

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

CHAPTER 106

HEALTH CARE FACILITIES

Subchapter 3

Construction and Minimum Standards for All Health Care Facilities

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Construction and Minimum Standards for All Health Care Facilities

37.106.301 DEFINITIONS

The following definitions apply in this subchapter:

- (1) "Administrator" means the individual responsible for the day-to-day operation of a hospital, skilled or intermediate care facility. This individual may also be known as, but not limited to, "chief executive officer", "executive director", or "president".
- (2) "Adult day care center" means a facility as defined in 50-5-101(2), MCA, but does not include day habilitation programs for the developmentally disabled and handicapped or a program offered by a church or senior citizens organization for purposes other than provision of custodial care necessary to meet daily living needs.
- (3) "Communicable disease" means an illness due or suspected to be due to a specific infectious agent or its toxic products, which results from transmission of that agent or its products to a susceptible host directly or indirectly, and includes a dangerous communicable disease.

- (4) "Coronary care unit" means an area within the hospital where there is a concentration of physicians, nurses, and other staff who have special skills and experience in providing care for critically ill cardiac patients.
- (5) "Diagnostic" means the art, science or method of distinguishing signs or symptoms of a diseased condition.
- (6) "Hospitalization" means being hospitalized or admitted to a hospital.
- (7) "Hospital record" means written records of admissions, discharges, total patient days, register of operations performed and outpatients treated.
- (8) "Inpatient" means a patient lodged and fed in a facility while receiving treatment.
- (9) "Intensive care unit" means an area within the hospital where there is a concentration of physicians, nurses, and other staff who have specialized skills and experience in providing care for critically ill medical and surgical patients.
- (10) "Manager" means the individual responsible for the day-to-day operation of a health care facility, excluding a hospital, skilled or intermediate care facility.
- (11) "Medical record" means a written document which is complete, current and contains sufficient information for planning a patient's or resident's care, reviewing and evaluating care rendered, evaluating a patient's or resident's condition, and for providing a means of communication among all persons providing care.
- (12) "Obstetrical service" means an area within the hospital which provides care for a maternity patient including but not limited to labor, delivery and postpartum care.
- (13) "Outpatient" means a person receiving health care services and treatment at a facility without being admitted as an inpatient to the facility.
- (14) "Supervise" means to oversee and direct staff by being present in the health care facility.

(History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-101, 50-5-103, 50-5-104, 50-5-105, 50-5-106, 50-5-107, 50-5-108, 50-5-109, 50-5-201, 50-5-202, 50-5-203, 50-5-204, 50-5-207, 50-5-208, 50-5-210, 50-5-211, 50-5-212, 50-5-221, 50-5-225, 50-5-226, 50-5-227, 50-5-228, 50-5-229, 50-5-230 and 50-5-231, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; AMD, 1984 MAR p. 973, Eff. 6/29/84; TRANS, from DHES, 2002 MAR p. 185.)

**37.106.302 MINIMUM STANDARDS OF CONSTRUCTION FOR A  
LICENSED HEALTH CARE FACILITY: ADDITION, ALTERATION, OR NEW  
CONSTRUCTION: GENERAL REQUIREMENTS**

- (1) Except as may otherwise be provided in (2) of this rule, a health care facility and the construction of, alteration, or addition to a facility shall comply with:
  - (a) all standards set forth in:
    - (i) the 2001 Guidelines for Design and Construction of Hospitals and Health Care Facilities and NFPA 101, "Life Safety Code", 2000 edition, except that a facility already licensed under an earlier edition of the "Life Safety Code" published by the national fire protection association, is not required to comply with later editions of the "Life Safety Code". Copies of the cited editions are available at the Department of Public Health and Human Services, Quality Assurance Division, 2401 Colonial Drive, P.O. Box 202953, Helena, MT, 59620-2953.
    - (ii) the 1992 "American National Standards Institute A117.1".
  - (b) the water supply system requirements of ARM 37.111.115;
  - (c) the sewage system requirements of ARM 37.111.116.

