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**NURSING FACILITY  
KANSAS  
ADMINISTRATIVE  
REGULATIONS**

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## Nursing Facility Regulations

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**RESIDENT FUNDS****28-39-149. Protection of resident funds and possessions in nursing facilities.**

The nursing facility shall have written policies and procedures which ensure the security of residents' possessions and residents' funds accepted by the facility for safekeeping.

(a) The facility shall afford each resident the right to manage the resident's own financial affairs and the facility shall not require any resident to deposit the resident's personal funds with the facility.

(b) Upon written authorization of a resident, the resident's legal representative or power of attorney or an individual who has been appointed conservator for the resident, the facility shall hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility.

(c) The facility shall establish and maintain a system that assures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.

(1) The facility shall designate in writing the person responsible for the accounting system.

(2) A record shall be made each time there is a disbursement or addition to the resident's personal fund.

(3) The facility shall provide a written report which includes accounting for all transactions and which states the current fund balance to the resident or the resident's legal representative at least quarterly.

(4) The facility shall deposit any resident's funds in excess of \$50 in one or more interest bearing accounts which are separate from any of the facility's operating accounts, and which credit all interest when earned on the resident's account to the personal account of the resident.

(5) All resident funds deposited by the facility shall be deposited in a Kansas financial institution.

(6) Within 30 days after the death of a resident with personal funds deposited with the facility, the facility shall convey the resident's funds and a final accounting of those funds to the individual or probate jurisdiction administering the resident's estate.

(7) The facility shall purchase a surety bond to assure the security of all residents' personal funds deposited with the facility.

(d) The facility shall have written policies and procedures which ensure the security of each resident's personal possessions.

(1) A written inventory of the resident's personal possessions, signed by the resident or the resident's legal representative shall be completed at the time of admission and updated at least annually.

(2) If a resident requests that the facility hold personal possessions within the facility for safekeeping, the facility shall:

(A) Maintain a written record; and

(B) give a receipt to the resident or the resident's legal representative.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

**RESIDENT BEHAVIOR****28-39-150. Resident behavior and nursing facility practices.**

(a) Restraints. The resident shall be free from any physical restraints imposed or psychopharmacologic drugs administered for the purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

(1) When physical restraints are used there shall be:

(A) A written physician's order which includes the type of restraint to be applied, the duration of the application and the justification for the use of the restraint;

(B) evidence that at least every two hours the resident is released from the restraint, exercised, and provided the opportunity to be toileted;

(C) regular monitoring of each resident in restraints at intervals of at least 30 minutes;

(D) documentation in the resident's clinical record which indicates that less restrictive methods to ensure the health and safety of the resident were not effective or appropriate; and

(E) evaluation of the continued necessity for the physical restraint at least every three months and more frequently when there is a significant change in the resident's condition.

(2) Equipment used for physical restraints shall be designed to assure the safety and dignity of the resident.

(3) Staff who works with residents in physical restraints shall be trained in the appropriate application of the restraint and the care of a resident who is required to be physically restrained.

(4) In the event of an emergency, a physical restraint may be applied following an assessment by a licensed nurse which indicates that the physical restraint is necessary to prevent the resident from harming him or herself or other residents and staff members. The nursing facility shall obtain physician approval within 12 hours after the application of any physical restraint.

(b) The facility staff and consultant pharmacist shall monitor residents who receive psychopharmacologic drugs for desired responses and adverse effects.

(c) Abuse. Each resident shall have a right to be free from the following:

(1) Verbal, sexual, physical, and mental abuse;

(2) corporal punishment; and

(3) involuntary seclusion.

(d) Staff treatment of residents. Each facility shall develop and implement written policies and procedures that prohibit abuse, neglect, and exploitation of residents. The facility shall:

(1) Not use verbal, mental, sexual, or physical abuse, including corporal punishment, or involuntary seclusion;

(2) not employ any individual who has been identified on the state nurse aide registry as having abused, neglected, or exploited residents in an adult care home in the past;

(3) ensure that all allegations of abuse, neglect, or exploitation are investigated and reported immediately to the administrator of the facility and to the Kansas department of health and environment;

(4) have evidence that all alleged violations are thoroughly investigated, and shall take measures to prevent further potential abuse, neglect and exploitation while the investigation is in progress;

(5) report the results of all facility investigations to the administrator or the designated representative;

(6) maintain a written record of all investigations of reported abuse, neglect, and exploitation; and

(7) take appropriate corrective action if the alleged violation is verified.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

**RESIDENT ASSESSMENT****28-39-151. Resident assessment.**

Each nursing facility shall conduct at the time of admission, and periodically thereafter, a comprehensive assessment of a resident's needs on an instrument approved by the secretary of health and environment.

(a) The comprehensive assessment shall include at least the following information:

- (1) Current medical condition and prior medical history;
- (2) measurement of the resident's current clinical status;
- (3) physical and mental functional status;
- (4) sensory and physical impairments;
- (5) nutritional status and impairments;
- (6) special treatments and procedures;
- (7) mental and psychosocial status;
- (8) discharge potential;
- (9) dental condition;
- (10) activities potential;
- (11) rehabilitation potential;
- (12) cognitive status; and
- (13) drug therapy.

(b) A comprehensive assessment shall be completed:

- (1) Not later than 14 days after admission;
- (2) not later than 14 days after a significant change in the resident's physical, mental, or psychosocial condition; and;
- (3) at least once every 12 months.

(c) The nursing facility staff shall examine each resident at least once every three months, and as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment.

(d) Changes in a resident's condition which are self-limiting and which will not affect the functional capacity of the resident over the long term do not in themselves require a reassessment of the resident.

(e) The nursing facility shall use the results of the comprehensive assessment to develop, review, and revise the resident's comprehensive plan of care under subsection (h).

(f) The nursing facility shall conduct or coordinate each assessment with the participation of appropriate health professionals.

(g) A registered professional nurse shall conduct or coordinate each comprehensive assessment and shall sign and certify that the assessment has been completed.

(h) Comprehensive care plans.

(1) The facility shall develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's physical, mental, and psychosocial needs that are identified in the comprehensive assessment.

(2) The comprehensive care plan shall be:

(A) Developed within seven days after completion of the comprehensive assessment; and

(B) prepared by an interdisciplinary team including the attending physician, a registered nurse with responsibility for the care of the resident, and other appropriate staff in other disciplines as determined by the resident's needs, and with the participation of the resident, the resident's legal representative, and the resident's family to the extent practicable.

(i) The services provided or arranged by the facility shall:

(1) Meet professional standards of quality; and

(2) be provided by qualified persons in accordance with each resident's written plan of care.

(j) Discharge summary. When the facility anticipates discharge of a resident, a discharge summary shall be developed which includes the following:

(1) A recapitulation of the resident's stay;

(2) a final summary of the resident's status which includes the items found in the comprehensive assessment, K.A.R. 28-39-151 (a). This summary shall be available for release at the time of discharge to authorized persons and agencies, with the consent of the resident or the resident's legal representative; and

(3) a post-discharge plan to assist the resident in the adjustment to a new environment. The resident, and when appropriate, the resident's family, shall participate in the development of the plan.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

**QUALITY OF CARE****28-39-152. Quality of care.**

Each resident shall receive and the nursing facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and the plan of care.

(a) Activities of daily living. Based on the comprehensive assessment of the resident, the facility shall ensure all of the following:

(1) Each resident's abilities in activities of daily living improve or are maintained except as an unavoidable result of the resident's clinical condition. This shall include the resident's ability to perform the following:

- (A) Bathe;
- (B) dress and groom;
- (C) transfer and ambulate;
- (D) toilet;
- (E) eat; and
- (F) use speech, language, or other functional communication systems.

(2) Each resident is given the appropriate treatment and services to maintain or improve the level of functioning as described above in paragraph (1).

(3) Any resident who is unable to perform activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. The facility shall ensure all of the following:

- (A) Residents are bathed to ensure skin integrity, cleanliness, and control of body odor.
- (B) Oral care is provided so that the oral cavity and dentures are clean and odor is controlled.
- (C) Residents are dressed and groomed in a manner that preserves personal dignity.
- (D) Residents who are unable to eat without assistance are offered fluids and food in a manner that maintains adequate hydration and nutrition.
- (E) The resident's abilities to obtain fluid and nutrition in a normal manner are preserved or enhanced.

(b) Urinary incontinence. The facility shall ensure all of the following:

(1) Residents who are incontinent at the time of admission or who become incontinent after admission are assessed, and based on that assessment a plan is developed and implemented to assist the resident to become continent, unless the resident's clinical condition demonstrates that incontinency is unavoidable.

(2) Residents who are incontinent receive appropriate treatment and services to prevent urinary tract infections.

(3) Residents who are admitted to the facility without an indwelling catheter are not catheterized, unless the resident's clinical condition demonstrates that catheterization is necessary.

(4) Residents with indwelling catheters receive appropriate treatment and services to prevent urinary tract infections and to restore normal bladder function, if possible.

(c) Pressure ulcers. Based on the comprehensive assessment, the facility shall ensure all of the following:

(1) Any resident who enters the facility without pressure ulcers does not develop pressure ulcers; unless the resident's clinical condition demonstrates that they were unavoidable. The facility shall report in writing the development of any pressure ulcer to the medical director.

(2) Any resident with pressure ulcers receives the necessary treatment and services to promote healing, prevent infection, and prevent new ulcers from developing.

(3) A skin integrity program is developed for each resident identified to be at risk for pressure ulcers. The program shall include the following:

(A) Frequent changes of position at least one time every two hours;

(B) protection of the skin from items that could promote loss of skin integrity;

(C) the use of protective devices over vulnerable areas, including heels, elbows, and other body prominences; and

(D) methods to assist the resident to remain in good body alignment.

(d) Stasis ulcers. Based on the comprehensive assessment of the resident, the facility shall ensure both of the following:

(1) Any resident who is identified on the comprehensive assessment as being at risk for development of stasis ulcers does not develop stasis ulcers, unless the resident's clinical condition demonstrates that the stasis ulcers were unavoidable.

(2) Any resident with stasis ulcers receives the necessary treatment and services to promote healing, prevent infection, and prevent new ulcers from developing.

(e) Range of motion. Based on the comprehensive assessment of a resident, the facility shall ensure all of the following:

(1) Any resident who enters the facility without a limitation in range of motion does not experience a reduction in range; unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable.

(2) Any resident with a decrease in range of motion receives appropriate treatment and services to increase range of motion, if practicable, and to prevent further decrease in range of motion.

(3) Any resident who is identified as at risk for experiencing a decrease in range of motion is provided appropriate treatment and services to prevent the decrease.

(f) Mobility. Based on the comprehensive assessment of the resident, the facility shall ensure all of the following:

(1) A resident's level of mobility does not decrease after admission; unless the resident's clinical condition demonstrates that a reduction in mobility is unavoidable.

(2) Any resident with a limitation in mobility receives the appropriate treatment and services to maintain or increase the resident's mobility.

(3) Any resident who is identified by the comprehensive assessment to be at risk for a reduction of function in the area of mobility is provided the treatment and services to prevent or limit that decrease in function.

(g) Psychosocial functioning. Based on the comprehensive assessment of the resident, the facility shall ensure both of the following:

(1) A resident's level of psychosocial functioning does not decrease after admission, unless the resident's clinical condition demonstrates that a reduction in psychosocial functioning is unavoidable.

(2) Any resident who displays psychosocial adjustment difficulty receives appropriate treatment and services to achieve as high a level of psychosocial functioning as possible within the constraints of the resident's clinical condition.

(h) Gastric tubes. Based on the comprehensive assessment of a resident, the facility shall ensure that each resident meets either of the following criteria:

(1) Has been able to eat enough to maintain adequate nutrition and hydration independently or with assistance is not fed by a gastric tube, unless the resident's clinical condition demonstrates that use of a gastric tube was unavoidable; or

(2) is fed by a gastric tube and receives the following appropriate treatment and services:

(A) To prevent the following:

- (i) Aspiration pneumonia;
- (ii) diarrhea;
- (iii) vomiting;
- (iv) dehydration;
- (v) metabolic abnormalities;
- (vi) nasal and pharyngeal ulcers; and
- (vii) ulceration at a gastrostomy tube site; and

(B) to restore, if possible, normal feeding function.

(i) Accidents. The facility shall ensure both of the following:

- (1) The resident's environment remains free of accident hazards.
- (2) Each resident receives adequate supervision and assistive devices to prevent accidents.

(j) Nutrition. Based on the resident's comprehensive assessment, the facility shall ensure all of the following for each resident:

(1) Maintenance of acceptable parameters of nutritional status, including usual body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible;

(2) a therapeutic diet as ordered by the attending physician when there is a nutritional problem or there is a potential for a nutritional problem; and

(3) for residents at risk for malnutrition, the provision of monitoring, and appropriate treatment and services to prevent malnutrition.

(k) Hydration. The facility shall provide each resident with sufficient fluid intake to maintain proper hydration and health.

