiating evidence supporting the request shall be submitted by the applicant or licensee to the Department.
(b) Any approval of the Department granted under this Section, or a true copy thereof, shall be posted immediately adjacent to the facility’s license.

§ 72301. Required Services.
...(c) Skilled nursing facilities providing intermediate care services shall do so in a distinct part separately approved by the Department and shall be in conformity with the licensing regulations for the type of service provided in that distinct part. The facility license shall indicate approval of the distinct part by the Department.
(d) Written arrangements shall be made for obtaining all necessary diagnostic and therapeutic services prescribed by the attending physician, podiatrist, dentist, or clinical psychologist subject to the scope of licensure and the policies of the facility. If the service cannot be brought into the facility, the facility shall assist the patient in arranging for transportation to and from the service location.
(e) Arrangements shall be made for an advisory dentist to participate at least annually in
the staff development program for all patient care personnel and to approve oral hygiene policies and practices for the care of patients.

§ 72305. Physician Services -Medical Director.
(a) The facility shall have a medical director who shall be responsible for standards, coordination, surveillance and planning for improvement of medical care in the facility.
(b) The medical director shall:
(1) Act as a liaison between administration and attending physicians.
(2) Be responsible for reviewing and evaluating administrative and patient care policies and procedures.
(3) Act as a consultant to the director of nursing service in matters relating to patient care services.
(4) Be responsible for reviewing employees’ pre employment and annual health examination reports.

s 72335. Dietetic Service -Food Service.
(a) The dietetic service shall provide food of the quality and quantity to meet each patient’s needs in accordance with the physicians’ orders and to meet "The Recommended Daily Dietary Allowance," the most current edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, and the following:
...(6) When food is provided by an outside resource, the facility shall ensure that all federal, state and local requirements are met. The facility shall maintain a written plan, adequate space, equipment and food supplies to provide patients’ food service in emergencies.

s 72381. Activity Program -Requirements.
...(d) The activity leader, at a minimum, shall:
...(2) Plan and conduct in-service training of the staff of the facility at least annually.

§72433. Social Work Service Unit--Services.
...(b) Social work services unit shall include but not be limited to the following:
...(6) Orientation and in-service education of other staff members on all shifts shall be conducted at least monthly by the social worker in charge of the social work service.

s 72451. Special Treatment Program Service Unit -Program Requirements.
...(f) Orientation and in-service training of staff members by a qualified person to assist them in the recognition and understanding of the emotional problems and social needs of patients and the means of taking appropriate action. Available community resources and services should be included in the orientation.

s 72463. Special Treatment Program Service Unit -Restrictions on Applying Restraints and Utilizing Seclusion.
(a) In applying physical restraints, each of the following requirements shall be met in addition to those set forth in Section 72319:
(1) Careful consideration shall be given to the methods by which the restraints may be speedily removed in the event of fire or other emergency.

s 72465. Special Treatment Program Service Unit -Staff.
... (b) Nursing service charge personnel on all shifts shall have at least one year of experience or training related to the special treatment program services, or shall participate in in-service provided by the facility.

§72467. Special Treatment Program Service Unit - Program Director.
...(c) The program director shall ensure that the in-service education program is provided.

§72469. Special Treatment Program Service Unit - In-Service Education.
(a) The facility shall provide to all program staff an average of at least one hour per week of ongoing, planned academic and on-the-job in-service education. The education shall include, but not be limited to the following:
(1) Specific program techniques for the mentally disordered.
(2) Setting behavioral program objectives for patients.
(3) Evaluation and assessment procedures and criteria.
(4) Noting and documenting patient progress in the program.
...(b) The facility shall maintain a record of the in-service education. This record shall include the signature of staff in attendance, the number of hours, the date and the subjects covered.

§72471. Special Treatment Program Service Unit - Patient Health Records and Plans for Care.
(a) The facility shall maintain an individual health record for each patient which shall include but not be limited to the following:
(1) A list of the patient's care needs, based upon an initial and continuing individual assessment with input as appropriate from the health professionals involved in the care of the patient. Initial assessments by a licensed nurse shall commence at the time of admission of the patient and shall be completed within seven days after admission.
(2) The plan for meeting behavioral objectives. The plan shall include but not be limited to the following:
   (A) Resources to be used.
   (B) Frequency of plan review and updating.
   (C) Persons responsible for carrying out plans.
(3) Development and implementation of an individual, written care plan based on identified patient care needs. The plan shall indicate the care to be given, the objectives to be accomplished, and the professional discipline responsible for each element of care. The objectives shall be measurable, with time frames, and shall be reviewed and updated at least every 90 days.