(2) A personal care facility, chemical dependency treatment center, or a free-standing adult day care center:

(a) must meet all applicable building and fire codes and be approved by the officer having jurisdiction to determine if the building codes are met by the facility and by the state fire marshal or his designee;

(b) meet the water and sewer system requirements in (1)(b) and (c) above.

(3) A patient or resident may not be admitted, housed, treated, or cared for in an addition or altered area until inspected and approved, or in new construction until licensed.

(4) The department hereby adopts and incorporates by reference:

(a) The 2001 Guidelines for Design and Construction of Hospital and Health Care Facilities which set forth minimum construction and equipment requirements deemed necessary by the state department of public health and human services to ensure health care facilities can be efficiently maintained and operated to furnish adequate care.

(b) NFPA 101, "Life Safety Code 2000 edition", published by the national fire protection association, which sets forth construction and operation requirements designed to protect against fire hazards.

(c) ARM 37.111.115, which sets forth requirements for construction and maintenance of water supply systems, including supplies of ice.

(d) ARM 37.111.116, which sets forth requirements for construction and maintenance of sewage systems.

(e) The 1992 "American National Standards Institute A117.1", which sets forth standards for buildings and facilities, providing accessibility and usability for physically handicapped individuals.

(f) Copies of the materials cited above are available at the Department of Public Health and Human Services, Quality Assurance Division, 2401 Colonial Drive, P.O. Box 202953, Helena, MT 59620-2953.

(History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, 50-5-201 and 50-5-204, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; AMD, 1984 MAR p. 929, Eff. 6/15/84; AMD, 1984 MAR p. 1090, Eff. 7/27/84; AMD, 1993 MAR p. 1658, Eff. 7/30/93; AMD, 1995 MAR p. 283, Eff. 2/24/95; AMD, 1997 MAR p. 1993, Eff. 11/4/97; AMD, 2001 MAR p. 1105, Eff. 6/21/01; TRANS & AMD, 2002 MAR p. 192, Eff. 2/1/02; AMD, 2003 MAR p. 1321, Eff. 7/1/03.)

Rules 03 through 05 reserved

#### **37.106.306 SUBMISSION OF PLANS AND SPECIFICATIONS: A NEW INSTITUTIONAL HEALTH SERVICE: ALTERATION OR ADDITION TO A HEALTH CARE FACILITY**

(1) A person who contemplates construction of a new institutional health service and has been issued a certificate of need pursuant to Title 50, chapter 5, part 3, MCA, and ARM Title 37, chapter 106, subchapter 1 shall submit plans and specifications to the department for preliminary inspection and approval prior to commencing construction and shall comply with the following procedures.

(a) At least nine months prior to the time a person commences construction, he shall submit a program and schematic plans to the department. This is a maximum time limit. A person may submit a program and schematic plans as soon as he desires after he receives a certificate of need.

(i) The program must include the following:

(A) a narrative description of the rooms or spaces to be included in each department, explaining the functions or services to be provided in each, indicating the size, the number of personnel and the kind of equipment or furniture it will contain;

(B) for inpatient facilities, a schedule showing total number of beds and number of bedrooms.

(ii) The schematic plans must include the following:

(A) single line drawings of each floor which must show the relationship of the various departments or services to each other and the room arrangement in each department. The name of each room must be noted;

(B) the proposed roads and walks, service and entrance courts, and parking must be shown on the plot plan;

(C) total floor area and number of beds must be noted on the plans.

(b) At least three months prior to the time a person commences construction, he shall submit working drawings and specifications to the department. This is a maximum time limit. A person may submit working drawings and specifications as soon as he desires after the department has approved his program and schematic plans.

(i) The working drawings must be complete and adequate for bid, contract and construction purposes and must be prepared for each of the following branches of the work: architectural, structural, mechanical and electrical.