(1) Fresh water, with or without ice according to the preference of the resident, shall be accessible to each resident at all times except when not appropriate due to resident's clinical condition.

(2) Any resident at risk for dehydration shall be monitored and appropriate treatment and services shall be provided to prevent dehydration.

(1) The facility shall ensure that each resident receives proper treatment and care for special services, which shall include the following:

(1) Parenteral injections. Parenteral injections shall be performed by licensed nurses and physicians;

(2) intravenous fluids and medications. Intravenous fluids and medications shall be administered and monitored by a registered nurse or by a licensed practical nurse who has documented successful completion of training in intravenous therapy;

(3) colostomy, ureterostomy, or ileostomy care;

(4) tracheostomy care;

(5) tracheal suctioning;

(6) respiratory care;

(7) podiatric care;

(8) prosthetic care;

(9) skin care related to pressure ulcers;

(10) diabetic testing; and

(11) other special treatments and services ordered by the resident's physician.

(m) Drug therapy. The facility shall ensure that all drugs are administered to residents in accordance with a physician's order and acceptable medical practice. The facility shall further ensure all of the following:

(1) All drugs are administered by physicians, licensed nursing personnel, or other personnel who have completed a state-approved training program in drug administration.

(2) A resident may self-administer drugs if the interdisciplinary team has determined that the resident can perform this function safely and accurately and the resident's physician has given written permission.

(3) Drugs are prepared and administered by the same person.

(4) The resident is identified before administration of a drug, and the dose of the drug administered to the resident is recorded on the resident's individual drug record by the person who administers the drug.

(n) Oxygen therapy. The facility shall ensure that oxygen therapy is administered to a resident in accordance with a physician's order. The facility shall further ensure all of the following:

- (1) Precautions are taken to provide safe administration of oxygen.
- (2) Each staff person administering oxygen therapy is trained and competent in the performance of the required procedures.
- (3) Equipment used in the administration of oxygen, including oxygen concentrators, is maintained and disinfected in accordance with the manufacturer's recommendations.
- (4) A sign that reads "oxygen - no smoking" is posted and visible at the corridor entrance to a room in which oxygen is stored or in use.
- (5) All smoking materials, matches, lighters, or any item capable of causing a spark has been removed from a room in which oxygen is in use or stored.
- (6) Oxygen containers are anchored to prevent them from tipping or falling over.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997; amended Oct. 8, 1999.)

**QUALITY OF LIFE****28-39-153. Quality of life.**

Each nursing facility shall care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

(a) Dignity. Each facility shall promote respect of each resident and shall fully recognize each resident's individuality.

(b) Self-determination and participation. The nursing facility shall afford each resident the right to:

(1) Choose activities, schedules, and health care consistent with resident's interests, assessments and care plans;

(2) interact with members of the community both inside and outside the facility; and

(3) make choices about aspects of the resident's life that are significant to the resident.

(c) Participation in resident and family groups.

(1) The facility shall afford each resident the right to organize and participate in resident groups in the facility.

(2) The nursing facility shall afford each resident's family the right to meet in the facility with the families of other residents in the facility.

(3) Staff or visitors may attend meetings at the group's invitation.

(4) The facility shall designate a staff person responsible for providing assistance and responding to written requests that result from group meetings.

(5) When a resident or family group exists, the facility shall consider the views, grievances, and recommendations of residents and their families concerning proposed policy and operational decisions affecting resident care and life in the facility. The nursing facility shall maintain a record of the written requests and the facility responses or actions.

(d) Participation in other activities. The nursing facility shall afford each resident the right to:

(1) Participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility; and

(2) reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.

(e) Activities.

(1) The facility shall provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests of and promote the physical, mental, and psychosocial well-being of each resident.

(2) A qualified activities director shall direct the activities program.

(3) The nursing facility shall employ activities personnel at a minimum weekly average of .09 hours per resident per day.

(f) Social services.

(1) The facility shall provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(2) Any facility with more than 120 beds shall employ a full-time social service designee who:

(A) is a licensed social worker; or

(B)(i) meets the qualifications in K.A.R. 28-39-144 (bbb); and

(ii) receives supervision from a licensed social worker.

(3) Any facility with 120 beds or fewer shall employ a social services designee. If the social service designee is not a licensed social worker or meets the requirements in K.A.R. 28-39-144 (bbb) (2), a licensed social worker shall supervise the social service designee.

(4) The nursing facility shall employ social service personnel at a minimum weekly average of .09 hours per resident per day.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

**NURSING SERVICES****28-39-154. Nursing services.**

Each nursing facility shall have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident as determined by resident assessments and individual plans of care.

(a) Sufficient staff. The facility shall employ sufficient numbers of each of the following types of personnel to provide nursing care to all residents in accordance with each resident's comprehensive assessment and care plan.

(1) The nursing facility shall employ full-time a director of nursing who is a registered nurse. The director of nursing shall have administrative authority over and responsibility for the functions and activities of the nursing staff.

(2) A registered nurse shall be on duty at least eight consecutive hours per day, seven days per week. The facility may include the director of nursing to meet this requirement.

(3) A licensed nurse shall be on duty 24 hours per day, seven days per week.

(A) On the day shift there shall be the same number of licensed nurses on duty as there are nursing units.

(B) If a licensed practical nurse is the only licensed nurse on duty, a registered nurse shall be immediately available by telephone.

(4) At least two nursing personnel shall be on duty at all times in the facility. Personnel shall be immediately accessible to each resident to assure prompt response to the resident call system and necessary action in the event of injury, illness, fire, or other emergency.

(5) The nursing facility shall not assign nursing personnel routine housekeeping, laundry, or dietary duties.

(6) Direct care staff shall wear identification badges to identify name and position.

(7) The nursing facility shall ensure that direct care staff are available to provide resident care in accordance with the following minimum requirements.

(A) Per facility, there shall be a weekly average of 2.0 hours of direct care staff time per resident and a daily average of not fewer than 1.85 hours during any 24 hour period. The director of nursing shall not be included in this computation in facilities with more than 60 beds.

(B) The ratio of nursing personnel to residents per nursing unit shall not be fewer than one nursing staff member for each 30 residents or for each fraction of that number of residents.

(C) The licensing agency may require an increase in the number of nursing personnel above minimum levels under certain circumstances. The circumstances may include the following:

- (i) location of resident rooms;
- (ii) locations of nurses' stations;
- (iii) the acuity level of residents; or
- (iv) that the health and safety needs of residents are not being met.

(b) The nursing facility shall maintain staffing schedules on file in the facility for 12 months and shall include hours actually worked and the classification of nursing personnel who worked in each nursing unit on each shift.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

**PHYSICIAN SERVICES****28-39-155. Physician services.**

Each resident in a nursing facility shall be admitted and shall remain under the care of a physician.

(a) The facility shall ensure that both of the following conditions are met:

(1) The medical care of each resident is supervised by a physician.

(2) Another physician supervises the medical care of residents when the resident's attending physician is not available.

(b) The physician shall perform the following duties:

(1) At the time of the resident's admission to the facility, provide orders for the immediate care of the resident, current medical findings, and diagnosis. The physician shall provide a medical history within seven days after admission of the resident;

(2) review the resident's total program of care, including medications and treatments at each visit;

(3) write, sign and date progress notes at each visit; and

(4) sign all written orders at the time of the visit and all telephone orders within seven days of the date the order was given.

(c) A physician shall see the resident for all of the following:

(1) If it is necessary due to a change in the resident's condition determined by the physician or licensed nursing staff;

(2) if the resident or legal representative requests a physician visit; and

(3) at least annually.

(d) The physician may delegate resident visits to an advanced registered nurse practitioner or a physician assistant.

(e) At admission, the resident or the resident's legal representative shall designate the hospital to which the resident is to be transferred in a medical emergency. If the resident's attending physician does not have admitting privileges at the designated hospital, the facility shall assist the resident or the resident's legal representative in making arrangements with another physician who has admitting privileges to assume the care of the resident during hospitalization. This information shall be available on the resident's clinical record.

(f) Death of resident. The nursing facility shall obtain an order from a physician before allowing the removal of the body of a deceased resident.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997; amended November 26, 2001.)

**PHARMACY SERVICES****28-39-156. Pharmacy services.**

The nursing facility shall provide pharmaceutical services including policies and procedures that assure the accurate acquisition, receipt, and administration of all drugs and biologicals to meet the needs of each resident.

(a) Supervision by a licensed pharmacist.

(1) A pharmacist shall develop, coordinate, and supervise all pharmacy services.

(2) The pharmacist shall perform a monthly review of the methods, procedures, storage, administration, disposal, and record-keeping of drugs and biologicals.

(3) The pharmacist shall prepare a written report which includes recommendations for the administrator after each monthly review.

(b) Ordering and labeling.

(1) All drugs and biologicals shall be ordered pursuant to a written order issued by a licensed physician.

(2) The dispensing pharmacist shall label each prescription container in accordance with K.A.R. 68-7-14.

(3) Over-the-counter drugs. The facility shall ensure that any over-the-counter drug delivered to the facility is in the original, unbroken manufacturer's package. The pharmacist or licensed nurse shall place the full name of the resident on the package. If over-the-counter drugs are removed from the original manufacturer's package other than for administration, the pharmacist shall label the drug as required for prescription drugs.

(4) Physicians, advanced registered nurse practitioners, and physician assistants shall give verbal orders for drugs only to a licensed nurse, pharmacist or another physician. The licensed nurse, physician, or pharmacist shall immediately record the verbal order in the resident's clinical record. The physician shall counter-sign all verbal orders within seven working days after receipt of the verbal order.

(c) Automatic stop orders. Drugs not specifically limited as to time or number of doses when ordered shall be controlled by automatic stop orders in accordance with written policies of the facility. A licensed nurse shall notify the physician of an automatic stop order before the administration of the last dose so that the physician may decide if additional drug is to be ordered.

(d) Storage.

- (1) The licensed pharmacist shall ensure that all drugs and biologicals are stored according to state and federal laws.
  - (2) The nursing facility shall store all drugs and biologicals in a locked medication room or a locked medication cart located at the nurses' station. Only the administrator and persons authorized to administer medications shall have keys to the medication room or the medication cart.
  - (3) The nursing facility shall store drugs and biologicals under sanitary conditions.
  - (4) The temperature of the medication room shall not exceed 85°F. The nursing facility shall store drugs and biologicals at the temperatures recommended by the manufacturer.
  - (e) The nursing facility shall develop and implement policies and procedures to assure that residents who self-administer drugs do so safely and accurately.
  - (f) Accountability and disposition. The nursing facility shall control and dispose of drugs and biologicals in a manner that ensures the safety of the resident.
- (1) The nursing facility shall maintain records of receipt and disposition of all controlled substances in order that there can be an accurate reconciliation.
  - (2) The licensed pharmacist shall determine whether the records of drug and biological administration are in order and that an accurate account of all controlled substances was maintained and reconciled.
  - (3) The licensed pharmacist shall identify any deteriorated, outdated, or discontinued drugs and biologicals and any drugs or biologicals that are unused remaining from a discharged or deceased resident during the monthly pharmacy services review. The licensed pharmacist shall destroy, if appropriate, any deteriorated, outdated, unused, or discontinued drugs and biologicals at the nursing facility and in the presence of one witness who is a licensed nurse employed by the facility. A record shall be on file in the facility which contains the date, drug name, quantity of drugs and biologicals destroyed, and signatures of the pharmacist and licensed nurse.
  - (4) The nursing facility shall return to the dispensing pharmacy any drugs and biologicals which have been recalled and shall maintain documentation of this action in the facility.
  - (5) Staff members who have authority to administer drugs may provide drugs to residents or a responsible party during short-term absences from the facility.
    - (A) A staff member who has the authority to administer drugs may transfer drugs to a suitable container.
    - (B) The staff member preparing the drugs shall provide written instructions for the administration of the drugs to the resident or responsible party.

(6) The staff member preparing the drugs shall document the drugs provided and the instructions given in the resident's clinical record.

(7) The nursing facility may send drugs with a resident at the time of discharge, if so ordered by the physician.

(g) Drug regimen review.

(1) The licensed pharmacist shall review the drug regimen of each resident at least monthly.

(2) The licensed pharmacist shall document in the resident's clinical record that the drug regimen review has been performed.

(3) The licensed pharmacist shall report any irregularities to the attending physician, the director of nursing, and the medical director. The pharmacist or a licensed nurse shall act upon any responses by the physician to the report.

(4) The pharmacist shall document the drug regimen review in the resident's clinical record or on a drug regimen report form. A copy of the drug regimen review shall be available to the department.

(5) Any deviation between drugs ordered and drugs given shall be reported to the quality assessment and assurance committee.

(h) Emergency drug kits. A nursing facility may have an emergency drug kit available for use when needed.

(1) The medical director, director of nursing, and licensed pharmacist shall determine the contents of the emergency drug kit. The contents of the kit shall be periodically reviewed and drugs added and deleted as appropriate. Written documentation of these determinations shall be available in the facility.

