MASSACHUSETTS

Housekeeping/Laundry/Maintenance

(C) Waste Disposal and Garbage Disposal.

(1) Suitable sanitary procedures and equipment shall be provided for the collection, storage and disposal of all wastes and garbage.

(2) All accumulated soiled dressings, that do not meet the definition of infectious or physically dangerous medical or biological waste as set forth in 105 CMR 180.000: State Sanitary Code, Chapter VIII, and other wastes, and all garbage not disposed of by mechanical means shall be stored, both indoors and out-of-doors, in sanitary, rodent-proof, leak-proof, fire-proof, nonabsorbent, watertight containers with tight-fitting covers.

(3) Wastes and garbage shall be stored and disposed of at proper intervals in a manner to prevent fire hazard, contamination, transmission of disease, a nuisance, a breeding place for flies and insects, or feeding place for rodents.

(4) Garbage and wastes shall be stored in areas separate from those used for the preparation, storage and service of food.

(5) Equipment for proper cleaning and disinfection of these containers each time they are emptied during all seasons shall be provided.

(6) Requirements governing the disposal of infectious or physically dangerous medical or biological waste as set forth in 105 CMR 480.000: State Sanitary Code, Chapter VIII are incorporated herein by reference.

(D) Laundry and Linen Sanitation.

(1) All facilities shall provide appropriate procedures, staff and equipment to assure sufficient clean linen supplies (105 CMR 150.015(F)(4)(d)) and the proper sanitary washing and handling of linen.

(2) Handling of Soiled Linen.

(a) Soiled linen shall be placed in washable or disposable containers, transported in a sanitary manner and stored in separate, well-ventilated areas in a manner to prevent contamination and odors.

(b) Soiled linen shall not be permitted to accumulate excessively in any area of the facility.

(c) Soiled linen shall be handled and stored in such a manner as to prevent contamination of clean linen. Equipment or areas used to transport or store soiled linen shall not be used for the handling or storing of clean linen.

(d) Soiled linen shall not be sorted, laundered, rinsed or stored in bathrooms, patient's or
resident's rooms, kitchens or food storage areas.

(e) Handwashing facilities with hot and cold running water, soap dispenser and paper towels shall be available in the laundry area where soiled linen is handled or sorted.

(f) Personal laundry of patients, residents or staff shall also be collected, transported, sorted, washed and dried in a sanitary manner, separate from bed linens.

(3) Handling of Clean Linen.

(a) Clean linen shall be sorted, dried, ironed and folded in a specified area separate from soiled linen and in a sanitary manner.

(b) Clean linen shall be transported, stored and distributed in a sanitary manner.

(c) Clean linen and clothing shall be stored in clean, dry dust-free closets on each floor that are easily accesible to the nurses' station and such closets shall not be used for any other purpose.

(d) When feasible, arrangements shall be made so that patients and residents who wish to do so have a safe and convenient place to wash out and dry a small amount of personal laundry.

(4) Laundry personnel shall be appropriately uniformed and adequate storage space shall be provided for the storage of their street clothing.

(E) Housekeeping and Maintenance.

(1) All facilities shall provide sufficient housekeeping and maintenance personnel to maintain the interior of the facility in good repair and in a safe, clean, orderly, attractive and sanitary manner free from all accumulation of dirt, rubbish and objectionable odors.

(2) Nursing, dietary, and other personnel providing patient care shall not be assigned housekeeping duties.

(3) A separate janitor's closet and housekeeping equipment shall be provided for each floor. Janitor's and housekeeping closets shall be separate from, and shall not open off, utility rooms or toilets.

(4) All housekeeping and maintenance equipment shall be provided and stored in janitors' closets or other suitable storage areas; they shall never be stored in lavatories, bathrooms, utility rooms, halls or stairs. In facilities that provide Level I, II or III care, the janitors closet shall be adequately lighted and ventilated and shall contain slop sink or floor receptor with hot and cold running water. In a SNCFC, storage areas or any other areas where hazardous equipment or poisonous solutions are stored, shall be locked.