§72501. Licensee - General Duties.
(a) The licensee shall be responsible for compliance with licensing requirements and for the organization, management, operation and control of the licensed facility. The delegation of any authority by a licensee shall not diminish the responsibilities of such licensee.
(b) The licensee, if an administrator, may act as the administrator or shall appoint an administrator, to carry out the policies of the licensee. A responsible adult who is knowledgeable in the policies and procedures of the licensee shall be appointed, in writing, to carry out the policies of the licensee in the absence of the administrator. If the
administrator is to be absent for more than 30 consecutive days, the licensee shall appoint an acting administrator to carry out the day-to-day functions of the facility.
(c) The licensee shall delegate to the designated administrator, in writing, authority to organize and carry out the day-to-day functions of the facility.
(d) Except where provided for in approved continuing care agreements, or except when approved by the Department, no facility owner, administrator, employee or representative thereof shall act as guardian or conservator of a patient therein or of that patient’s estate, unless that patient is a relative within the second degree of consanguinity.
(e) The licensee shall employ an adequate number of qualified personnel to carry out all the functions of the facility and shall provide for initial orientation of all new employees, a continuing in-service training program and competent supervision.
(f) If language or communication barriers exist between skilled nursing facility staff and patients, arrangements shall be made for interpreters or for the use of other mechanisms to ensure adequate communication between patients and personnel.
(g) The Department may require the licensee to provide additional professional, administrative or supportive personnel whenever the Department determines through a written evaluation that additional personnel is needed to provide for the health and safety of patients.
(h) The licensee shall ensure that all employees serving patients or the public shall wear name and title badges unless contraindicated.

s 72503. Consumer Information to Be Posted.
(a) The following consumer information shall be conspicuously posted in a prominent location accessible to the public.
(1) Name, license number and date of employment of the current administrator of the facility.
(2) A listing of all services and special programs provided in the facility and those provided through written contracts.
(3) The current and following week's menus for regular and therapeutic diets.
(4) A notice that the facility's written admission and discharge policies are available upon request.
(5) Most recent licensing visit report supported by the related follow-up plan of correction visit reports.
(6) The names and addresses of all previous owners of the facility.
(7) A listing of all other skilled nursing and intermediate care facilities owned by the same person, firm, partnership, association, corporation or parent or subsidiary corporation, or a subsidiary of the parent corporation.
(8) A statement that an action to revoke the facility's license is pending, if such an action has been initiated by the filing of an accusation, pursuant to Section 11503 of the Government Code, and the accusation has been served on the licensee.
(9) A notice of the name, address and telephone number of the District Office of the Licensing and Certification Division, Department of Health Services, having jurisdiction over the facility.
s 72511. Use of Outside Resources.
(a) If a facility does not employ qualified personnel to render a specific service to be provided by the facility, there shall be arrangements through a written agreement with outside resources which shall meet the standards and requirements of these regulations.
(b) Copies of affiliation agreements, contracts or written arrangements for advice, consultation, services, training or transportation, with other facilities, organizations or individuals, public or private agencies, shall be on file in the facility's administrative office. These shall be readily available for inspection and review by the Department.
(c) The affiliation agreement, contracts and written arrangements shall include, but not be limited to:
(1) Description of the services to be provided.
(2) Financial arrangements.
(3) Methods by which the services are to be provided.
(4) Conditions upon which the agreement, contract or written arrangement can be terminated.
(5) Time frame of the affiliation agreement, contract or written arrangement.
(6) Effective date of affiliation agreement, contract or written arrangement.
(7) Date affiliation agreement, contract or written arrangement was signed.
(8) Signatures of all parties to the written agreement.
(d) The outside resource, when acting as a consultant, shall apprise the administrator in writing of recommendations, plans for implementation and continuing assessment through dated and signed reports which shall document the length of the visit and shall be retained by the administrator for follow-up action and evaluation of performance. The administrator shall provide evidence of review of the recommendations.