(2) Policies and procedures shall be available for the use of the emergency drug kit.

(3) The facility shall have a system in place which ensures that drugs used from the emergency drug kit are replaced in a timely manner.

(4) The emergency drug kit shall be in compliance with K.A.R. 68-7-10 (d).

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

## **SPECIALIZED REHABILITATION SERVICES**

### **28-39-157. Specialized rehabilitation services.**

Each nursing facility shall provide or obtain rehabilitative services for residents, including physical therapy, speech-language pathology, audiology, and occupational therapy.

(a) Provision of services. If specialized rehabilitative services are required in the resident's comprehensive plan of care, the facility shall:

(1) Provide the required services; or

(2) obtain the required services from an outside resource in accordance with K.A.R. 28-39-163 (h), from a provider of specialized rehabilitation services.

(b) Qualified personnel shall provide specialized rehabilitation services under the written order of a physician.

(c) The facility shall develop policies and procedures for the provision of specialized rehabilitation services.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

**DIETARY SERVICES****28-39-158. Dietary services.**

The nursing facility shall provide each resident with nourishing, palatable, attractive, non-contaminated foods that meet the daily nutritional and special dietary needs of each resident. A facility that has a contract with an outside food management company shall be found to be in compliance with this regulation if the company meets the requirements of these regulations.

(a) Staffing.

(1) Overall supervisory responsibility for the dietetic services shall be the assigned responsibility of a full-time employee who is a licensed dietitian or a dietetic services supervisor who receives regularly scheduled onsite supervision from a licensed dietitian. The nursing facility shall provide sufficient support staff to assure adequate time for planning and supervision.

(2) The nursing facility shall implement written policies and procedures for all functions of the dietetic services department. The policies and procedures shall be available for use in the department.

(b) Menus and nutritional adequacy.

(1) Menus shall meet the nutritional needs of the residents in accordance with:

(A) each resident's comprehensive assessment;

(B) the attending physician's orders; and

(C) the recommended dietary allowances of the food and nutrition board of the national research council, national academy of sciences as published in *Recommended Dietary Allowances*, 10th ed., 1989.

(2) Menus for all diets and therapeutic modifications shall be written at least two weeks in advance of service and shall be approved by a licensed dietitian.

(3) Menus shall ensure that not less than 20 percent of the total calorie intake is served at one meal.

(4) When a substitution is necessary, the substitute shall be of similar nutritive value, recorded, and available for review.

(5) Menus shall be followed.

(6) The nursing facility shall keep on file and available for review records of the foods purchased and meals and snacks actually served for three months.

(c) Food. Each facility shall comply with the following provisions.

(1) Dietary service staff shall prepare the food by methods that conserve nutritive value, flavor, appetizing aroma, and appearance.

(2) Food shall be attractive, flavorful, well-seasoned, and served at the proper temperature.

(A) Before serving, the facility shall hold hot foods at 140° F or above.

(B) Hot foods, when served to the resident, shall not be below 115° F.

(C) The facility shall hold and serve cold foods that are potentially hazardous at not more than 45° F.

(3) The facility shall prepare the food using standardized recipes adjusted to the number of residents served.

(4) The facility shall prepare the food in a form designed to meet individual resident needs.

(5) When a resident refuses a food served, the facility shall serve the resident food of similar nutritive value as a substitute.

(d) Therapeutic diets.

(1) The attending physician shall prescribe any therapeutic diets.

(2) A current diet manual approved by the licensed dietitian shall be available to attending physicians, nurses, and dietetic services personnel. The facility shall use the manual as a guide for writing menus for therapeutic diets.

(e) Frequency of meals.

(1) Each resident shall receive and the facility shall:

(A) Provide at least three meals daily, at regular times;

(B) offer nourishment at bedtime to all residents unless clinically contra-indicated; and

(C) provide between-meal nourishments when clinically indicated or requested when not clinically contra-indicated.

(2) There shall be no more than 14 hours' time between a substantial evening meal and breakfast the following day, except when a nourishing snack is provided at bedtime, in which instance 16 hours may elapse. A nourishing snack shall contain items from at least 2 food groups.

(f) Assistive devices. Each facility shall provide, based on the comprehensive assessment, special eating equipment and utensils for residents who need them.

(g) Sanitary conditions. Each facility shall comply with the following provisions.

(1) The facility shall procure all foods from sources approved or considered satisfactory by federal, state and local authorities.

(2) The facility shall store, prepare, display, distribute, and serve foods to residents, visitors and staff under sanitary conditions.

(A) The facility shall keep potentially hazardous foods at a temperature of 45° F or 7° C or lower, or at a temperature of 140° F or 60° C or higher.

(B) The facility shall provide each mechanically refrigerated storage area with a numerically scaled thermometer, accurate to  $\pm$ plus or  $\pm$ minus 3° F or 1.5° C, which is located to measure the warmest part of the storage area and is easily readable.

(C) The facility shall keep frozen food frozen and shall store the food at a temperature of not more than 0° F.

(D) The facility shall store each prepared food, dry or staple food, single service ware, sanitized equipment, or utensil at least six inches or 15 centimeters above the floor on clean surfaces and shall protect the food from contamination.

(E) The facility shall store and label containers of poisonous compounds or cleaning supplies and keep the containers in areas separate from those used for food storage, preparation and serving.

(F) The facility shall cover, label, and date each food item not stored in the original product container or package.

(G) The facility shall tightly cover and date each opened food item stored in the original product container or package.

(H) The facility shall not store prepared foods, dry or staple foods, single service ware, sanitized equipment or utensils and containers of food under exposed or unprotected sewer lines or water lines, except for automatic fire protection sprinkler heads. The facility shall not store food and service equipment or utensils in toilet rooms.

(I) The facility shall store food not subject to further washing or cooking before serving in a way that protects the food against cross-contamination.

(J) The facility shall not store packaged food subject to entry of water in contact with water or undrained ice.

(3) The facility shall prepare and serve food:

(A) with the least possible manual contact;

(B) with suitable utensils; and

(C) on surfaces that have been cleaned, rinsed and sanitized before use to prevent cross-contamination.

(4) The facility shall not prepare or serve food from containers with serious defects.

(5) The facility shall thoroughly wash each raw fruit and raw vegetable with water before being cooked or served.

(6) With the following exceptions, the facility shall cook potentially hazardous foods which require cooking to at least 145°F.

(A) The facility shall cook poultry, poultry stuffings, stuffed meats and stuffing containing meat to a minimum temperature of 165°F in all parts of the food with no interruption of the cooking process.

(B) The facility shall cook pork and any food containing pork to a minimum temperature of 150°F in all parts of the food.

(C) The facility shall cook ground beef and any food containing ground beef to at least 155°F in all parts of the food.

(7) When foods in which dry milk has been added are not cooked, the foods shall be consumed within 24 hours.

(8) The facility shall use only pasteurized fresh milk as a milk beverage and shall transfer to a glass directly from a milk dispenser or original container. When clinically indicated, non-fat dry milk may be added to fresh milk served to a resident.

(9) The facility shall use only clean whole eggs, with shells intact and without cracks or checks, or pasteurized liquid, frozen, or dry eggs or egg products, or commercially prepared and packaged hard cooked, peeled eggs. All eggs shall be cooked.

(10) The facility shall reheat rapidly potentially hazardous foods that have been cooked and then refrigerated to a minimum of 165°F throughout before being served or before being placed in a hot food storage unit.

(11) The facility shall use metal stem-type numerically scaled thermometers, accurate to plus or minus 3°F to assure the attainment and maintenance of proper internal cooking, holding, or refrigeration temperatures of potentially hazardous foods.

(12) The facility shall thaw potentially hazardous foods:

(A) Under refrigeration;

(B) under cold running water;

(C) in a microwave when the food will be immediately cooked; or

(D) as part of the cooking process.

(h) Service. The facility shall:

(1) Provide dining room service for all capable residents;

(2) provide ice for beverages which shall be handled in a manner which prevents contamination;

(3) cover food distributed for room service and to dining rooms not adjacent to the dietetic services department; and

(4) protect food on display from contamination by the use of packaging or by the use of easily cleanable counter, serving line or salad bar protective devices or other effective means.

(i) Dietary employees shall:

(1) Thoroughly wash their hands and exposed portions of their arms with soap and water before starting work, during work as often as necessary to keep them clean, and after smoking, eating, drinking, or using the toilet. Employees shall keep their fingernails clean and trimmed;

(2) wear clean outer clothing;

(3) use effective hair restraints to prevent contamination of food and food-contact surfaces;

(4) taste food in a sanitary manner;

(5) use equipment and utensils constructed from and repaired with safe materials;

(6) Clean and sanitize equipment and utensils after each use;

(7) Use clean, dry cloths or paper used for no purpose but for wiping food spills on tableware such as plates or bowls; and,

(8) Use cloths or sponges for wiping food spills on food and non-food contact surfaces which are clean, rinsed frequently in a sanitizing solution and stored in the sanitizing solution which is maintained at an effective concentration.

(j) The facility shall ensure that only persons authorized by the facility are in the dietary services area or areas.

(k) The facility shall ensure that the food preparation area is not used as a dining area.

(l) Cleaning procedures. The facility shall:

- (1) Establish and follow cleaning procedures to ensure that all equipment and work areas, including walls, floors, and ceilings are clean;
- (2) perform cleaning and sanitizing of tableware and equipment by immersion, spray-type, or low-temperature dishwashing machines used according to the manufacturer's directions. Rinse temperature in hot water machines shall be a minimum of 160°F at the dish level;
- (3) air dry all tableware, kitchenware, and equipment;
- (4) store glasses and cups in an inverted position ;
- (5) cover or invert other stored utensils;
- (6) provide for storage of knives, forks, and spoons so that the handle is first presented;
- (7) provide mops and mop pails for exclusive use in the dietary department;
- (8) provide a lavatory with hot and cold running water, soap, and single-service towels or a mechanical hand drying device in dietetic services;
- (9) dispose of waste in a sanitary manner via a food disposal or in clean containers with tight-fitting covers; and
- (10) cover waste containers except when in continuous use.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

## DENTAL SERVICES

### 28-39-159. Dental services.

Each nursing facility shall assist residents in obtaining routine and 24-hour emergency dental care. The facility shall:

- (a) Maintain a list of available dentists for residents who do not have a dentist;
- (b) assist residents, if requested or necessary, in arranging for appropriate dental services; and
- (c) assist residents in arranging transportation to and from the dentist's office.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

**OTHER RESIDENT SERVICES****28-39-160. Other resident services.**

(a) Special care section. A nursing facility may develop a special care section within the nursing facility to serve the needs of a specific group of residents.

(1) The facility shall designate a specific portion of the facility for the special care section.

(2) The facility shall develop admission and discharge criteria that identify the diagnosis, behavior, or specific clinical needs of the residents to be served. The medical diagnosis, physician's progress notes, or both shall justify admission to the section.

(3) A written physician's order shall be required for placement.

(4) Direct care staff shall be present in the section at all times.

(5) Before admission to a special care section, the facility shall inform the resident or resident's legal representative in writing of the services and programs available in the special care section that are different from those services and programs provided in the other sections of the facility.

(6) The facility shall provide a training program for each staff member before the member's assignment to the section. Evidence of completion of the training shall be on file in the employee's personnel records.

(7) The facility shall provide in-service training specific to the needs of the residents in the special care section to staff at regular intervals.

(8) The facility shall develop and make available to the clinical care staff policies and procedures for operation of the special care section.

(9) The facility shall provide a substation for use by the direct care staff in the special care section. The design of the substation shall be in accordance with the needs of the special care section and shall allow for visibility of the corridors from that location.

(10) Staff in the section shall be able to observe and hear resident and emergency call signals from the corridor and nurse substation.

(11) The facility shall provide living, dining, activity, and recreational areas in the special care section at the rate of 27 square feet per resident, except when residents are able to access living, dining, activity, and recreational areas in another section of the facility.

(12) The comprehensive resident assessment shall indicate that the resident would benefit from the program offered by the special care section.

(13) The resident comprehensive care plan shall include interventions that effectively assist the resident in correcting or compensating for the identified problems or need.

(14) Control of exits shall be the least restrictive possible for the residents in the section.

(b) Adult day care. A nursing facility may provide adult day care services to any individual whose physical, mental, and psychosocial needs can be met by intermittent nursing, psychosocial, and rehabilitative or restorative services.

(1) The nursing facility shall develop written policies and procedures for provision of adult day care services.

(2) The nursing facility shall develop criteria for admission to and discharge from the adult day care service.

(3) The nursing facility shall maintain a clinical record of services provided to clients in the adult day care program.

(4) The provision of adult day care services shall not adversely affect the care and services offered to residents of the facility.

(c) Respite care. A nursing facility may provide respite care to individuals on a short-term basis of not more than 30 consecutive days.

(1) The facility shall develop policies and procedures for the provision of respite care.

(2) All requirements for admission of a resident to a nursing facility shall be met for an individual admitted for respite care.