(5) Housekeeping equipment and cleaning supplies shall include an adequate supply of wet and dry mops (improvised mops are not permitted), mop pails, brushes, brooms, at least one vacuum cleaner, cleaning cloths and other cleaning supplies.
(6) Housekeeping and maintenance equipment shall be kept clean, in good condition and maintained in a sanitary manner. Wet mops, dusters and cleaning cloths shall be laundered daily, dry mops twice a week.

(7) Floors, walls and ceilings shall be cleaned regularly; halls and ceilings shall be maintained free from cracks and falling plaster.

(8) Deodorizers shall not be used to cover up odors caused by unsanitary conditions or poor housekeeping.

(9) Storage areas, attics and cellars shall be kept safe and free from accumulations of extraneous materials such as refuse, furniture and old newspapers or other paper goods. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers including those used in patient or residents activities.

(10) The grounds shall be kept free from refuse and litter, and areas around buildings, sidewalks, gardens and patios kept clear of dense undergrowth, snow and ice.

(11) A pest control program shall be provided by maintenance personnel of the facility or by contract with a pest control company. Insecticides and rodenticides shall be stored in non-patient and non-food service and storage areas.

(12) Windows and doors shall be properly screened during the insect breeding season, and harborages and entrances for insects shall be eliminated.

(13) All windows, including combination windows, shall be washed inside and outside at least twice a year.

(10) Laundry Room.

(a) All facilities shall provide a laundry that is located in an area separate and apart from any area used for the storage, preparation or serving of food.

(b) When total laundry service is to be performed on the premises, sufficient space and equipment for such service shall be provided.

(c) When adequate space and equipment are not available on the premises for the proper and sanitary washing of all linens and other washable goods, or if a facility chooses not to perform total laundry service on the premises, a commercial laundry or laundry rental service shall be utilized. Even if such commercial laundry services are used, a laundry room of sufficient size to wash, dry, iron and fold bed, bath and other linen in case of an emergency, as well as to meet the personal needs of the patients or residents, shall be provided.

(d) A laundry room shall contain set tubs equipped with hot and cold running water automatic washer, drier, ironing equipment and shelving for the storage of soaps, bleaches and other laundry supplies.

(e) All space and equipment shall be adequate to meet the needs of the facility and to assure the proper and sanitary washing of linen and other washable goods.

**Staff Area**
(b) Toilets and washrooms shall be provided for staff separate from those rooms used by patients or residents. The number shall be appropriate to the size and needs of the facility.

(11) Office Space. Appropriate space and equipment shall be provided for administrative activities and for the storage of medical records. Additional space and equipment shall be provided for staff and consultants as needed.

**Corridors, Floors, and Signage**

(5) Non-skid wax shall be used on all waxed floors. Throw rugs or scatter rugs shall not be used. Non-slip entrance mats may be used. Non-skid treads shall be used on stairs.

(7) All exits shall be clearly identified by exit signs, adequately lighted and free from obstruction.

(d) Signs indicating that oxygen is available, currently in use or stored shall be conspicuously posted.

(a) Doors, Screens and Windows. No hooks or locks shall be installed on doors used by patients or residents. Outside doors, windows and openings shall be protected against flies and other insects by the seasonal use of screens. All outside doors and doorways shall be made draft free by the installation of weather stripping or caulking material.

(b) Walls and Floors. Interior finished surfaces shall conform to local and state codes. Walls shall have a waterproof, glazed, painted or similar surface that will withstand washing; and floors shall be waterproof, greaseproof and resistant to heavy wear in the following areas: kitchen (main and auxiliary), food preparation and service areas, bathrooms and toilets, utility rooms and laundry.

(c) If carpeting is used in a facility, it shall conform to standards established by the Department.

**Lighting, Noise, Temperature (HVAC), and Odors**

(b) Adequate artificial lighting shall be available in all rooms, stairways, hallways, corridors, bathrooms toilets, nurses' or attendants' stations.

(c) Adequate heating shall be provided in all rooms used by patients or residents in order to maintain a minimum temperature of 75 °F at winter temperatures for the hours between 6:00 A.M and 10:00 P.M.; and a minimum temperature of 70 °F at winter temperatures for the hours between 10:00 P.M. and 6:00 A.M.

(A) Water Supply.

