

Subpart C. LONG-TERM CARE FACILITIES

Chap.		Sec.
201.	APPLICABILITY, DEFINITIONS, OWNERSHIP AND GENERAL OPERATION OF LONG-TERM CARE NURSING FACILITIES	201.1
203.	APPLICATION OF LIFE SAFETY CODE FOR LONG- TERM CARE NURSING FACILITIES	203.1
205.	PHYSICAL PLANT AND EQUIPMENT STANDARDS FOR LONG-TERM CARE NURSING FACILITIES	205.1
207.	HOUSEKEEPING AND MAINTENANCE STANDARDS FOR LONG-TERM CARE NURSING FACILITIES	207.1
209.	FIRE PROTECTION AND SAFETY PROGRAMS FOR LONG- TERM CARE NURSING FACILITIES	209.1
211.	PROGRAM STANDARDS FOR LONG-TERM CARE NURSING FACILITIES	211.1
213.	[Reserved]	213.1
215.	[Reserved]	215.1
217.	[Reserved]	217.1

Cross References

This subpart cited in 31 Pa. Code § 243.6 (relating to standards for institutional plan of risk management for hospitals and nursing homes); and 31 Pa. Code § 244.3 (relating to standards for institutional plan of risk management for hospitals and nursing homes).

**CHAPTER 201. APPLICABILITY, DEFINITIONS, OWNERSHIP AND
GENERAL OPERATION OF LONG-TERM CARE NURSING
FACILITIES**

GENERAL PROVISIONS

- Sec.
- 201.1. Applicability.
- 201.2. Requirements.
- 201.3. Definitions.

OWNERSHIP AND MANAGEMENT

- 201.11. Types of ownership.
- 201.12. Application for license.
- 201.13. Issuance of license.
- 201.14. Responsibility of licensee.
- 201.15. Restricitons on license.
- 201.16. [Reserved].
- 201.17. Location.
- 201.18. Management.
- 201.19. Personnel policies and procedures.

- 201.20. Staff development.
- 201.21. Use of outside resources.
- 201.22. Prevention, control and surveillance of tuberculosis (TB).
- 201.23. Closure of facility.
- 201.24. Admission policy.
- 201.25. Discharge policy.
- 201.26. Power of attorney.
- 201.27. Advertisement of special services.
- 201.28. [Reserved].
- 201.29. Patient rights.
- 201.30. Access requirements.
- 201.31. Transfer agreement.
- 201.32. [Reserved].
- 201.33. [Reserved].
- 201.34. [Reserved].
- 201.35. [Reserved].
- 201.36. [Reserved].
- 201.37. [Reserved].
- 201.38. [Reserved].

Source

The provisions of this Chapter 201 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233, unless otherwise noted.

GENERAL PROVISIONS

§ 201.1. Applicability.

This subpart applies to profit and nonprofit long-term care nursing facilities which provide either skilled nursing care or intermediate nursing care, or both, within the facilities under the act.

Authority

The provisions of this § 201.1 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.1 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended February 11, 1977, effective February 12, 1977, 7 Pa.B. 437; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 30, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (245702).

§ 201.2. Requirements.

The Department incorporates by reference Subpart B of the Federal requirements for long-term care facilities, 42 CFR 483.1—483.75 (relating to requirements for long-term care facilities) revised as of October 1, 1998, as licensing regulations for long-term care nursing facilities with the exception of the following sections and subsections:

- (1) Section 483.1 (relating to basis and scope).
- (2) Section 483.5 (relating to definitions).
- (3) Section 483.10(b)(10), (c)(7) and (8) and (o) (relating to level A requirement: Resident rights).
- (4) Section 483.12(a)(1), (b), (c)(1) and (d)(1) and (3) (relating to admission, transfer and discharge rights).
- (5) Section 483.20(j) and (m) (relating to resident assessment).
- (6) Section 483.30(b)—(d) (relating to nursing services).
- (7) Section 483.40(e) and (f) (relating to physician services).
- (8) Section 483.55 (relating to dental services).
- (9) Section 483.70(d)(1)(v) and (3) (relating to physical environment).
- (10) Section 483.75(e)(1), (h) and (p) (relating to administration).

Authority

The provisions of this § 201.2 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.2 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended July 6, 1979, effective July 7, 1979, 9 Pa.B. 2252; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (245702) and (202309).