(3) The facility may obtain an order from the resident's physician indicating that the resident may return to the facility at a later date for respite care.

(A) The facility may identify the resident's clinical record as inactive until the resident returns.

(B) Each time the resident returns to the facility for subsequent respite services, the resident's physician shall review the physician plan of care and shall indicate any significant change that has occurred in the resident's medical condition since the previous stay.

(C) The facility shall review and revise the comprehensive assessment and care plan, if needed.

(D) The facility shall conduct a comprehensive assessment after any significant change in the resident's physical, mental, or psychosocial functioning and not less often than once a year.

(E) Any facility with a ban on admissions shall not admit or readmit residents for respite care.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997; amended October 8, 1999.)

**INFECTION CONTROL****28-39-161. Infection control.**

Each nursing facility shall establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment for residents and to prevent the development and transmission of disease and infection.

(a) Each facility shall establish an infection control program under which the facility meets the following requirements:

(1) Prevents, controls, and investigates infections in the facility;

(2) develops and implements policies and procedures that require all employees to adhere to universal precautions to prevent the spread of blood-borne infectious diseases based on “universal precautions for prevention of transmission of human immunodeficiency virus, hepatitis B virus, and other bloodborne pathogens in health-care settings,” as published in the morbidity and mortality weekly report, June 24, 1988, vol. 37 no. 24 and “CDC guidelines for “handwashing and hospital environmental control, effective as published in November, 1985, are hereby adopted by reference;

(3) develops and implements policies and procedures related to isolation of residents with suspected or diagnosed communicable diseases based on the centers for disease control “guideline for isolation precautions in hospitals,” as published in January, 1996, which is hereby adopted by reference;

(4) develops policies and procedures related to employee health based on the centers for disease control “guideline for infection control in hospital personnel,” as published in August, 1983, which is hereby adopted by reference;

(5) assures that at least one private room that is well ventilated and contains a separate toilet facility is designated for isolation of a resident with an infectious disease requiring a private room. The facility shall develop a policy for transfer of any resident occupying the designated private room to allow placement of a resident with an infectious disease requiring isolation in the private room designated as an isolation room;

(6) includes in the orientation of new employees and periodic employees in-service information on exposure control and infection control in a health care setting; and

(7) maintains a record of incidents and corrective actions related to infection that is reviewed and acted upon by the quality assessment and assurance committee.

(b) Preventing the spread of infection.

(1) When a physician or licensed nurse determines that a resident requires isolation to prevent the spread of infection, the facility shall isolate the resident according to the policies and procedures developed.

(2) The facility shall prohibit employees with a communicable disease or infected skin lesions from coming in direct contact with residents, any resident's food, or resident care equipment until the condition is resolved.

(3) Tuberculosis skin testing shall be administered to each new resident and employee as soon as residency or employment begins, unless the resident or employee has documentation of a previous significant reaction. Each facility shall follow the centers for disease control recommendations for "prevention and control of tuberculosis in facilities providing long-term care to the elderly," as published in morbidity and mortality weekly report, July 13, 1990.

(4) Staff shall wash their hands after each direct resident contact for which handwashing is indicated by the centers for disease control guideline for "handwashing and hospital environmental control," as published in November 1985, which is hereby adopted by reference.

(c) Linens and resident clothing.

(1) The facility shall handle soiled linen and soiled resident clothing as little as possible and with minimum agitation to prevent gross microbial contamination of air and of persons handling the items.

(2) The facility shall place all soiled linen and resident clothing in bags or in carts immediately at the location where they were used. The facility shall not sort and pre-rinse linen and resident clothing in resident-care areas.

(3) The facility shall deposit and transport linen and resident clothing soiled with blood or body fluids in bags that prevent leakage.

(4) The facility shall wash linen with detergent in water of at least 160° F. The facility shall follow the manufacturers' operating directions for washing equipment.

(5) The facility may choose to wash linens and soiled resident clothing in water at less than 160° F if the following conditions are met:

(A) Temperature sensors and gauges capable of monitoring water temperatures to ensure that the wash water does not fall below 72° F are installed on each washing machine.

(B) The chemicals used for low temperature washing emulsify in 70° F water.

(C) The supplier of the chemical specifies low-temperature wash formulas in writing for the machines used in the facility.

(D) Charts providing specific information concerning the formulas to be used for each machine are posted in an area accessible to staff.

(E) The facility ensures that laundry staff receives in-service training by the chemical supplier on a routine basis, regarding chemical usage and monitoring of wash operations.

(F) Maintenance staff monitors chemical usage and wash water temperatures at least daily to ensure conformance with the chemical supplier's instructions.

(6) The facility shall use methods for transport and storing of clean linen that will ensure the cleanliness of the linens.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997; amended October 8, 1999.)

**PHYSICAL ENVIRONMENT****28-39-162. Nursing facility physical environment; construction and site requirements.**

Each nursing facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.

(a) All new construction and modifications shall comply with building codes, ordinances, and regulations enforced by city, county, or state jurisdictions.

(1) Where codes, ordinances, and regulations are not in effect, the owner shall conform to the uniform building code, as in effect in 1991.

(2) New construction, modifications and equipment shall conform to the following codes and standards:

(A) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and

(B) "Food service sanitation manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.

(b) Site requirements. The location and development of a site upon which a facility is to be constructed, or an existing facility expanded, or an existing building converted for use as an adult care home, shall meet the following physical requirements:

(1) Site location. The general location of the site shall be:

(A) Served by all-weather roads or streets;

(B) accessible to physician services, fire and other emergency services, medical facilities, churches, and population centers where employees can be recruited and retained;

(C) sufficiently remote from noise sources which would cause day or night average sound levels to exceed 65 decibels. The average day or night sound level shall be the A-weighted energy equivalent sound level for a 24-hour period with an additional 10 decibel weighing imposed on the equivalent sound level occurring during the night-time hours of the following day (10:00 p.m. to 7:00 a.m.). For the purposes of this regulation the term decibel is a unit for measuring the volume of a sound equal to 20 times the logarithm to the base 10 of the ratio of the pressure of sound measured to the reference pressure which is 20 micropascals. Fast

time averaging and A-measurements shall be made four feet 11 inches or 1.5 meters above ground level at a site location, six feet seven inches or two meters from the exterior wall of the existing or proposed building, on that side nearest the predominant noise source. If the proposed building location is unknown, the person testing the noise levels shall take measurements at a point six feet seven inches or two meters beyond the building setback line in the direction of the predominant noise source. Any noise measurements which are submitted for review shall be performed at the site within 180 days immediately before the date of the application for site approval. The department shall give consideration to the presence of time varying or seasonal noise sources during the selection of measurement periods in order to provide an accurate assessment of the noise environment of the site. The 24-hour measurement periods selected shall be representative of the maximum noise source activities likely to be encountered during any weekly period;

(D) free from noxious and hazardous fumes;

(E) at least 4,000 feet from concentrated livestock operations, including shipping areas, or holding pens;

(F) free of flooding for a 100 year period; and

(G) sufficient in area and configuration to accommodate the facility, drives, parking, sidewalks, recreational area, and community zoning restrictions.

(2) Site development. Development of the site shall conform to the following provisions.

(A) Final grading of the site shall provide topography for positive surface drainage away from the building and positive protection and control of surface drainage and freshets from adjacent areas.

(B) The facility shall provide off-street parking at a rate of six parking spaces for the first 3,000 square feet or 279 square meters of gross floor area of the facility, plus one additional parking space for each additional 1,000 square feet or 93 square meters of gross floor area of the facility.

(C) The facility shall provide parking spaces, sized and signed as reserved for the physically disabled, conforming to title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992.

(D) All drives and parking areas shall be surfaced with a smooth all-weather finish. The facility shall not use unsealed gravel.

(E) Except for lawn or shrubbery which the facility may use in landscape screening, the facility shall provide an unencumbered outdoor area of at least 50 square feet or 4.65 square meters per bed for recreational use and shall so designate this area on the plot plan. The licensing agency may approve equivalent facilities provided by terraces, roof gardens, or similar structures for facilities located in high-density urban areas.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

**PHYSICAL ENVIRONMENT, GENERAL REQUIREMENTS****28-39-162a. Nursing facility physical environment; general requirements.**

(a) Except for a detached boiler, equipment room, laundry room, and storage spaces for yard and maintenance equipment and supplies and flammables, all units, areas, and rooms of the facility shall be within a single building under one roof and shall, at a minimum, contain the units, areas, and rooms listed in subsections (b) through (p) of this regulation.

(b) Nursing unit. A nursing unit shall consist of 60 fewer beds with the following areas and rooms. Any facility constructed after February 15, 1977 shall have at least 80 percent of the beds located in rooms designed for one and two beds and at least five percent of the beds located in one-bed rooms, each equipped with a private toilet. A nursing unit shall contain the following areas and rooms:

(1) Resident rooms. Each resident room shall meet the following requirements.

(A) Each room shall accommodate not more than four residents.

(B) The minimum room area, exclusive of toilet rooms, closets, lockers, wardrobes, other built-in fixed items, alcoves, and vestibules, shall measure 100 square feet in one-bed rooms and 80 square feet per bed in multi-bed rooms. Facilities licensed before January, 1963 shall provide a minimum floor area per bed as follows:

(i) One-bed rooms, 90 square feet per bed;

(ii) two-bed rooms, 80 square feet per bed; and

(iii) three- to four-bed rooms, 70 square feet per bed.

(C) Each resident room shall have direct access to a corridor.

(D) Each bed in a multi-bed room shall have ceiling-suspended curtains that extend around the bed to provide total visual privacy in combination with adjacent walls and curtains.

(E) Curtain material shall be launderable and flame retardant.

(F) Each resident room shall have at least one window that opens for ventilation. The window area shall not be less than 12 percent of the gross floor area of the resident room. Interior window stool height shall not exceed three feet above the floor and shall be at least two feet six inches above exterior grade. Facilities constructed before February 15, 1977 shall not be required to comply with this paragraph.

(G) Each resident room shall have a floor at or above grade level. Any facility constructed before the effective date of these regulations shall not be required to comply with this paragraph.

(H) Room configuration shall be adequate to permit the beds to align parallel to the exterior wall with a minimum of three feet of clearance from the sides and foot of the beds to the nearest fixed obstruction. The room configuration shall be designed so that beds are not located more than two deep from the exterior window wall. Any facility constructed before February 15, 1977 shall not be required to meet the specifications in this paragraph.

(I) Each resident room shall have a separate bed for each resident. The bed shall be of appropriate size and height and shall contain the following:

- (i) A clean, comfortable mattress; and
- (ii) bedding appropriate to the weather and needs of the resident.

(J) Each resident room shall have functional furniture appropriate to the resident's needs.

(K) The facility shall provide an individual space in a fixed closet or wardrobe with doors for each bed. Closets shall have, for each bed, a minimum floor area of five square feet, a minimum depth of one foot 10 inches, and a separated shelf and hanging rod of not less than two feet six inches. At least one foot three inches of the hanging rod shall have sufficient clearance for full-length garments. The hanging rods and shelves shall be accessible to the resident. Facilities constructed before February 15, 1977 shall provide a fixed closet or wardrobe with a shelf and hanging rod accessible to residents.

(2) Toilet facility. A toilet room shall serve not more than four beds and shall be accessible without entry from the general corridor. A toilet room shall contain a toilet and a lavatory, unless a lavatory is provided in each resident room.

(A) The minimum area of a toilet room serving a resident room shall be 30 square feet with sufficient turning radius for a wheelchair.

(B) If a bathing unit is included, the facility shall provide additional space. Space occupied by the bathing unit shall not be included in the minimum dimensions stated in this regulation.

(C) Any facility constructed before February 15, 1977 shall provide the resident with access to toilet and bathing facilities from the general corridor or shall provide direct access from the resident room to toilet and bathing facilities.

(3) Each resident room in any facility constructed after February 15, 1977 shall not be located more than 150 feet from the nursing service areas required by subsection (c) of this regulation. Distance shall be measured from one foot outside the resident room door along the shortest line, in the general corridor where the resident room appears, to within one foot of the designated service area.

(4) Resident call system.

(A) The facility shall provide each resident bed with a resident call button that shall register at the nurses' station with a common audible signal and a visual signal. Any facility constructed after May 1, 1982 shall provide a visual signal indicating the resident room number at the nurses' station.

(B) A visual signal shall be located at the resident room corridor door.

(C) The facility shall provide visual and audible signals in clean and soiled workrooms and in the medication preparation rooms. Any facility constructed before May 1, 1982 shall not be required to provide audible signals in clean and soiled workrooms and medication preparation rooms.

(D) In multi-corridor units, the facility shall install additional visible signals at corridor intersections if the facility was constructed after February 15, 1977.

(E) The facility shall install a resident emergency call button next to each toilet, shower, and bathtub accessible to residents.

(F) In any facility constructed after May 1, 1982, the emergency call system shall be operated by a cord pull that, when activated, turns on a light of a different color from that of the resident call system, over the corridor door at the site of the emergency.