(A) Architectural drawings must include a plot plan showing all new topography, newly established levels and grades, any existing structures on the site, new buildings and structures, roadways, walks and the extent of the areas to be seeded. Any structures and improvements which are to be removed as part of the work must be shown. A print of the site survey drawing must be included with the working drawings. The architectural drawings must also include the following:

(I) plan of each basement, floor and roof;

(II) elevations of each facade;

(III) sections through building;

(IV) required scale and full-size details;

(V) schedule of doors and finishes;

(VI) location of all fixed equipment;

(VII) adequate details of any conveying system.

(B) Structural drawings must include plans for foundations, floors, roofs and all intermediate levels with sizes, sections and the relative location of the various structural members.

(C) Mechanical drawings must include plans for plumbing, heating, ventilation, air conditioning, and refrigeration.

(D) Electrical drawings must include the complete power and lighting layout of all electrical systems to be included in the construction and must include telephone layouts, nurse call system, fire alarm system and the emergency electrical system.

(c) Specifications must supplement the working drawings to fully describe types, sizes, capacities, workmanship, finishes and other characteristics of all materials and equipment.

(d) All plans and specifications must be certified by an engineer or architect licensed to practice in Montana and the certification must state that the plans and specifications are prepared in accordance with the requirements of this subchapter.

(2) A person who contemplates an alteration or addition to a health care facility which does not qualify as a new institutional health service shall submit plans to the department for preliminary inspection and approval prior to commencing construction and shall comply with the following procedures.

(a) A person who contemplates an addition to an existing health care facility shall comply with the requirements set forth in (1) of this rule.

(b) If an alteration to a health care facility is contemplated, a program and schematic plans shall be submitted to the department at least six months prior to commencing construction of the alteration. Within 30 days after this submittal, the department may request a person to comply with the requirements set forth in ARM 37.106.306(1)(b).

(c) The department's approval of an alteration or addition shall terminate one year after issuance.

(History: Sec. 50-5- 103, MCA; IMP, Sec. 50-5-103, 50-5-201 and 50-5-204, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185.)

Rules 07 through 09 reserved

#### 37.106.310 LICENSING: PROCEDURE FOR OBTAINING A LICENSE: ISSUANCE AND RENEWAL OF A LICENSE

(1) A person shall comply with the following procedures when applying to the department for a license:

(a) A person shall submit a completed license application form to the department, at least 30 days prior to the opening of a facility and annually thereafter. A person can obtain a license application form from the department.

(b) A completed license application form must contain the following information:

(i) the name and address of the applicant if an individual; the name and address of each member of a firm, partnership, or association; or the name and address of each officer if a corporation;

(ii) the location of the facility;

(iii) the name of the person or persons who will administer, manage or supervise the facility;

(iv) the number and type of patients or residents for which care is provided;

(v) the number of employees in all job classifications;

(vi) a copy of the contract, lease agreement or other document indicating the person legally responsible for the operation of the health care facility if the health care facility is operated by a person other than the owner; and

(vii) designated name of health care facility to be licensed.

(A) The designated name of the health care facility may not be changed without first notifying the department in writing.

(c) Each application form must be accompanied by the applicable license fee:

(i) \$20 license fee for a health care facility with 20 beds or less;

(ii) \$1 per bed for a health care facility with 21 beds or more.

(d) The owner or operator of a health care facility shall sign the completed license application form.

(2) On receipt of a new or renewal license application, the department or its authorized agent shall inspect the health care facility to determine if the proposed staff is qualified

and the facility meets the minimum standards set forth in this subchapter. If minimum standards are met and the proposed staff is qualified, the department shall issue a license for one year.

(a) A patient or resident may not be admitted or cared for in a health care facility unless the facility is licensed.

(b) Licensed premises must be open to inspection by the department or its authorized agent and access to all records must be granted to the department at all reasonable times.

(c) The department may issue a provisional license for a period less than one year if continued operation of the health care facility will not result in undue hazard to patients or residents or if demand for the accommodations offered is not met in the community.

(History: Sec. 50-5-103, MCA; IMP, Sec. 50-5-103, 50-5-202, 50-5-203 and 50-5-204, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185.)