§ 72513. Administrator.
(a) Each skilled nursing facility shall employ or otherwise provide an administrator to carry out the policies of the licensee. The administrator shall be responsible for the administration and management of only one skilled nursing facility unless all of the following conditions are met:
(1) If other skilled nursing facilities for which the administrator is responsible are in the same geographic area, and within one hour surface travel time of each other, and are operated by the same governing body.
(2) The administrator shall not be responsible for more than three facilities or a total of no more than 200 beds.
(3) The administrator shall designate a responsible adult who is knowledgeable in the policies and procedures of the licensee in each facility to be responsible for carrying out the policies of the licensee in the administrator’s absence.
(b) The administrator shall have sufficient freedom from other responsibilities and shall be on the premises of the skilled nursing facility a sufficient number of hours to permit adequate attention to the management and administration of the facility. The Department may require that the administrator spend additional hours in the facility whenever the Department determines through a written evaluation that such additional hours are needed to provide adequate administrative management.
(c) A copy of the current skilled nursing facility regulations contained in this chapter shall be maintained by the administrator and shall be available to all personnel.
(d) The administrator shall be responsible for informing appropriate staff of the applicable
additions, deletions and changes to skilled nursing facility regulations.
(e) The administrator shall be responsible for informing the Department, via telephone within 24 hours of any unusual occurrences as specified in Section 72541. If the unusual occurrence involves the discontinuance or disruption of services occurring during other than regular business hours of the Department or its designee, a telephone report shall be made immediately upon the resumption of business hours of the Department.
(f) The administrator or designee shall be responsible for screening patients for admission to the facility to ensure that the facility admits only those patients for whom it can provide adequate care. The administrator, or designee, shall conduct preadmission personal interviews as appropriate with the patient’s physician, the patient, the patient’s next of kin or sponsor or the representative of the facility from which the patient is being transferred. A telephone interview may be substituted when a personal interview is not feasible

§72517. Staff Development.
(a) Each facility shall have an ongoing educational program planned and conducted for the development and improvement of necessary skills and knowledge for all facility personnel. Each program shall include, but not be limited to:
(1) Problems and needs of the aged, chronically ill, acutely ill and disabled patients.
(2) Prevention and control of infections.
(3) Interpersonal relationship and communication skills.
(4) Fire prevention and safety.
(5) Accident prevention and safety measures.
(6) Confidentiality of patient information.
(7) Preservation of patient dignity, including provision for privacy.
(8) Patient rights and civil rights.
(9) Signs and symptoms of cardiopulmonary distress.
(10) Choking prevention and intervention.
(b) In addition to (a) above, all licensed nurses shall have training in cardiopulmonary resuscitation.
(c) Records of each staff development program shall be maintained. The records shall include name and title of presenter, date of presentation, title of subject presented, description of content and the signatures of those attending.
(d) Each facility shall have a written orientation program for all newly hired employees. Each employee shall receive orientation to the facility, the employee’s job description and duties, the patient population, the pertinent policies and procedures and the facility staff.
(e) Consultants employed by the facility shall participate in the staff development program.

s 72519. Patient Transfer.
(a) The licensee shall maintain written transfer agreements with other nearby health facilities to make the services of those facilities accessible and to facilitate the transfer of patients. Complete and accurate patient information, in sufficient detail to provide for continuity of care shall be transferred with the patient at time of transfer.

s 72521. Administrative Policies and Procedures.
(a) Written administrative, management and personnel policies shall be established and implemented to govern the administration and management of the facility.
(b) All policies and procedures required by these regulations shall be in writing and shall be carried out as written. They shall be made available upon request to patients or their agents and to employees and the public. Policies and procedures shall be reviewed at least annually, revised as needed and approved in writing by the governing body or licensee.

(c) Each facility shall establish at least the following:
   (1) Personnel policies and procedures which shall include:
       (A) Written job descriptions detailing qualifications, duties and limitations of each classification of employee available to all personnel.
       (B) Employee orientation to facility, job, patient population, policies, procedures and staff.
       (C) Staff Development.
       (D) Employee benefits.
       (E) Employee health and grooming.
       (F) Verification of licensure, credentials and references.
   (2) Policies and procedures for patient admission, leave of absence, transfer, pass and discharge, categories of patients accepted and retained, rate of charge for services included in the basic rate, type of services offered, charges for extra services, limitations of services, cause for termination of services and refund policies applying to termination of services.
   (3) Policies and procedures for admission or discharge of a patient which state that a patient shall not be admitted or discharged on the basis of race, color, religion, ancestry or national origin except: Any bona fide nonprofit religious, fraternal or charitable organization which can demonstrate to the satisfaction of the Department that its primary or substantial purpose is not to evade this subsection may establish admission policies limiting or giving preference to its own members or adherents and such policies shall not be construed as a violation of (c)(3) above. Any admission of nonmembers or nonadherents shall be subject to (c)(3) above.
   (4) Written policies and procedures governing patient health records which shall be developed with the assistance of a person skilled in record maintenance and preservation.
       (A) Policies and procedures governing access to, duplication of and dissemination of, information from the patient’s health record.
       (B) Policies and procedures shall be established to ensure the confidentiality of patient health information, in accordance with applicable laws and regulations.
   (5) Policies and procedures to assure that the facility accepts and retains only those patients for whom it can provide care.
   (6) Procedures for reporting of unusual occurrences.