§ 201.3. Definitions.

The following words and terms, when used in this subpart, have the following meanings, unless the context clearly indicates otherwise:

Abuse—The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish. The term includes the following:

- (i) *Verbal abuse*—Any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability. Examples of verbal abuse include:
 - (A) Threats of harm.
 - (B) Saying things to frighten a resident, such as telling a resident that the resident will never be able to see his family again.
- (ii) *Sexual abuse*—Includes sexual harassment, sexual coercion or sexual assault.
- (iii) *Physical abuse*—Includes hitting, slapping, pinching and kicking. The term also includes controlling behavior through corporal punishment.

(iv) *Mental abuse*—Includes humiliation, harassment, threats of punishment or deprivation.

(v) *Involuntary seclusion*—Separation of a resident from other residents or from his room or confinement to his room (with/without roommates) against the resident's will, or the will of the resident's legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.

(vi) *Neglect*—The deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health.

Act—The Health Care Facilities Act (35 P. S. §§ 448.101—448.904).

Administration of drugs—The giving of a dose of medication to a patient as a result of an order of a practitioner licensed by the Commonwealth to prescribe drugs.

Administrator—An individual who is charged with the general administration of a facility, whether or not the individual has an ownership interest in the facility and whether or not the individual's functions and duties are shared with one or more other individuals. The administrator shall be currently licensed and registered by the Department of State under the Nursing Home Administrators License Act (63 P. S. §§ 1101—1114.2).

Alteration—An addition, modification or modernization in the structure or usage of a building or section thereof or change in the services rendered.

Ambulatory resident—An individual who is physically and mentally capable of getting in and out of bed and walking a normal path to safety in a reasonable period of time, including the ascent and descent of stairs without the aid of another person.

Audiologist—A person licensed as an audiologist by the Pennsylvania State Board of Examiners in Speech-Language and Hearing, or excluded from the requirement of licensure under the Speech-Language and Hearing Licensure Act (63 P. S. §§ 1701—1719).

Authorized person to administer drugs and medications—Persons qualified to administer drugs and medications in facilities are as follows:

(i) Physicians and dentists who are currently licensed by the Bureau of Professional and Occupational Affairs, Department of State.

(ii) Registered nurses who are currently licensed by the Bureau of Professional and Occupational Affairs, Department of State.

(iii) Practical nurses who have successfully passed the State Board of Nursing examination.

(iv) Practical nurses licensed by waiver in this Commonwealth who have successfully passed the United States Public Health Service Proficiency Examination.

(v) Practical nurses licensed by waiver in this Commonwealth who have successfully passed a medication course approved by the State Board of Nursing.

(vi) Student nurses of approved nursing programs who are functioning under the direct supervision of a member of the school faculty who is present in the facility.

(vii) Recent graduates of approved nursing programs who possess valid temporary practice permits and who are functioning under the direct supervision of a professional nurse who is present in the facility. The permits shall expire if the holders of the permits fail the licensing examinations.

(viii) Physician assistants and registered nurse practitioners who are certified by the Bureau of Professional and Occupational Affairs.

Basement—A story or floor level below the main or street floor. If, due to grade differences, there are two levels qualifying as a street floor, a basement is a floor below the lower of the two street floors.

CRNP—Certified Registered Nurse Practitioner—A registered nurse licensed in this Commonwealth who is certified by the State Board of Nursing and the State Board of Medicine as a CRNP, under the Professional Nursing Law (63 P. S. §§ 211—225) and the Medical Practice Act of 1985 (63 P. S. §§ 422.1—422.45).

Charge nurse—A person designated by the facility who is experienced in nursing service administration and supervision and in areas such as rehabilitative or geriatric nursing or who acquires the preparation through formal staff development programs and who is licensed by the Commonwealth as one of the following:

(i) A registered nurse.

(ii) A registered nurse licensed by another state as a registered nurse and who has applied for endorsement from the State Board of Nursing and has received written notice that the application has been received by the State Board of Nursing. This subparagraph applies for 1 year, or until Commonwealth licensure is completed, whichever period is shorter.

(iii) A practical nurse who is a graduate of a Commonwealth recognized school of practical nursing or who has 2 years of appropriate experience following licensure by waiver as a practical nurse.