(i) When the emergency call system is activated, it shall produce a rapidly flashing light and a repeating audible signal in the nurses' station, clean workroom, soiled workroom, and medication preparation rooms. Facilities constructed before May 1, 1982 shall not be required to have an audible signal or a rapidly flashing light.

(ii) The signals produced by the emergency call system shall be obviously different from those produced by the resident call system. Facilities constructed before May 1, 1982 shall not be required to have a different signal for the emergency call system.

(iii) The emergency call system shall continue to operate until it is manually reset at the site of origin.

(G) Resident call systems may include two-way voice communication. When a two-way system is used, it shall include all functions required in paragraph (b)(4) of this regulation and shall be equipped with an indicating light at each calling station that lights and remains lighted as long as the value circuit is operating.

(H) Each facility may use a wireless system to meet the requirements of this regulation, if the system meets both of the following criteria:

(i) When the resident call system is activated, an electronic device notifies direct care staff of the location at which the resident call system was activated.

(ii) Each nurses' station is equipped with a system that registers and documents the location of an activated resident call system.

(I) The resident call system selected shall be designed to ensure that staff are notified promptly if a resident is in need of assistance.

(c) Service areas or rooms. The service areas or rooms required in this regulation shall be located in each nursing unit and shall be accessible directly from the general corridor without passage through an intervening room or area, except medication preparation rooms. A service area or room shall not serve more than one nursing unit, except as otherwise indicated. The service areas and rooms specified shall provide space and equipment as prescribed in this regulation.

(1) Nurses' station.

(A) A nurses' station shall provide space for charting, records, a telephone, a resident call system, and an emergency call system signal register for rooms on the nursing unit.

(B) The nurses' station shall be located so that the corridors outside the doors of resident rooms are visible from the nurses' station. The facility may use television cameras and monitors to meet this requirement. Facilities constructed before February 15, 1977 shall not be required to comply with the requirements of this paragraph.

(2) Medication preparation room.

(A) A medication preparation room shall be equipped with the following:

(i) A work counter, lavatory or countertop sink, a refrigerator, and shelf space for separate storage and maintenance of residents' medications;

(ii) a door visible from the nurses' station, except any facility licensed before January, 1963; and

(iii) a door equipped with self-locking hardware and automatic door closures.

(B) The temperature in the medication room shall not exceed 85° F.

(C) Lighting shall be sufficient to provide 100 foot-candles at counter level.

(D) The medication preparation room shall contain a separate, locked, permanently affixed compartment for storage of controlled substances listed in K.S.A. 65-4107, and amendments thereto, and other drugs that, in the opinion of the consultant pharmacist, are subject to abuse.

(E) A medicine preparation room may serve more than 60 beds when a self-contained medication dispensing unit is used. The self-contained medication dispensing unit may be located at the nurses' station, in the clean workroom, in an alcove, or in other space convenient for staff control.

(3) Clean workroom. The facility shall provide a clean workroom for preparation, handling, storage, and distribution of clean or sterile materials and supplies.

(A) The room shall contain a work counter with sink or separate hand-washing lavatory and adequate shelving and cabinets for storage.

(B) Storage and preparation of food and beverages shall not be permitted in the clean workroom.

(C) The facility may store clean linen supplies in the clean workroom if sufficient shelving, cabinets, or cart-parking space is provided.

(D) Minimum room area shall be 80 square feet, with a minimum length or width of six feet. Any facility constructed before February 15, 1977 shall not be required to meet the requirements of this paragraph.

(E) The facility may provide additional rooms for storage of clean materials or supplies. These additional rooms shall not be required to have a counter or hand-washing facilities.

(4) Soiled workroom. The facility shall provide a soiled workroom for the disposal of wastes, collection of contaminated material, and the cleaning and sanitizing of resident care utensils.

(A) The soiled workroom shall contain a flushing-rim clinic sink, a work counter, a two-compartment sink, a storage cabinet with a lock for sanitizing solutions and cleaning supplies used in the cleaning of resident care equipment, a covered waste receptacle, and a covered soiled linen receptacle. Any facility constructed before February 15, 1977 shall have a sink.

(B) Minimum room area shall be 80 square feet with a minimum length or width of six feet. Any facility constructed before February 15, 1977 shall not be required to comply with the requirements of this paragraph.

(C) The facility shall not store clean supplies, equipment, and materials in the soiled workroom.

(5) Clean linen storage. Clean linen storage shall be provided with adequate shelving, cabinets, or cart space, and may be located in the clean workroom required in paragraph (c)(3) of this regulation.

(6) Nourishment area.

(A) Each facility constructed after February 15, 1977 shall provide a nourishment area. The nourishment area shall contain the following:

(i) A sink equipped for hand washing;

(ii) equipment for serving nourishments between scheduled meals; and

(iii) a refrigerator and storage cabinets.

(B) The nourishment area may be located adjacent to the dietetic service area.

(C) One nourishment area may serve more than one nursing unit. When the nourishment area serves more than one nursing unit, the nourishment area shall be centrally located for easy access from each of the nursing areas served.

(7) Equipment storage room. Each facility constructed after February 15, 1977 shall provide an equipment storage room for the storage of resident care equipment.

(A) The room shall have a minimum space of 120 square feet plus one square foot for each resident bed in the nursing unit.

(B) If mechanical equipment or electrical panel boxes are located in the storage room, the facility shall provide additional space for access and servicing of the equipment.

(8) Wheelchair parking space. Each facility constructed after February 15, 1977 shall provide wheelchair parking space, which shall be out of the path of normal traffic. The space shall not be included in determining the minimum required corridor width.

(9) Resident bathing facilities. The facility shall provide resident bathing facilities at the rate of one for each 15 beds that are not otherwise serviced by bathing facilities within resident rooms. A mechanical bathing unit may be counted as two bathing facilities to meet this requirement.

(A) Bathing facilities shall be located in rooms or areas with access to a toilet and lavatory without entering the general corridor system.

(B) The toilet and lavatory shall be accessible to and usable by the physically disabled and may serve physically disabled visitors.

(C) The toilet enclosure shall be in a visually enclosed area for privacy in use.

(D) Bathing facilities on each nursing unit shall include at least one shower, and there shall be at least one mechanical bathing unit in the facility. Any facility constructed before the effective date of this regulation shall not be required to have a mechanical bathing unit.

(E) Each bathing facility shall be located within a visually enclosed area for privacy during bathing, drying, and dressing with space for an attendant and wheelchair. Any facility constructed before February 15, 1977 shall not be required to provide space for an attendant.

(F) Each shower shall be at least four feet by four feet without curbs and shall be designed to permit use by a resident in a wheelchair. Any facility constructed before February 15, 1977 shall be designed so that showers can be used by a resident in a wheelchair.

(G) The facility shall provide a cabinet with a lock in the bathing area for storage of supplies.

(10) Janitor's closet. The facility shall provide a janitor's closet with a floor receptor or service sink, hot and cold water, a shelf, and provisions for hanging mops. Any facility constructed before February 15, 1977 shall provide at least one janitor's closet in the facility with a floor receptor or service sink, and storage space for janitorial equipment and supplies.

(11) Drinking fountain. The facility shall provide at least one drinking fountain that is accessible to persons in wheelchairs. Any facility constructed before February 15, 1977 shall not be required to provide a drinking fountain.

(12) The facility shall provide a staff toilet room with toilet and lavatory. Any facility constructed before February 15, 1977 shall not be required to provide a staff toilet room.

(d) Living, dining, and recreation areas.

(1) The facility shall provide space for living, dining, assisted dining, and recreation at a rate of 27 square feet per resident. At least 14 square feet of this space shall be utilized for the dining area.

(2) Each facility constructed before February 15, 1977 shall provide space for living, dining, and recreation at a rate of 20 square feet per resident capacity of the facility. At least 10 square feet per resident shall be utilized as dining space.

(3) The facility shall provide window area for living and dining areas at a minimum of 10 percent gross floor area of the living and dining area. The window area requirement shall not be met by the use of skylights. Windowsill height shall not exceed three feet above the floor for at least ½ of the total window area. Any facility constructed before February 15, 1977 shall not be required to meet the provisions of this paragraph.

(e) Quiet room. Each facility shall provide a quiet room, with a minimum floor area of 80 square feet, unless each resident room in the facility is a one-bed room. Residents shall have access to the quiet room for reading, meditation, solitude, or privacy with family and other visitors. Any facility constructed before February 15, 1977 shall not be required to provide a quiet room.

(f) Examination room. Each facility shall provide an examination room, unless each resident room is a one-bed resident room.

(1) One examination room may serve more than one nursing unit.

(2) Room area shall be a minimum of 120 square feet with a minimum length and width of 10 feet.

(3) The room shall contain either a lavatory or counter and sink equipped for hand washing, an examination table, and a desk or shelf for writing.

(4) The examination room may be located in the rehabilitation therapy room and shall be equipped with cubicle curtains around the space and facilities listed in paragraphs (2) and (3) of this subsection.

(5) If the examination room is located in the rehabilitation therapy room, the facility shall provide additional space appropriate to the functional use of the area.

(6) Any facility constructed before February 15, 1977 shall not be required to provide an examination room.

(g) Rehabilitation therapy room. Each facility shall provide a room for the administration and implementation of rehabilitation therapy.

(1) The facility shall provide a lavatory and an enclosed storage area for therapeutic devices.

(2) Each facility with 60 or fewer beds shall provide a rehabilitation therapy room with a minimum of 200 square feet. Each facility with more than 60 beds shall provide 200 square feet plus two square feet for each additional bed over 60, to a maximum of 655 square feet.

(3) Each facility constructed before February 15, 1977 shall provide a rehabilitation therapy room. The facility shall provide a lavatory and an enclosed storage area for therapeutic devices.

(h) Activities room. Each facility shall provide an activities room or area for crafts and occupational therapy.

(1) The room shall contain a work counter with a sink equipped for hand washing.

(2) When a room is used for multiple purposes, there shall be sufficient space to accommodate all activities and prevent interference between activities.

(3) Each facility with 60 or fewer beds shall provide a room with a minimum of 200 square feet. Each facility with more than 60 beds shall provide 200 square feet plus two square feet for each additional bed over 60.

(4) The facility shall provide lockable cabinets for storage of supplies.

(5) Each facility constructed before February 15, 1977 shall provide an activities area with a work counter and storage cabinet. A hand-washing facility shall be accessible to residents who use this room or area.

(i) Personal care room. Each facility shall provide a separate room or area for hair care and grooming of residents.

(1) The facility shall provide at least one shampoo sink, space for one hair dryer and work space, and a lockable cabinet for supplies.

(2) Each facility shall provide a room with a size appropriate to the number of residents to be served. The facility shall exhaust room air to the outside.

(3) Each facility constructed before February 15, 1977 shall provide a separate room or area for hair care and grooming of residents. The facility shall provide at least one shampoo sink, space for one hair dryer, and work space.

(j) Administrative and public areas.

(1) Each facility constructed after February 15, 1977 shall provide the following administrative and public areas:

(A) An entrance at grade level to accommodate persons in wheelchairs;

(B) an entrance sheltered from the weather;

(C) a lobby with communication to the reception area or information desk;

(D) a toilet and lavatory accessible to and usable by a person in a wheelchair;

(E) at least one public toilet for each facility of 60 or fewer beds. Each facility of more than 60 beds shall provide at least two public toilets;

(F) a public telephone accessible to a person in a wheelchair;

(G) an administrator's office; and

(H) storage space for supplies and office equipment.

(2) Each facility constructed before February 15, 1977 shall provide the following administrative and public areas:

(A) An entrance at grade level able to accommodate persons in wheelchairs;

(B) one public toilet and lavatory;

(C) one toilet and lavatory accessible to by a person in a wheelchair;

(D) a public telephone accessible to a person in a wheelchair; and

(E) a general office for administration.

(k) General storage.

(1) The facility shall provide a general storage room or rooms concentrated in generally one area. The room or rooms shall have an area of no fewer than five square feet per bed.

(2) Each facility constructed before February 15, 1977 shall provide a general storage room or rooms.

(l) Outside storage. The facility shall provide a room that opens to the outside or that is located in a detached building for the storage of tools, supplies, and equipment used for yard and exterior maintenance.

(m) Dietary areas. The facility shall provide dietary service areas that are adequate in relation to the size of the facility. New construction, equipment, and installation shall comply with the standards specified in health, education, and welfare (HEW) 1976 publication no. FDA 78-2081, "food service sanitation manual," hereby adopted by reference. The facility shall design and equip food service facilities to meet the requirements of the residents. A facility shall provide the following elements in a size appropriate to the implementation of the type of food service system employed.

(1) There shall be a control station for receiving food supplies.

(2) There shall be a storage space for food for at least four days.

(3) There shall be food preparation facilities. Conventional food preparation systems shall include space and equipment for preparing, cooking, baking, and serving. Convenience food service systems, including frozen prepared meals, bulk-packaged entrees, individually packaged portions, or a system using contractual commissary services, shall include space and equipment for thawing, portioning, cooking, and baking.