#### 37.106.311 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: FOOD SERVICE ESTABLISHMENTS

(1) A health care facility which serves food or beverage to patients or residents shall comply with the food service establishment act, Title 50, chapter 50, MCA, and food service establishments rules, ARM Title 37, chapter 110, subchapter 2.

(History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 50-5-204 and 50-5-404, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185.)

#### 37.106.312 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: BLOOD BANK AND TRANSFUSION SERVICES (REPEALED)

(History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 50-5-204 and 50-5-404, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; AMD, 1984 MAR p. 973, Eff. 6/29/84; TRANS, from DHES, 2002 MAR p. 185; REP, 2005 MAR p. 268, Eff. 2/11/05.)

#### 37.106.313 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: COMMUNICABLE DISEASE CONTROL

(1) All health care facilities shall develop and implement an infection prevention and control program. At minimum the facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control which must include, but not be limited to, procedures to identify high risk individuals and what methods are used to protect, contain or minimize the risk to patients, residents, staff and visitors.

(2) The administrator, or designee, shall be responsible for the direction, provision, and quality of infection prevention and control services.

(History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 50-5-204 and 50-5-404, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185; AMD, 2004 MAR p. 582, Eff. 3/12/04.)

#### 37.106.314 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: MEDICAL RECORDS

(1) A health care facility shall initiate and maintain by storing in a safe manner and in a safe location a medical record for each patient and resident.

(2) A health care facility, excluding a hospital, shall retain a patient's or resident's medical records for no less than five years following the date of the patient's or resident's discharge or death.

(3) A medical record may be microfilmed or preserved via any other electronic medium that yields a true copy of the record if the health care facility has the equipment to reproduce records on the premises.

(4) A signature of a physician may not be stamped on a medical record unless there is a statement in the facility administrator's or manager's file signed by the physician stating that the physician is responsible for the content of any document signed with his rubber stamp.

(History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 50-5-106, 50-5-204 and 50-5-404, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; AMD, 1990 MAR p. 1259, Eff. 6/29/90; TRANS, from DHES, 2002 MAR p. 185.)

Rules 15 through 19 reserved

#### 37.106.320 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: PHYSICAL PLANT AND EQUIPMENT MAINTENANCE

(1) Each facility shall have a written maintenance program describing the procedures that must be utilized by maintenance personnel to keep the building and equipment in repair and free from hazards.

(2) A health care facility shall provide housekeeping services on a daily basis.

(3) All electrical, mechanical, plumbing, fire protection, heating, and sewage disposal systems must be kept in operational condition.

(4) Floors must be covered with an easily cleanable covering; e.g., resilient flooring or ceramic tile. This covering must be cleaned daily.

(5) Carpets are prohibited in bathrooms, kitchens, laundries, or janitor closets.

(6) Walls and ceilings must be kept in good repair and be of a finish that can be easily cleaned.

(7) Every facility must be kept clean and free of odors. Deodorants may not be used for odor control in lieu of proper ventilation.

(8) The temperature of hot water supplied to handwashing and bathing facilities must not exceed 120°F.

(History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 50-5-204 and 50-5-404, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; AMD, 1984 MAR p. 973, Eff. 6/29/84; TRANS, from DHES, 2002 MAR p. 185.)

#### 37.106.321 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: ENVIRONMENTAL CONTROL

(1) A health care facility must be constructed and maintained so as to prevent entrance and harborage of rats, mice, insects, flies, or other vermin.

(2) Hand cleansing soap or detergent and individual towels must be available at each lavatory in the facility. A waste receptacle must be located near each lavatory.

(3) A health care facility shall develop and follow a written infection control surveillance program describing the procedures that must be utilized by the entire facility staff in the identification, investigation, and mitigation of infections acquired in the facility.

(4) Cleaners used in cleaning bathtubs, showers, lavatories, urinals, toilet bowls, toilet seats, and floors must contain fungicides or germicides with current EPA registration for that purpose.

(5) Cleaning devices used for lavatories, toilet bowls, showers, or bathtubs may not be used for other purposes. Those utensils used to clean toilets or urinals must not be allowed to contact other cleaning devices.