(d) The facility shall have a written organizational chart showing the major programs of the facility, the person in charge of each program, the lines of authority, responsibility and communication and the staff assignments.

§ 72525. Required Committees.
(a) Each facility shall have at least the following committees: patient care policy, infection control and pharmaceutical service.
(b) Minutes of every committee meeting shall be maintained in the facility and indicate names of members present, date, length of meeting, subject matter discussed and action taken.
(c) Committee composition and function shall be as follows:
   (1) Patient care policy committee.
   (A) A patient care policy committee shall establish policies governing the following
services: Physician, dental, nursing, dietetic, pharmaceutical, health records, housekeeping, activity programs and such additional services as are provided by the facility.

(B) The committee shall be composed of: at least one physician, the administrator, the director of nursing service, a pharmacist, the activity leader and representatives of each required service as appropriate.

(C) The committee shall meet at least annually.

(D) The patient care policy committee shall have the responsibility for reviewing and approving all policies relating to patient care. Based on reports received from the facility administrator, the committee shall review the effectiveness of policy implementation and shall make recommendations for the improvement of patient care.

(E) The committee shall review patient care policies annually and revise as necessary. Minutes shall list policies reviewed.

(F) The Patient Care Policy Committee shall implement the provisions of the Health and Safety Code, Sections 1315 and 1316.5, by means of written policies and procedures.

1. Facilities which choose to allow clinical psychologists to refer patients for admission shall do so only if there are physicians who will provide the necessary medical care for the referred patients.

2. Only physicians shall assume overall care of patients, including performing admitting history and physical examinations and issuing orders for medical care.

(G) The Patient Care Policy Committee shall implement the provisions of the Health and Safety Code, Section 1316, by means of written policies and procedures.

1. Facilities which choose to allow podiatrists to refer patients for admission shall do so only if there are physicians who will provide the necessary medical care for the referred patients.

2. Only physicians shall assume overall care of patients, including performing admitting history and physical examinations.

(2) Infection control committee.

(A) An infection control committee shall be responsible for infection control in the facility.

(B) The committee shall be composed of representatives from the following services; physician, nursing, administration, dietetic, pharmaceutical, activities, housekeeping, laundry and maintenance.

(C) The committee shall meet at least quarterly.

(D) The functions of the infection control committee shall include, but not be limited to:

1. Establishing, reviewing, monitoring and approving policies and procedures for investigating, controlling and preventing infections in the facility.

2. Maintaining, reviewing and reporting statistics of the number, types, sources and locations of infections within the facility.

(3) Pharmaceutical service committee.

(A) A pharmaceutical service committee shall direct the pharmaceutical services in the facility.

(B) The committee shall be composed of the following: a pharmacist, the director of nursing service, the administrator and at least one physician.

(C) The committee shall meet at least quarterly.

(D) The functions of the pharmaceutical service committee shall include, but not be limited to:

1. Establishing, reviewing, monitoring and approving policies and procedures for safe procurement, storage, distribution and use of drugs and biologicals.
2. Reviewing and taking appropriate action on the pharmacist's quarterly report
3. Recommending measures for improvement of services and the selection of pharmaceutical reference materials.

s 72541. Unusual Occurrences.
Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, personnel or visitors shall be reported by the facility within 24 hours either by telephone (and confirmed in writing) or by telegraph to the local health officer and the Department. An incident report shall be retained on file by the facility for one year. The facility shall furnish such other pertinent information related to such occurrences as the local health officer or the Department may require. Every fire or explosion which occurs in or on the premises shall be reported within 24 hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshal.