(1) Water used in the care or treatment of patients or for other drinking, domestic, or culinary purpose shall be pure and otherwise fit for such use consistent with established standards of sanitation.

(2) Ice that comes in contact with food or drink shall be made from water of a sanitary quality and shall be stored, handled and dispensed in a sanitary manner.
(3) The volume and pressure of the water supply, in servicing sprinkler installations, shall be sufficient to meet the flow demands of the designed installation.

(4) Domestic hot water heating equipment shall have adequate capacity to supply patient areas, food preparation areas and laundry.

(5) Where the water supply of the facility, in whole or in part, is derived from a private source, the entire system of supply is within the jurisdiction of the Department of Environmental Quality Engineering under M.G.L. c. 111, § 17 and 160. The written approval of said Department is required prior to construction or alteration of any private water supply, and any operating supply is subject to the regulations of said Department and such orders as it may issue from time to time. The Program Director shall report any apparent violation of law in connection with the private water supply of a facility to the Department of Environmental Quality Engineering. Failure to comply with an order of said Department relative to such water supply, if chargeable to the licensee, shall be cause for license denial, license revocation, or other sanction under 105 CMR 150.018(I)(2), unless the licensee shall demonstrate that compliance had been stayed.

(6) The cross-connection of a facility water supply used in the care or treatment of patients or for other drinking, domestic, or culinary purpose with any other water supply requires a permit issued under M.G.L. c. 111, § 160A, by the Department as being pure and otherwise fit for such use. The permit shall be posted in accordance with 105 CMR 150.018(E)(1). The Program Director shall report any apparent violation of M.G.L. c. 111, § 160A, to the Department of Environmental Quality Engineering. Failure to comply with an order of said Department relative to a crossconnection, if chargeable to the licensee, shall be cause for license denial, license revocation, or other sanction under 105 CMR 150.018(I)(2), unless the licensee shall demonstrate that compliance had been stayed.

(7) Nothing contained in 105 CMR 150.016(A)(5) or 150.016(A)(6) shall be construed as a limitation, express or implied, upon the residual authority of the Department to make orders relative to any water supply found to endanger the public health.

(B) Sewage Disposal. All sewage shall be discharged into a municipal sewerage system where such is available; otherwise, the sewage shall be collected, treated, and disposed of by means of a private sewerage system in conformity with 105 CMR 150.016(B)(1) and 150.016(B)(2).

(1) In the case of a private sewerage system, prior approval by the Department of Environmental Quality Engineering for construction or alteration is required under M.G.L. c. 111, § 17, and any operating system is subject to the provisions of the State Environmental Quality Engineering under M.G.L. c. 21A, § 13. Said Code may be enforced by either the Department of Environmental Quality Engineering or the appropriate local board of health, or by both. The Program Director shall report any apparent violation of M.G.L. c. 111, § 17, or of the State Environmental Code in connection with the private sewerage system of a facility to the Department of Environmental Quality Engineering. Failure to comply with an order by said Department or by a local board relative to such system, if chargeable to the licensee, shall be cause for license denial, license revocation, or other sanction under 105 CMR 150.018(I)(2), unless the licensee shall demonstrate that compliance had been stayed.
(2) Nothing contained in 105 CMR 150.016(B)(1) shall be construed as a limitation, express or implied, upon the residual authority of the Department to make orders relative to any sewerage system found to endanger the public health.

(j) Hot water supplied to fixtures accessible to patients or residents shall be controlled to provide a maximum temperature of 110 ° F.

(13) Heating and Air Conditioning Equipment.

(a) The heating system shall be in conformity with the rules and Regulations outlined by the Department of Public Safety under M.G.L. c. 148.

(b) Every facility shall be equipped with a heating system that is sufficient to maintain a minimum temperature of 75 ° F throughout the facility at all times at winter temperatures.

(c) Portable room heaters, such as space heaters, plug-in electric heaters, or heaters using kerosene, gas or other open-flame methods, are prohibited.

(d) Heating fixtures and all exposed pipes in patient areas shall be shielded for the safety of patients or residents.