(6) Dry dust mops and dry dust cloths may not be used for dusting or other cleaning purposes. Treated mops, wet mops, treated cloths, moist cloths or other means approved by the department which will not spread soil from one place to another must be used for dusting and cleaning and must be stored separately from the cleaning devices described in (5) above.

(7) A minimum of 10 foot-candles of light must be available in all rooms and hallways, with the following exceptions:

(a) all reading lamps must have a capacity to provide a minimum of 30 foot-candles of light;

(b) all toilet and bathing areas must be provided with a minimum of 30 foot-candles of light;

(c) general lighting in food preparation areas must be a minimum of 50 foot-candles of light;

(d) hallways must be illuminated at all times by at least a minimum of five foot-candles of light at the floor.

(History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 50-5-204 and 50-5-404, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; AMD, 1984 MAR p. 973, Eff. 6/29/84; TRANS, from DHES, 2002 MAR p. 185.)

#### 37.106.322 MINIMUM STANDARDS FOR ALL HEALTH CARE

##### FACILITIES: DISASTER PLAN

(1) A health care facility shall develop a disaster plan in conjunction with other emergency services in the community which must include a procedure that will be followed in the event of a natural or man-caused disaster.

(2) A health care facility shall conduct a drill of such procedure at least once a year. After a drill, a health care facility shall prepare and retain on file a written report including, but not limited to, the following:

(a) date and time of the drill;

(b) the names of staff involved in the drill;

(c) the names of other health care facilities, if any, which were involved in the drill;

(d) the names of other persons involved in the drill;

(e) a description of all phases of the drill procedure and suggestions for improvement; and

(f) the signature of the person conducting the drill.

(History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 0-5-204 and 50-5-404, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; RANS, from DHES, 2002 MAR p. 185.)

Rules 23 through 29 reserved

#### 37.106.330 MINIMUM STANDARDS FOR ALL HEALTH CARE

##### FACILITIES: WRITTEN POLICY AND PROCEDURE

(1) A written policy and procedure for all services provided in a health care facility must be available to and followed by all personnel.

(History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 50-5-204 and 50-5-404, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185.)



37.106.331 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: LAUNDRY AND BEDDING

(1) If a health care facility processes its laundry on the facility site, it must:

- (a) set aside and utilize a room solely for laundry purposes;
- (b) equip the laundry room with a mechanical washer and dryer (or additional machines if necessary to handle the laundry load), handwashing facilities, mechanical ventilation to the outside, a fresh air supply, and a hot water supply system which supplies the washer with water of at least 160°F (71°C) during each use;
- (c) sort and store soiled laundry in an area separate from that used to sort and store clean laundry;
- (d) provide well maintained carts or other containers impervious to moisture to transport laundry, keeping those used for soiled laundry separate from those used for clean laundry;
- (e) dry all bed linen, towels, and washcloths in the dryer, or, in the case of bed linen, by use of a flatwork ironer;
- (f) protect clean laundry from contamination;
- (g) ensure that facility staff handling laundry cover their clothes while working with soiled laundry, use separate clean covering for their clothes while handling clean laundry, and wash their hands both after working with soiled laundry and before they handle clean laundry.

(2) If laundry is cleaned off site, the health care facility must utilize a commercial laundry (not self-service) which satisfies the requirements stated in (1)(a) through (g) above.

(3) A health care facility with beds must:

- (a) keep each resident bed dressed in clean bed linen in good condition;
- (b) keep a supply of clean bed linen on hand sufficient to change beds often enough to keep them clean, dry, and free from odors;
- (c) supply each resident at all times with clean towels and washcloths;
- (d) provide each resident bed with a moisture-proof mattress or a moisture-proof mattress cover and mattress pad;
- (e) provide each resident with enough blankets to maintain warmth while sleeping.

(History: Sec. 50-5-103 and 50-5-404, MCA; IMP, Sec. 50-5-103, 50-5-204 and 50-5-404, MCA; NEW, 1984 MAR p. 973, Eff. 6/29/84; TRANS, from DHES, 2002 MAR p. 185.)