s 72543. Patients' Health Records.
(a) Records shall be permanent, either typewritten or legibly written in ink, be capable of being photocopied and shall be kept on all patients admitted or accepted for care. All health records of discharged patients shall be completed and filed within 30 days after discharge date and such records shall be kept for a minimum of 7 years, except for minors whose records shall be kept at least until 1 year after the minor has reached the age of 18 years, but in no case less than 7 years. All exposed X-ray film shall be retained for seven years. All required records, either originals or accurate reproductions thereof, shall be maintained in such form as to be legible and readily available upon the request of the attending physician, the facility staff or any authorized officer, agent, or employee of either, or any other person authorized by law to make such request.
(b) Information contained in the health records shall be confidential and shall be disclosed only to authorized persons in accordance with federal, state and local laws.
(c) If a facility ceases operation, the Department shall be informed within three business days by the licensee of the arrangements made for the safe preservation of the patients' health records.
(d) The Department shall be informed within three business days, in writing, whenever patient health records are defaced or destroyed before termination of the required retention period.
(e) If the ownership of the facility changes, both the licensee and the applicant for the new license shall, prior to the change of ownership, provide the Department with written documentation stating:
   (1) That the new licensee shall have custody of the patients' health records and that these records or copies shall be available to the former licensee, the new licensee and other authorized persons; or
   (2) That other arrangements have been made by the licensee for the safe preservation and the location of the patients' health records, and that they are available to both the new and former licensees and other authorized persons; or
   (3) The reason for the unavailability of such records.
(f) Patients' health records shall be current and kept in detail consistent with good medical and professional practice based on the service provided to each patient. Such records shall be filed and maintained in accordance with these requirements and shall be available for
review by the Department. All entries in the health record shall be authenticated with the
date, name, and title of the persons making the entry.
(g) All current clinical information pertaining to a patient's stay shall be centralized in the
patient's health record.
(h) Patient health records shall be filed in an accessible manner in the facility or in health
record storage. Storage of records shall provide for prompt retrieval when needed for
continuity of care. Health records can be stored off the facility premises only with the prior
approval of the Department.
(i) The patient health record shall not be removed from the facility, except for storage after
the patient is discharged, unless expressly and specifically authorized by the Department.

s 72547. Content of Health Records.
(a) A facility shall maintain for each patient a health record which shall include:
   (1) Admission record.
   (2) Current report of physical examination, and evidence of tuberculosis screening.
   (3) Current diagnoses.
   (4) Physician orders, including drugs, treatment and diet orders, progress notes, signed
       and dated on each visit. Physician’s orders shall be correctly recapitulated.
   (5) Nurses’ notes which shall be signed and dated. Nurses’ notes shall include:
       (A) Records made by nurse assistants, after proper instruction, which shall include:
           1. Care and treatment of the patient.
           2. Narrative notes of observation of how the patient looks, feels, eats, drinks, reacts,
              interacts and the degree of dependency and motivation toward improved health.
           3. Notification to the licensed nurse of changes in the patient’s condition.
       (B) Meaningful and informative nurses’ progress notes written by licensed nurses as often
           as the patient’s condition warrants. However, weekly nurses’ progress notes shall be
           written by licensed nurses on each patient and shall be specific to the patient’s needs, the
           patient care plan and the patient’s response to care and treatments.
       (C) Name, dosage and time of administration of drugs, the route of administration or site of
           injection, if other than oral. If the scheduled time is indicated on the record, the initial of the
           person administering the dose shall be recorded, provided that the drug is given within one
           hour of the scheduled time. If the scheduled time is not recorded, the person administering
           the dose shall record both initials and the time of administration. Medication and treatment
           records shall contain the name and professional title of staff signing by initials.
       (D) Justification for the results of the administration of all PRN medications and the
           withholding of scheduled medications.
       (E) Record of type of restraint and time of application and removal. The time of application
           and removal shall not be required for postural supports used for the support and
           protection of the patient.
       (F) Medications and treatments administered and recorded as prescribed.
       (G) Documentation of oxygen administration.
       (6) Temperature, pulse, respiration and blood pressure notations when indicated.
       (7) Laboratory reports of all tests prescribed and completed.
       (8) Reports of all X-rays prescribed and completed.
       (9) Progress notes written and dated by the activity leader at least quarterly.
       (10) Discharge planning notes when applicable.
(11) Observation and information pertinent to the patient’s diet recorded in the patient’s health record by the dietitian, nurse or food service supervisor.
(12) Records of each treatment given by the therapist, weekly progress notes and a record of reports to the physician after the first 2 weeks of therapy and at least every 30 days thereafter. Progress notes written by the social service worker if the patient is receiving social services.
(13) Consent forms for prescribed treatment and medication not included in the admission consent for care.
(14) Condition and diagnoses of the patient at time of discharge or final disposition.
(15) A copy of the transfer form when the patient is transferred to another health facility.
(16) An inventory of all patients’ personal effects and valuables as defined in Section 72545 (a) (12) made upon admission and discharge. The inventory list shall be signed by a representative of the facility and the patient or his authorized representative with one copy to be retained by each.
(17) The name, complete address and telephone number where the patient was transferred upon discharge from the facility.