(e) Every facility shall by June 21, 2000 provide air conditioning in dining rooms, activity rooms, day rooms, solariums, sitting rooms or equivalent other common resident areas that is capable of maintaining a maximum temperature of 75 ° F in those areas at all times at summer design temperatures. Temperatures must be maintained at a level which ensures the comfort and health of residents of the facility.

(14) Ventilation. (See 105 CMR 150.015(F)(5).)

(a) Each patient or resident room shall have adequate ventilation.

(b) Bathrooms, toilets and utility rooms shall have direct access to the outside by means of suitable windows or a forced system of exhaust that shall be maintained in a sanitary manner and kept in good repair.

(15) Lighting.

(a) Adequate electric lighting maintained in good repair shall be provided throughout the facility in accordance with the provisions of the M.G.L. c. 111, § 72C, as amended, and the recommended Levels of the Illuminating Engineering Society. All electrical installations shall be in accordance with the Commonwealth of Massachusetts, Department of Public Safety, Board of Fire Prevention Regulations, Massachusetts Electrical Code 527 CMR 12.00 and all local regulations.

(b) Adequate lighting shall be provided in each patient or resident room to provide an adequate, uniform distribution of light. No electric bulb under 60 watts shall be used for illumination for patients’ or residents’ use.

(c) Night lights shall be provided in corridors, stairways, bathrooms, toilets and nurses or attendants’ stations and patients’ or residents’ bedrooms. Night lights for hallways stairways and bathrooms shall have at least 15 watt bulbs.
(d) Outside walks, parking lots and entrances shall be adequately lighted.

(16) Emergency Electrical Systems. All facilities providing Level I/II care shall provide an emergency source of electricity that meets the following requirements.

(a) The emergency source of electricity shall be connected to circuits designated in 105 CMR 150.017(B)(16)(c) through (e) for lighting and power to provide electricity during an interruption of normal electric supply that could affect the nursing care, treatment or safety of the occupants.

(b) The emergency source of electricity shall consist of a generating set, including a prime mover and generator. It shall be located on the facility premises and shall be reserved exclusively for supplying the emergency electrical system. The set shall be of sufficient kilowatt capacity to supply all lighting and power demands of the emergency system. The power factor rating of the generator shall not be less than 80%.

(c) The emergency electrical system shall be connected to circuits for lighting of nurses' stations, attendants' stations, medicine preparation areas, generator set location and boiler room.

(d) The emergency electrical system shall be connected to circuits necessary to provide protection of vital equipment and material and for operation of equipment essential to the health and safety of occupants, including but not limited to nurse's call system, alarm system, fire pumps (if installed), sewage or sump lift pumps (if installed), corridor duplex receptacles in patient areas, equipment for maintaining telephone service, paging or speaker systems, refrigerators, freezers, burners and pumps necessary for the operation of one or more boilers and their controls required for heating.

(e) Where electricity is the only source of power normally used for space heating, the emergency service shall provide for heating of patient rooms unless the nursing home is supplied by at least two utility service feeders, each supplied by separate generating sources.

(f) An automatic transfer switch shall be installed to transfer to emergency power within ten seconds.

(C) A SNCFC shall provide a specially adapted vehicle, either purchased or leased, or shall contract for the services of a specially adapted vehicle. Such vehicle shall be properly insured and staffed for the safe transport of patients to offsite habilitative, therapeutic recreational and non-emergency medical services.

Amenities

(10) There shall be at least one functioning telephone on each floor or in each unit where patients, residents or personnel reside. These telephones shall be free of locks and shall be available for use in emergency for both incoming and outgoing calls. In addition, all facilities shall provide at least one telephone for patient or resident use, which may be coin operated, that is located so as to assure privacy during use; is a single line without an extension; is placed and positioned at a height so that the equipment is fully accessible to individuals in wheelchairs; is equipped with sound amplification for those with hearing disabilities and so identified with instructions for use. For existing facilities, the Division may grant a waiver of 105 CMR 150.015(C)(10) if it is demonstrated that enforcement would result in unreasonable hardship upon the facility. All facilities shall comply with the provisions of 105 CMR 150.015(C)(10) by December 23, 1983 except that it the facility
demonstrates that major structural changes are necessary, compliance shall be achieved by June 23, 1984.

Outdoor Area

New Construction: Facility-Wide