(4) There shall be a two-compartment sink for food preparation. Each facility constructed before February 15, 1977 shall be required to have a sink for food preparation.

(5) There shall be a lavatory in the food preparation area.

(6) There shall be space for equipment for resident meal service, tray assembly, and distribution.

(7) There shall be a ware-washing area apart from and located to prevent contamination of food preparation and serving areas. The area shall include commercial-type dishwashing equipment. Space shall be provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the using area.

(8) There shall be a three-compartment deep sink for manual cleaning and sanitizing.

(9) Exhaust ventilation for the ware-washing room and dietary dry storage area shall conform to K.A.R. 28-39-162c, table 1.

(10) There shall be a sanitizing provision for cans, carts, and mobile tray conveyors in any facility constructed after February 15, 1977.

(11) There shall be a waste storage area in a separate room or an outside area that is readily accessible for direct pickup or disposal.

(12) There shall be office workspace for the dietitian or dietetic services supervisor.

(13) A staff toilet and lavatory shall be accessible to the dietary staff.

(14) Each facility constructed after February 15, 1977 shall contain a janitor's closet located within the dietary department, which shall contain a floor receptor or service sink, and storage space for housekeeping equipment and supplies.

(n) On-site laundry.

(1) If the laundry is to be processed on-site, each facility constructed after February 15, 1977 shall comply with the following provisions.

(A) Doors of the laundry rooms shall not open directly onto the nursing unit.

(B) There shall be a soiled laundry receiving, holding, and sorting room accessible from the service corridor or from the outside and furnished with containers with tight-fitting lids for soiled laundry.

(C) There shall be a laundry processing room with commercial-type equipment and with the capability to process laundry sufficient to meet the residents' needs at all times.

(D) The facility shall provide a lavatory in the processing area.

(E) There shall be a janitor's closet containing either a floor receptor or service sink and storage area for housekeeping equipment and supplies that opens into the laundry processing area.

(F) There shall be a clean laundry handling, storage, issuing, mending, and holding room with egress that does not require passing through the processing or soiled laundry room.

(G) The processing room, soiled laundry room, and clean laundry room shall be physically separate.

(H) The facility shall provide storage space for laundry supplies.

(I) Exhaust ventilation shall conform to K.A.R. 28-39-162c, table 1.

(2) If laundry services are provided on-site in facilities constructed before February 15, 1977, the facility shall comply with the following provisions.

(A) The facility shall provide a laundry processing room with space for receiving, holding, and sorting soiled laundry, and with equipment capable of processing seven days' laundry needs within a regularly scheduled work week. The facility shall keep the soiled and clean laundry functionally separate.

(B) The facility shall provide a space for holding soiled laundry that is exhausted to the outside.

(C) The facility shall provide hand-washing facilities within the laundry area.

(D) The facility shall provide clean laundry processing and storage rooms.

(3) If laundry is to be processed off-site, the following shall be provided:

(A) A soiled laundry holding room that is equipped with containers with tightly fitting lids and that is exhausted to the outside; and

(B) clean laundry receiving, holding, inspection, and storage rooms.

(o) Employees' service areas. Each facility constructed after February 15, 1977 shall provide locker rooms, lounges, toilets, or showers to accommodate the needs of all personnel and volunteers in addition to those required for certain departments.

(p) Janitor's closets. In addition to the janitor's closets required in paragraphs (c)(10) and (m)(1)(E), the facility shall provide sufficient janitor's closets throughout the facility to maintain a clean and sanitary environment.

(1) Each janitor's closet shall contain either a floor receptor or service sink and storage space for housekeeping equipment and supplies.

(2) Each facility constructed before February 15, 1977 shall have at least one janitor's closet.

(q) Engineering service and equipment areas. Each facility constructed after February 15, 1977 shall be equipped with the following areas:

(1) A maintenance office and shop;

(2) an equipment room or separate building for boilers, mechanical equipment, and electrical equipment; and

(3) a storage room for building maintenance supplies. The storage room may be a part of the maintenance shop in facilities of 120 or fewer beds.

(r) Waste processing services. The facility shall provide space and equipment for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, or removal, or by a combination of these techniques.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997; amended October 8, 1999.)

**PHYSICAL ENVIRONMENT, DETAILS AND FINISHES****28-39-162b. Nursing facility physical environment; details and finishes.**

## (a) Details.

(1) The door on any room containing a bathing facility or toilet shall be capable of being opened from the outside.

(2) The doors to each bathing and toileting room with direct access from a resident bedroom shall be capable of opening outward or shall be designed to allow ingress to the room without pushing against a resident who may have collapsed in the room.

(3) The minimum width of each door to rooms needing access for beds or stretchers shall be three feet eight inches.

(4) Each door to resident toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of three feet.

(5) Each door on any opening between corridors and spaces subject to occupancy, except elevator doors, shall be swing-type.

(6) A maximum of five percent of doors from resident bedrooms to the corridor may be "dutch door" cut for physician-prescribed control of disoriented residents. The doors shall meet the requirements for dutch doors prescribed by the national fire protection association, 101, "Life Safety Code" 1991 edition.

(7) The minimum width of each corridor in any resident use area shall be eight feet. The minimum clear width of each corridor in any service area shall be six feet.

(8) The facility shall provide an insect screen for each window and outer door which may be left in an open position. Each window shall be designed to prevent accidental falls when open or shall be equipped with a security screen.

(9) Doors shall not swing into corridors except doors to spaces such as small closets which are not subject to occupancy. Large walk-in closets shall be considered occupiable spaces.

(10) Each door, sidelight, borrowed light, and window in which the glazing is within 18 inches of the floor, thereby creating the possibility of accidental breakage by pedestrian traffic, shall be glazed with safety glass, wire glass, or plastic glazing material that will resist breaking and will not create dangerous cutting edges if broken. The facility shall provide similar materials in wall openings of recreation rooms and exercise rooms unless required otherwise for fire safety.

(11) The facility shall use safety glass or plastic glazing materials as described in paragraph (a)(10) of this regulation for shower doors and bath enclosures.

(12) The facility shall provide grab bars at all residents' toilets, showers, tubs, and sitz baths.

(A) The bars shall have 1 ½ inches clearance to walls and shall have sufficient strength and anchorage to sustain a concentrated load of 250 pounds.

(B) Ends of grab bars shall be returned to the wall at each termination.

(13) If soap dishes are provided in showers and bathrooms, they shall be recessed.

(14) The facility shall provide handrails on both sides of corridors used by residents.

(A) The facility shall provide a clear distance of 1 ½ inches between the handrail and the wall.

(B) Ends of handrails shall be returned to the wall at each termination.

(C) Handrails shall not be considered an obstruction in measuring the clear width of corridors.

(15) The facility shall provide enclosed single-issue paper towel dispensers or mechanical hand-drying devices at all lavatories.

(16) Ceiling heights in facilities constructed after February 15, 1977 shall meet the following requirements.

(A) Boiler rooms shall have ceiling clearances not less than two feet six inches above the main boiler header and connecting piping.

(B) Rooms containing ceiling-mounted equipment shall be of sufficient height to accommodate the proper functioning, repair, and servicing of the equipment.

(C) All other rooms shall have a ceiling height of not less than eight feet, except that corridors, storage rooms, toilet rooms, and other minor rooms shall not be less than seven feet eight inches in height. Suspended tracks, rails, and pipes located in the path of normal traffic shall not be less than six feet eight inches above the floor.

(17) Recreation rooms, exercise rooms, and similar spaces where impact noises may be generated shall not be located directly over resident bed areas, unless the facility makes special provisions to minimize these noises. This requirement shall not apply to facilities constructed before February 15, 1977.

(18) Rooms containing heat-producing equipment, such as boiler or heater rooms and laundries, shall be insulated and ventilated to prevent any floor surface above the area from exceeding a temperature of 10° F or 6° C above the ambient room temperature.

(19) Sound transmissions criteria for partitions, floors and ceiling construction in resident areas shall meet the requirements as prescribed in "Guidelines for Construction and Equipment of Hospitals and Medical Facilities," published in 1993 by the American institute of architects press, section 7.28, table 1. This requirement shall apply to each facility constructed after May 1, 1982.

(b) Finishes.

(1) Each facility constructed after February 15, 1977 shall have finishes which meet the following requirements.

(A) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. Floors in areas used for food preparation or food assembly shall be water-resistant and grease-proof.

(B) Joints in tile and similar material in food areas shall be resistant to food acids.

(C) In areas subject to frequent wet cleaning methods, floor materials shall not be physically affected by germicidal and cleaning solutions.

(D) Floors that are subject to traffic while wet, including showers and bath areas, kitchens and similar work areas, shall have a non-slip surface.

(E) Each wall base in kitchens, soiled workrooms, soiled utility rooms, janitor's closets, laundries, and resident bathrooms shall be made integral and shall be coved with the floor, tightly sealed, and constructed without voids that can harbor insects.

(F) Each wall finish shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant. Finish, trim, and wall and floor construction in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects.

(G) Floor, wall, and ceiling penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

(H) Each ceiling shall be easily cleanable. Each ceiling in the dietary, food preparation, and food storage areas shall be washable and shall have a finished ceiling covering all overhead pipes and duct work. Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces unless required for fire protection purposes.

(I) The facility shall provide sound absorbing materials for ceilings, for corridors in resident areas, nurses' stations, day rooms, recreation rooms, dining areas, and waiting areas.

(2) Each facility constructed before February 15, 1977 shall meet the following requirements.

(A) Each wall base in kitchens, soiled workrooms, and other areas which is frequently subject to wet cleaning methods shall be tightly sealed, and constructed without voids that can harbor insects.

(B) Each wall finish shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture-resistant. Finish, trim, wall, and floor construction in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects.

(C) Each floor and wall penetration by pipes, ducts, or conduits shall be tightly sealed to minimize entry of rodents and insects. Each joint of structural elements shall be similarly sealed.

(D) Each ceiling in the dietary, food preparation, and food storage areas shall be cleanable by dustless methods such as vacuum cleaning or wet cleaning. These areas shall not have exposed or unprotected sewer lines.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

**MECHANICAL AND ELECTRICAL REQUIREMENTS****28-39-162c. Nursing facility physical environment; mechanical and electrical requirements.**

(a) Freestanding buildings. Separate freestanding buildings housing the boiler plant, laundry, shops, or general storage may be of unprotected noncombustible construction, protected noncombustible construction, or fire-resistive construction.

(b) Elevators. Throwover capability for elevators shall be provided to allow temporary operation for release of persons trapped between floors.

(c) Inspections and tests. The individual or company installing mechanical equipment shall inspect and test the equipment, and, if applicable, the owner shall be furnished written certification that the installation meets the requirements set forth in K.A.R. 28-39-162c and all applicable safety regulations and codes.

(d) Mechanical requirements. The facility shall meet mechanical requirements that ensure the safety, comfort, and convenience of residents and other occupants.

(1) Each facility constructed or modified on or before May 1, 1982 shall meet the following requirements:

(A) All mechanical systems shall be tested, balanced, and operated to demonstrate to the owner or representative of the owner that the installation and performance of the systems conform to the requirements of the plans and specifications before completion and acceptance by the facility.

(B) Upon completion of the contract, the owner shall have a complete set of manufacturer's operating, maintenance, and preventive maintenance instructions, parts list with numbers, and a description for each piece of equipment.

(C) The owner shall have complete instructions in the use of systems and equipment.

(2) Any facility constructed or modified before May 1, 1982 shall not be required to provide evidence of testing and documentation of mechanical equipment installed before May 1, 1982.

(e) Thermal and acoustical insulation.

(1) Each facility constructed after February 15, 1982 shall provide thermal or acoustical insulation for the following within the building:

(A) Boilers, smoke breeching, and stacks;

(B) steam supply and condensate return piping;

(C) piping for water 120° F or above, and all hot water heaters, generators, and converters;

(D) chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point;

(E) water supply and drainage piping on which condensation may occur; and

(F) air ducts and casing with outside surface temperatures below ambient dew point.

(2) Insulation may be omitted from hot water and steam condensate piping not subject to contact by residents.

(3) Linings in air ducts and equipment in facilities constructed after February 15, 1977 shall meet erosion test methods prescribed in underwriters laboratories publication no. 181, "factory-made air ducts and air connectors," as published on April 6, 1990, and hereby adopted by reference.

(4) Each facility constructed before May 1, 1982 shall provide thermal insulation on all ducts, pipes, and equipment having outside surface temperatures below ambient dew point when in use and shall include an exterior vapor barrier.

(A) The facility shall install insulation on all hot water and steam condensate piping that is subject to contact by residents.

(B) Insulation on cold surfaces shall include an exterior vapor barrier.

(f) Steam and hot water systems.

(1) Each boiler shall have the capacity to supply the normal requirements of all systems and equipment based upon the net ratings established in "I = B = R ratings for boilers, baseboard radiation and finned tube (commercial) radiation," as published on January 1, 1992, by the hydronics institute and hereby adopted by reference.