(iv) A practical nurse shall be designated by the facility as a charge nurse only on the night tour of duty in a facility with a census of 59 or less.

Clinical laboratory—A place, establishment or institution, organized and operated primarily for the performance of bacteriological, biochemical, hematological, microscopical, serological or parasitological or other tests by the practical application of one or more of the fundamental sciences to material

originating from the human body, by the use of specialized apparatus, equipment and methods, for the purpose of obtaining scientific data which may be used as an aid to ascertain the state of health. The tests are conducted using specialized apparatus, equipment and methods, for the purpose of obtaining scientific data which may be used as an aid to ascertain the state of health.

Clinical records—Facility records, whether or not automated, pertaining to a resident, including medical records.

Controlled substance—A drug, substance or immediate precursor included in Schedules I—V of the Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. §§ 780-101—780-144).

Corridor—A passageway, hallway or other common avenue used by residents and personnel to travel between buildings or sections of the same building to reach a common exit or service area. The service area includes, but is not limited to, living room, kitchen, bathroom, therapy rooms and storage areas not immediately adjoining the patient's sleeping quarters.

Department—The Department of Health of the Commonwealth.

Dietetic service supervisor—A person who meets one of the following requirements:

- (i) Is a dietitian.
- (ii) Is a graduate of a dietetic technician or dietetic assistant training program, correspondence course or classroom course approved by the American Dietetic Association.
- (iii) Is a member of the American Dietetic Association or the Dietary Managers Association.
- (iv) Is a graduate of a State approved course that provided 90 or more hours of classroom instruction in food service supervision and has experience as a supervisor in a health care institution with consultation from a dietitian.
- (v) Has training and experience in food service supervision and management in a military service equivalent in content to the program in subparagraph (iv).
- (vi) Has a baccalaureate degree from a State approved or accredited college or university and has at least 12 credit hours in food service, nutrition or diet therapy and at least 1 year of supervisory experience in the dietary department of a health care facility.

Dietitian—A person who is either:

- (i) Registered by the Commission on Dietetic Registration of the American Dietetic Association.
- (ii) Eligible for registration and who has a minimum of a bachelor's degree from a United States regionally accredited college or university and has completed the American Dietetic Association (ADA) approved dietetic course requirements and the requisite number of hours of ADA approved supervised practice.

Director of nursing services—A registered nurse who is licensed and eligible to practice in this Commonwealth and has 1 year of experience or education in nursing service administration and supervision, as well as additional education or experience in areas such as rehabilitative or geriatric nursing, and participates annually in continuing nursing education. The director of nursing services is responsible for the organization, supervision and administration of the total nursing service program in the facility.

Drug administration—An act in which a single dose of a prescribed drug or biological is given to a resident by an authorized person in accordance with statutes and regulations governing the act. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container, verifying it with the physician's orders, giving the individual dose to the proper resident and promptly recording the time and dose given.

Drug dispensing—An act by a practitioner or a person who is licensed in this Commonwealth to dispense drugs under the Pharmacy Act (63 P. S. §§ 390-1—390-13) entailing the interpretation of an order for a drug or biological and, under that order, the proper selecting, measuring, labeling, packaging and issuance of the drug or biological for a resident or for a service unit of the facility.

Drug or medication—A substance meeting one of the following qualifications:

- (i) Is recognized in the official United States Pharmacopeia, or official National Formulary or a supplement to either of them.
- (ii) Is intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals.
- (iii) Is other than food and intended to affect the structure or a function of the human body or other animal body.
- (iv) Is intended for use as a component of an article specified in subparagraph (i), (ii) or (iii), but not including devices or their components, parts or accessories.

Elopement—When a resident leaves the facility without the facility staff being aware that the resident has done so.

Existing facility—A long-term care nursing facility or section thereof which was constructed and licensed as such on or before July 24, 1999.

Exit or exitway—A required means of direct egress in either a horizontal or vertical direction leading to the exterior grade level.

Facility—A licensed long-term care nursing facility as defined in Chapter 8 of the act (35 P. S. §§ 448.801—448.821).

Full-time—A minimum of a 35-hour work week involving a minimum of 4 days per week.