s 72551. External Disaster and Mass Casualty Program.
(a) A written external disaster and mass casualty program plan shall be adopted and followed. The plan shall be developed with the advice and assistance of county or regional and local planning offices and shall not conflict with county and community disaster plans. A copy of the plan shall be available on the premises for review by the Department.
(b) The plan shall provide procedures in event of community and widespread disasters. The written plan shall include at least the following:
(1) Sources of emergency utilities and supplies, including gas, water, food and essential medical supportive materials.
(2) Procedures for assigning personnel and recalling off-duty personnel.
(3) Unified medical command. A chart of lines of authority in the facility.
(4) Procedures for the conversion of all usable space into areas for patient observation and immediate care of emergency admissions.
(5) Prompt transfer of casualties when necessary and after preliminary medical or surgical services have been rendered, to the facility most appropriate for administering definitive care. Procedures for moving patients from damaged areas of the facility to undamaged areas.
(6) Arrangements for provision of transportation of patients including emergency housing where indicated. Procedures for emergency transfers of patients who can be moved to other health facilities, including arrangements for safe and efficient transportation and transfer information.
(7) Procedures for emergency discharge of patients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and at least one follow-up inquiry within 24 hours to ascertain that patients are receiving required care.
(8) Procedures for maintaining a record of patient relocation.
(9) An evacuation plan, including evacuation routes, emergency phone numbers of physicians, health facilities, the fire department and local emergency medical services agencies and arrangements for the safe transfer of patients after evacuation.
A tag containing all pertinent personal and medical information which shall accompany each patient who is moved, transferred, discharged or evacuated.

Procedures for maintaining security in order to keep relatives, visitors and curious persons out of the facility during a disaster.

Procedures for providing emergency care to incoming patients from other health facilities.

Assignment of public relations liaison duties to a responsible individual employed by the facility to release information to the public during a disaster.

The plan shall be reviewed at least annually and revised as necessary to ensure that the plan is current. All personnel shall be instructed in the requirements of the plan. There shall be evidence in the personnel files, or the orientation checklist, indicating that all new employees have been oriented to the plan and procedures at the beginning of their employment.

The facility shall participate in all local and state disaster drills and test exercises when asked to do so by the local or state disaster or emergency medical services agencies.

A disaster drill shall be held by the facility at six-month intervals. There shall be a written report of the facility's participation in each drill or test exercise. Staff from all shifts shall participate in drills or test exercises.

s 72553. Fire and Internal Disasters.

A written fire and internal disaster plan incorporating evacuation procedures shall be developed with the assistance of qualified fire, safety and other appropriate experts. A copy of the plan shall be available on the premises for review by the staff and the Department.

The written plan shall include at least the following:

1. Procedures for the assignment of personnel to specific tasks and responsibilities.
2. Procedures for the use of alarm systems and signals.
3. Procedures for fire containment.
4. Priority for notification of staff including names and telephone numbers.
5. Location of fire-fighting equipment.
7. Procedures for moving patients from damaged areas of the facility to undamaged areas.
8. Procedures for emergency transfer of patients who can be moved to other health facilities, including arrangements for safe and efficient transportation.
9. Procedures for emergency discharge of patients who can be discharged without jeopardy into the community, including prior arrangements for their care, arrangements for safe and efficient transportation and at least one follow-up inquiry within 24 hours to ascertain that patients are receiving their required care.
10. A disaster tag containing all pertinent personal and medical information to accompany each patient who is moved, transferred, discharged or evacuated.
11. Procedures for maintaining a record of patient relocation.
12. Procedures for handling incoming or relocated patients.
13. Other provisions as dictated by circumstances.

Fire and internal disaster drills shall be held at least quarterly, under varied conditions for each individual shift of the facility personnel. The actual evacuation of patients to safe areas during a drill is optional.

The evacuation plan shall be posted throughout the facility and shall include at least the following:
(1) Evacuation routes.
(2) Location of fire alarm boxes.
(3) Location of fire extinguishers.
(4) Emergency telephone number of the local fire department.
(e) A dated, written report and evaluation of each drill and rehearsal shall be maintained and shall include signatures of all employees who participated.