(2) The number and arrangement of boilers shall ensure that when one boiler breaks down or routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the remaining boiler or boilers shall be at least 70 percent of the total required capacity, except that in areas with a design temperature of 20° F or more, the remaining boiler or boilers shall not be required to include boiler capacity for space heating.

(3) Boiler feed pumps, heating circulating pumps, condensate return pumps, and fuel oil pumps shall be connected and installed to provide normal and standby service.

(4) Supply and return mains of cooling, heating, and process systems shall be valved as required to isolate major sections of each system. Pieces of equipment shall be provided with isolation valves to allow removal of equipment without interfering with the operation of the remainder of the system.

(5) Any facility constructed before February 15, 1977 shall not be required to comply with K.A.R. 28-39-162c subsection (e).

(g) Heating, air-conditioning, and ventilation systems.

(1) Heating, air-conditioning, and ventilation system design specifications for facilities constructed after February 15, 1977 shall be as follows:

(A) The system shall be designed to maintain a year-round indoor temperature range in resident care areas of 70° F to 85° F. The winter outside design temperature of the facility shall be -10° F dry bulb, and the summer outside design temperature of the facility shall be 100° F dry bulb.

(B) All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in Table 1 shall be the minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates. The system shall meet the following requirements:

(i) Outdoor air intakes shall be located as far as practical and no fewer than 25 feet from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vent stacks, or from areas that may collect vehicular exhaust or other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical, and no fewer than six feet above ground level or, if installed above the roof, no fewer than three feet above roof level.

(ii) The ventilation system shall be designed to provide the pressure relationship shown in Table 1.

(iii) The bottoms of ventilation openings shall be no fewer than three inches above the floor of any room.

(iv) Corridors shall not be used to supply air to, or exhaust air from any room, except that air from corridors may be used to ventilate bathrooms, toilet rooms, janitors' closets, and small electrical or telephone closets opening directly onto corridors.

(v) All central ventilation or air-conditioning systems shall be equipped with filters having minimum efficiencies of 25 percent. All filter efficiencies shall be average dust spot efficiencies tested in accordance with the American society of heating, refrigeration, and air-conditioning engineers (ASHRAE) standard 52-76, as in effect on July 1, 1981, and hereby adopted by reference. Filter frames shall be durable and carefully dimensioned and shall provide an air-tight fit with the enclosing ductwork. All joints between filter segments and the enclosing ductwork shall be gasketed or sealed to provide a positive seal against air leakage.

(vi) Air-handling duct systems shall meet the requirements of the national fire protection association (NFPA) standard 90 A, as in effect on February 12, 1993, and is hereby adopted by reference.

(vii) Fire and smoke dampers shall be constructed, located, and installed in accordance with the requirements of national fire protection association (NFPA) standard 90 A, as in effect on February 12, 1993, except that all systems, regardless of size, that serve more than one smoke or fire zone, shall be equipped with smoke detectors that shut down fans automatically as delineated in paragraph 4-4.3 of that standard. Access for maintenance shall be provided at all dampers. Supply and exhaust ducts that pass through a required smoke barrier and through which smoke can be transferred to another area shall be provided with dampers at the barrier, controlled to close automatically to prevent the flow of air or smoke in either direction when the fan that moves the air through the duct stops. Dampers shall be equipped with remote control reset devices, except that manual reopening shall be permitted if dampers are conveniently located.

(viii) A return air duct that passes through a required smoke barrier shall be provided with a damper at the barrier that is actuated by a detector of smoke or products of combustion other than heat. The damper shall also be operated by detectors used to activate door-closing devices in the smoke partition or by detectors located to sense smoke in the return air duct from the smoke zone.

(ix) Exhaust hoods in food preparation areas shall have a minimum exhaust rate of 50 cfm per square foot of face area. The face area shall be the open area from the exposed perimeter of the hood to the average perimeter of the cooking surfaces. Hoods over cooking ranges shall be equipped with baffled grease filters and fire-extinguishing systems. Clean-out openings shall be provided every 20 or fewer feet in horizontal exhaust duct systems serving these hoods.

(C) Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperatures in working stations to not more than 97° F effective temperature (E.T.).

(D) Air-handling units shall be located to permit access for service and filter maintenance. Mechanically operated air-handling units shall not be located in attics, interstitial space above ceilings, or other difficult access areas.

(2) Heating, air-conditioning, and ventilating systems in facilities constructed before February 15, 1977 shall meet the following requirements:

(A) The system shall be designed to maintain a year-round indoor temperature range in resident care areas of 70° F to 85° F. The winter outside design temperature of the facility shall be -10° F dry bulb, and the summer outside design temperature of the facility shall be 100° F dry bulb.

(B) Insulation shall be installed on all hot water and steam condensate piping that is subject to contact by residents.

(C) The ventilation system shall be designed to provide the pressure relationship shown in table 1.

(h) Plumbing and piping systems.

(1) Plumbing and piping systems in facilities constructed after February 15, 1977 shall meet the following requirements:

(A) The material used for plumbing fixtures shall be of non-absorptive, acid-resistant material.

(B) The water supply spout for lavatories and sinks required in resident care areas shall be mounted so that the discharge point is a minimum distance of five inches above the rim of the fixture.

(C) The water supply spout for lavatories and sinks used by medical and nursing staff shall be trimmed with a valve that can be operated without the use of hands. If blade handles are used, the blades shall not exceed six inches on clinical sinks and 4½ inches in all other areas. This requirement shall not apply to lavatories in resident bedrooms and toilet rooms.

(D) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.

(E) The facility shall provide nonslip surfaces in all shower bases and tubs.

(F) Water supply systems shall meet the following requirements:

(i) Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

(ii) Water service mains, branch mains, risers, and branches to groups of fixtures shall be valved. Stop valves shall be provided at fixtures.

(iii) Backflow prevention devices or vacuum breakers shall be installed on hose bibbs, janitors' sinks, and bedpan flushing attachments, and on fixtures to which hoses or tubing can be attached.

(iv) Flush valves installed on plumbing fixtures shall be of a quiet operating type and shall be equipped with silencers.

(v) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. A maximum variation of 98° F to 120° F shall be acceptable at bathing facilities and lavatories in resident use areas.

(G) Hot water heating equipment shall have sufficient capacity to supply hot water at temperatures and amounts indicated below. Water temperature shall be measured at the hot water point of use or at the inlet to processing equipment.

	Clinical	Dietary	Laundry
Temperature (°F)	120 (Maximum)	120 (Minimum)	120(Minimum)

(H) Building sewers shall discharge into a community sewerage system or a sewerage system having a permit from the department of health and environment.

(2) Each facility constructed before February 15, 1977 shall comply with the requirements found in paragraphs (h)(1)(E), (F), and (G) of this regulation.

(i) Electrical requirements. Each facility shall meet electrical requirements that ensure the safety, comfort, and convenience of residents and other occupants.

(1) Each facility constructed after February 15, 1977 shall comply with the following requirements:

(A) The facility shall install all materials, including equipment, conductors, controls, and signaling devices, to provide a complete electrical system with the characteristics and capacity to supply electricity to the electrical equipment shown in the specifications or indicated on the plans. All materials shall be listed as complying with available standards of underwriters laboratories, inc. or other nationally recognized testing laboratories.

(B) Switchboards and power panels.

(i) Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly.

(ii) The main switchboard shall be located in a separate enclosure.

(iii) Switchboards, power panels, safety switches, panelboards, and other electrical distribution equipment shall be located in spaces accessible only to facility-authorized persons, or shall have locking fronts.

(iv) Switchboards shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in dry ventilated space, free of corrosive fumes or gases.

(v) Overload protective devices shall be suitable for operating properly in ambient temperature conditions.

(C) Panelboards. Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement shall not apply to emergency system circuits.

(D) Lighting.

(i) Each space occupied by persons, machinery, equipment within the buildings, and approaches to buildings and parking lots shall have lighting.

(ii) Resident rooms shall have general lighting and night lighting. The facility shall provide a reading light for each resident. At least one light fixture for night lighting shall be switched at the entrance to each resident's room. All switches for control of lighting in resident areas shall be of the quiet operating type.

(iii) Minimum lighting intensity levels shall be those levels required in Table 2.

(iv) Portable lamps shall not be an acceptable light source except as specifically permitted in Table 2.

(v) Each corridor and stairway shall remain lighted at all times.

(vi) The facility shall equip each light located in an area accessible to a resident with a shade, globe, grid, or glass panel.

(E) Receptacles.

(i) Each resident bedroom shall have at least one duplex-grounding type receptacle on each side of the head of each bed and another duplex-grounding type receptacle on another wall. A television convenience outlet shall be located on at least one wall.

(ii) Duplex receptacles for general use shall be installed approximately 50 feet apart in all corridors and a maximum of 25 feet from the ends of corridors.

(F) Equipment installation in hydrotherapy areas. The electrical circuit or circuits to fixed or portable equipment in hydrotherapy units shall have five milliampere ground-fault interrupters.

(2) Each facility constructed before February 15, 1977 shall meet the following electrical requirements:

(A) Each space occupied by persons, machinery, and equipment within the buildings, each approach to buildings, and each parking lot shall have lighting.

(B) Resident bedrooms shall have general lighting and night lighting. The facility shall provide a reading light for each resident.

(C) Minimum lighting intensity levels shall be those levels required in Table 2.

(D) Portable lamps shall not be an acceptable light source except as specifically permitted in Table 2.

(E) Each corridor and stairway shall remain lighted at all times.

(F) Each light located in an area accessible to a resident shall be equipped with a shade, globe, grid, or glass panel.

(G) Resident rooms shall have at least one duplex-grounding type receptacle.

(H) The electrical circuit or circuits to fixed or portable equipment in hydrotherapy units shall be provided with five milliampere ground-fault interrupters.

(j) Emergency power. An emergency electrical power system shall supply power adequate for the following:

(1) Lighting all emergency entrances and exits, exit signs, and exit directional lights;

(2) equipment to maintain the fire detection, fire alarm, and fire extinguishing systems;

(3) exterior door monitors;

(4) life support systems in the event that the normal electrical supply is interrupted.

When life support systems are used, the facility shall provide emergency electrical power with an emergency generator as defined in national fire protection association (NFPA) 99, standard for health care facilities, as in effect on February 12, 1993, that is located on the premises;

(5) a resident call system;

(6) a fire pump, if installed;

(7) general illumination and selected receptacles in the vicinity of the generator set; and

(8) a paging or speaker system if the system is intended for communication during an emergency.

(9) Facilities constructed before February 15, 1977 shall not be required to provide emergency electrical power to the resident call system.

(k) Space and equipment. The facility shall provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by these regulations and as identified in each resident's plan of care.

(l) The facility shall install an electrical monitoring system on any door that is accessible to residents and that meets one of the following criteria:

(A) The door opens to the exterior of the building.

(B) The door opens into an area of the building licensed as an assisted living or a residential health care facility.

(C) The door opens into an area of the building that is not licensed.

(2) An electrical monitoring system shall not be required at a door that opens into an assisted living or residential health care facility when all doors to the exterior of the building are equipped with a monitoring system meeting the requirements specified in paragraph (m) (3).

(3) The electrical monitoring system shall meet the following provisions:

(A) Alerts personnel that a monitored door has been opened; and

(B) remains activated until manually reset by facility staff.

(4) The monitoring system may be operated to permit total or selective disabling during daylight hours when there is visual control of the door by facility staff.

(5) The electrical monitoring system selected shall be designed to prevent residents who wander from leaving the building without awareness of the staff.

(m) Any ice dispenser accessible to residents shall dispense ice directly into a container.

(n) Preventive maintenance program.

(1) The facility shall implement a preventive maintenance program to ensure all of the following:

(A) Electrical and mechanical equipment is maintained in good operating condition.

(B) The interior and exterior of the building are safe, clean, and orderly.

(C) Resident care equipment is maintained in a safe, operating, and sanitary condition.

(p) Building and equipment supplies shall be stored in areas not accessible to residents.

(q) Housekeeping services.

(1) The facility shall provide housekeeping services to maintain a safe, sanitary, and comfortable environment for residents and to help prevent the development or transmission of infections.

(2) The facility shall be kept free of insects, rodents, and vermin.

(3) The grounds shall be free from accumulation of rubbish and other health or safety hazards.

(4) Wastebaskets shall be located at all lavatories.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997; amended October 8, 1999.)

**Table 1**

**Pressure Relationships and Ventilation of Certain Areas**

**Long-Term Care Facilities**

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour Supplied to Room		Minimum Total Air Changes Per Hour Supplied to Room	All Air Exhausted Directly to Outdoors		Recirculated Within Room Units
		2	Optional		Yes	Optional	
Resident Room	Equal	2	Optional	2	Optional	Optional	Optional
Resident Area Corridor	Equal	Optional		2	Optional	Optional	Optional
Examination and Treatment Room	Equal	2		6	Optional	Optional	Optional
Physical Therapy	Negative	2		6	Optional	Optional	Optional
Activities Room	Negative	2		6	Optional	Optional	Optional
Soiled Workroom	Negative	2		10	Yes	Yes	No
Medicine Preparation and Clean Workroom	Positive	2		4	Optional	Optional	Optional
Toilet Room	Negative	Optional		10	Yes	No	No
Bathroom	Negative	Optional		10	Yes	No	No
Janitors' Closets	Negative	Optional		10	Yes	No	No
Linen and Trash Chute Rooms	Negative	Optional		10	Yes	No	No
Food Preparation Center	Equal	2		10	Yes	No	No
Warewashing Room	Negative	Optional		10	Yes	No	No
Dietary Dry Storage	Equal	Optional		2	Yes	No	No
Laundry, Processing Room	Equal	2		10	Yes	No	No
Soiled Linen Sorting and Storage	Negative	Optional		10	Yes	No	No
Clean Linen Storage	Positive	Optional		2	Optional	Optional	Optional
Personal Care Room	Negative	2		6	Yes	No	No
Designated Smoking Area	Negative	Optional		20	Yes	Yes	No

## ARTIFICIAL LIGHT REQUIREMENTS

**Table 2**

Place	Light Measured in Foot-Candles	Where Measured
Kitchen and other food preparation and serving areas	70	Counter level
Dining Room	25	Table level
Living room and/or recreation room General	15	Three feet above floor
Reading and other specialized areas (may be portable lamp)	90	Chair or table level
Nurse's station and office		
General	20	Three feet above floor
Desk and charts	50	Desk level
Clean workroom	30	Counter level
Medication room	100	Counter level
General bath and showers	30	Three feet above floor
Resident's room		
General	10	Three feet above floor
Bed	30	Mattress top level, at bed wall to 3'-0" out from bed wall
Laundry	30	Three feet above floor
Janitor's closet	15	Three feet above floor
Storage room		
General	5	Three feet above floor
Disinfectant or cleaning agent storage area	15	Three feet above floor
Corridors	10	Floor level
Stairways	20	Step level
Exists	5	Floor level
Heating plant space	5	Floor level

**ADMINISTRATION****28-39-163. Administration.**

Each nursing facility shall be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

(a) Governing body.

(1) Each facility shall have a governing body or shall designate a group of people to function as a governing body. The governing body shall be legally responsible for establishing and implementing policies regarding the management and operation of the facility.

(2) The governing body shall appoint an administrator who meets the following criteria:

(A) Is licensed by the state; and

(B) has full authority and responsibility for the operation of the facility and compliance with licensing requirements.

(3) The licensee shall adopt a written position description for the administrator that includes responsibility for the following:

(A) Planning, organizing, and directing the operation of the facility;

(B) implementing operational policies and procedures for the facility; and

(C) authorizing, in writing, a responsible employee 18 years old or older to act on the administrator's behalf in the administrator's absence.

(4) Each facility may request approval from the department for an administrator to supervise more than one nursing facility. Each request shall be submitted, in writing, by the governing bodies of the facilities on a form approved by the department. Each facility shall meet all of the following conditions:

(A) The facilities are in a proximate location that would facilitate on-site supervision daily, if needed.

(B) The combined resident capacity does not exceed 120 residents.

(C) The administrator appointed to operate the facilities has had at least two years of experience as an administrator of a nursing facility and has demonstrated the ability to assure the health and safety of residents.

(D) When a change in administrator occurs, the facilities submit the credentials of the proposed new administrator for approval by the department.

(b) Policies and procedures.

(1) Each licensee shall adopt and enforce written policies and procedures to ensure all of the following:

(A) Each resident attains or maintains the highest practicable physical, mental, and psychosocial well-being.

(B) Each resident is protected from abuse, neglect, and exploitation.

(C) The rights of residents are proactively assured.

(2) The facility shall revise all policies and procedures as necessary and shall review all policies and procedures at least annually.

(3) Policies and procedures shall be available to staff at all times. Policies and procedures shall be available, on request, to any person during normal business hours. The facility shall post a notice of availability in a readily accessible place for residents.

(c) Power of attorney and guardianship. Anyone employed by or having a financial interest in the facility, unless the person is related by marriage or blood within the second degree to the resident, shall not accept a power of attorney, a durable power of attorney for health care decisions, guardianship, or conservatorship.

(d) Reports. Each administrator shall submit to the licensing agency, not later than 10 days following the period covered a semiannual report of residents and employees. The administrator shall submit the report on forms provided by the licensing agency. The administrator shall submit any other reports as required by the licensing agency.

(e) Telephone. The facility shall maintain at least one non-coin-operated telephone accessible to residents and employees on each nursing unit for use in emergencies. The facility shall post adjacent to this telephone the names and telephone numbers of persons or places commonly required in emergencies.

(f) Smoking. If smoking is permitted, there shall be designated smoking areas.

(1) The designated areas shall not infringe on the rights of nonsmokers to reside in a smoke-free environment.

(2) The facility shall provide areas designated as smoking areas both inside and outside the building.

(g) Staff development and personnel policies. The facility shall provide regular performance review and in-service education of all employees to ensure that the services and procedures assist residents to attain and maintain their highest practicable level of physical, mental, and psychosocial functioning.

(1) The facility shall regularly conduct and document an orientation program for all new employees.

(2) Orientation of direct care staff shall include review of the facility's policies and procedures and evaluation of the competency of the direct care staff to perform assigned procedures safely and competently.

(3) The facility shall provide regular, planned in-service education for all staff.

(A) The in-service program shall provide all employees with training in fire prevention and safety, disaster procedures, accident prevention, resident rights, psychosocial needs of residents, and infection control.

(B) The facility shall provide direct care staff with in-service education in techniques that assist residents to function at their highest practicable physical, mental, and psychosocial level.

(C) Direct care staff shall participate in at least 12 hours of in-service education each year. All other staff shall participate in at least eight hours of in-service education each year.

(D) The facility shall maintain documentation of in-service education offerings. Documentation shall include a content outline, resume of the presenter, and record of staff in attendance.

(E) The facility shall record attendance at in-service education in the employee record of each staff member.

(h) Professional staff qualifications.

(1) The facility shall employ on a full-time, part-time, or consultant basis any professionals necessary to carry out the requirements of these regulations.

(2) The facility shall document evidence of licensure, certification, or registration of full-time, part-time, and consultant professional staff in employee records.

(3) The facility shall perform a health screening, including tuberculosis testing, on each employee before employment or not later than seven days after employment.

(i) Use of outside resources. Arrangements or agreements pertaining to services furnished by outside resources shall specify in writing that the facility assumes responsibility for the following:

(1) Obtaining services that meet professional standards and principles that apply to professionals providing services; and

(2) assuring the timeliness of the services.

(j) Medical director.

- (1) The facility shall designate a physician to serve as medical director.
- (2) The medical director shall be responsible for the following:
  - (A) Implementation of resident care policies reflecting accepted standards of practice;
  - (B) coordination of medical care in the facility; and
  - (C) provision of consultation to the facility staff on issues related to the medical care of residents.

(k) Laboratory services. The facility shall provide or obtain clinical laboratory services to meet the needs of its residents. The facility shall be responsible for the quality and timeliness of the services.

(1) If the facility provides its own clinical laboratory services, it shall meet all of the following requirements:

(A) The services shall meet applicable statutory and regulatory requirements for a clinical laboratory.

(B) The facility staff shall follow manufacturer's instructions for performance of the test.

(C) The facility shall maintain a record of all controls performed and all results of tests performed on residents.

(D) The facility shall ensure that staff who perform laboratory tests do so in a competent and accurate manner.

(2) If the facility does not provide the laboratory services needed by its residents, the facility shall have written arrangements for obtaining these services from a laboratory as required in 42 CFR 483.75(j), as published on October 1, 1993, and hereby adopted by reference.

(3) All laboratory services shall be provided only on the order of a physician.

(4) The facility shall ensure that the physician ordering the laboratory service is notified promptly of the findings.

(5) The facility shall ensure that the signed and dated clinical reports of the laboratory findings are documented in each resident's clinical record.

(6) The facility shall assist the resident, if necessary, in arranging transportation to and from the source of laboratory services.

(l) Radiology and other diagnostic services. The facility shall provide or obtain radiology and other diagnostic services to meet the needs of its residents.

(1) If the facility provides its own radiology and diagnostic services, the services shall meet applicable statutory and regulatory requirements for radiology and other diagnostic services.

(2) If the facility does not provide the radiology and diagnostic services needed by its residents, the facility shall have written arrangements for obtaining these services from a licensed provider or supplier.

(3) All radiology and diagnostic services shall be provided only on the order of a physician.

(4) The facility shall ensure that the physician ordering the radiology or diagnostic services is notified promptly of the findings.

(5) The facility shall document signed and dated clinical reports of the radiological or diagnostic findings in the resident's clinical record.

(6) The facility shall assist the resident, if necessary, in arranging transportation to and from the source of radiology or diagnostic services.

(m) Clinical records.

(1) The facility shall maintain clinical records on each resident in accordance with accepted professional standards and practices. The records shall meet the following criteria:

(A) Be complete;

(B) be accurately documented; and

(C) be systematically organized.

(2) Clinical records shall be retained according to the following schedule:

(A) At least five years following the discharge or death of a resident; or

(B) for a minor, five years after the resident reaches 18 years of age.

(3) Resident records shall be the property of the facility.

(4) The facility shall keep confidential all information in the resident's records, regardless of the form or storage method of the records, except when release is required by any of the following:

(A) Transfer to another health care institution;

(B) law;

(C) third party payment contract;

(D) the resident or legal representative; or

(E) in the case of a deceased resident, the executor of the resident's estate, or the resident's spouse, adult child, parent, or adult brother or sister.

(5) The facility shall safeguard clinical record information against loss, destruction, fire, theft, and unauthorized use.

(6) The clinical record shall contain the following:

(A) Sufficient information to identify the resident;

(B) a record of the resident's assessments;

(C) admission information;

(D) the plan of care and services provided;

(E) a discharge summary or report from the attending physician and a transfer form after a resident is hospitalized or transferred from another health care institution;

(F) physician's orders;

(G) medical history;

(H) reports of treatments and services provided by facility staff and consultants;

(I) records of drugs, biologicals, and treatments administered; and

(J) documentation of all incidents, symptoms, and other indications of illness or injury, including the date, the time of occurrence, the action taken, and the results of action.

(7) The physician shall sign all documentation entered or directed to be entered in the clinical record by the physician.

(8) Documentation by direct care staff shall meet the following criteria:

(A) List drugs, biologicals, and treatments administered to each resident;

(B) be an accurate and functional representation of the actual experience of the resident in the facility;

(C) be written in chronological order and signed and dated by the staff person making the entry;

(D) include the resident's response to changes in condition with follow-up documentation describing the resident's response to the interventions provided;

(E) not include erasures or use of white-out. Each error shall be lined through and the word "error" added. The staff person making the correction shall sign and date the error. An entry shall not be recopied; and

(F) in the case of computerized resident records, include a system to ensure that when an error in documentation occurs, the original entry is maintained, and the person making the correction enters the date and that person's electronic signature in the record.

(9) Clinical record staff.

(A) The facility shall assign overall supervisory responsibility for maintaining the residents' clinical records to a specific staff person.

(B) The facility shall maintain clinical records in a manner consistent with current standards of practice.

(C) If the clinical record supervisor is not a qualified medical record practitioner, the facility shall provide consultation through a written agreement with a qualified medical record practitioner.

(n) Disaster and emergency preparedness.

(1) The facility shall have a detailed written emergency management plan to meet potential emergencies and disasters, including, fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, and missing residents.

(2) The plan shall be coordinated with area governmental agencies.

(3) The plan shall include written agreements with agencies that will provide needed services, including providing a fresh water supply, evacuation site, and transportation of residents to an evacuation site.

(4) The facility shall ensure disaster and emergency preparedness by the following means:

(A) Orienting new employees at the time of employment to the facility's emergency management plan;

(B) periodically reviewing the plan with employees; and

(C) annually carrying out a tornado or disaster drill with staff and residents.

(5) The emergency management plan shall be available to staff, residents, and visitors.

(o) Transfer agreement. The facility shall have in effect a written transfer agreement with one or more hospitals that reasonably assures both of the following:

(1) Residents will be transferred from the facility to the hospital, and timely admitted to the hospital, when transfer is medically appropriate, as determined by the attending physician.

(2) Medical and other information needed for care and treatment of residents will be exchanged between the institutions.

(p) Quality assessment and assurance.

(1) The facility shall maintain a quality assessment and assurance committee consisting of these individuals:

(A) The director of nursing services;

(B) a physician designated by the facility; and

(C) at least three other members of the facility's staff.

(2) The quality assessment and assurance committee shall perform the following:

(A) Meet at least quarterly to identify issues with respect to what quality assessment and assurance activities are necessary; and

(B) develop and implement appropriate plans of action to correct identified quality deficiencies and prevent potential quality deficiencies.

(Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997; amended October 8, 1999)