Interdisciplinary team—A team including the resident's attending physician, a registered nurse with responsibility for the resident and other appropriate staff in disciplines as determined by the resident's needs, and the resident. If the resident is cognitively impaired and unable to fully participate, the team shall

include to the extent practicable, the participation of the resident, and shall also include the resident's family, a responsible person or the resident's legal representative.

Licensed practical nurse—A practical nurse licensed to practice under the Practical Nurse Law (63 P. S. §§ 651—667.8).

Licensee—The individual, partnership, association or corporate entity including a public agency or religious or fraternal or philanthropic organization authorized to operate a licensed facility.

Locked restraints—A mechanical apparatus or device employed to restrict voluntary movement of a person not removable by the person. The term includes shackles, straight jackets and cage-like enclosures and other similar devices.

Medical record practitioner—A person who is certified or eligible for certification as a registered records administrator (RRA) or a health information technologist/accredited record technician by the American Health Information Management Association (AHIMA) and who has the number of continuing education credits required for each designation by the AHIMA.

NFPA—National Fire Protection Association.

Nonambulatory resident—A resident who is not physically or mentally capable of getting in and out of bed and walking a normal path to safety in a reasonable period of time, including the ascent and descent of stairs, without the aid of another person.

Nonproprietary drug—A drug containing a quantity of controlled substance or drug requiring a prescription, a drug containing biologicals or substances of glandular origin—except intestinal-enzymes and liver products—and drugs which are administered parenterally.

Nurse aide—An individual providing nursing or nursing-related services to residents in a facility who:

- (i) Does not have a license to practice professional or practical nursing in this Commonwealth.
- (ii) Does not volunteer services for no pay.
- (iii) Has met the requisite training and competency evaluation requirements as defined in 42 CFR 483.75 (relating to administration).
- (iv) Appears on the Commonwealth's Nurse Aide Registry.
- (v) Has no substantiated findings of abuse, neglect or misappropriation of resident property recorded in the Nurse Aide Registry.

Nursing care—A planned program to meet the physical and emotional needs of the resident. The term includes procedures that require nursing skills and techniques applied by properly trained personnel.

Nursing service personnel—Registered nurses, licensed practical nurses and nurse aides.

Occupational therapist—A person licensed as an occupational therapist by the State Board of Occupational Therapy Education and Licensure.

Occupational therapy assistant—A person licensed as an occupational therapy assistant by the State Board of Occupational Therapy Education and Licensure.

Pharmacist—A person licensed by the State Board of Pharmacy to engage in the practice of pharmacy.

Pharmacy—A place properly licensed by the State Board of Pharmacy where the practice of pharmacy is conducted.

Physical therapist—A person licensed as a physical therapist by the State Board of Physical Therapy.

Physical therapy assistant—A person registered as a physical therapy assistant by the State Board of Physical Therapy.

Physician assistant—An individual certified as a physician assistant by the State Board of Medicine under the Medical Practice Act of 1985 (63 P. S. §§ 422.1—422.45), or by the State Board of Osteopathic Medical Examiners under the Osteopathic Medical Practice Act (63 P. S. §§ 271.1—271.18).

Practice of pharmacy—The practice of the profession concerned with the art and science of the evaluation of prescription orders and the preparing, compounding and dispensing of drugs and devices, whether dispensed on the prescription of a medical practitioner or legally dispensed or provided to a consumer. The term includes the proper and safe storage and distribution of drugs, the maintenance of proper records, the participation in drug selection and drug utilization reviews and the responsibility of relating information as required concerning the drugs and medicines and their therapeutic values and uses in the treatment and prevention of disease. The term does not include the operations of a manufacturer or distributor as defined in The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. §§ 780-101—780-144).

Prescription—A written or verbal order for drugs issued by a licensed medical practitioner in the course of this professional practice.

Proprietary drug—A drug which does not contain a quantity of a controlled substance which can be purchased without a prescription and may be purchased from sources other than a pharmacy, and is usually sold under a patented or trade name.

Registered nurse—A nurse licensed to practice in this Commonwealth under The Professional Nursing Law (63 P. S. §§ 211—225.5).

Resident—A person who is admitted to a licensed long-term care nursing facility for observation, treatment, or care for illness, disease, injury or other disability.

Resident activities coordinator—A person who meets one of the following requirements:

- (i) Is a qualified therapeutic recreation specialist.
- (ii) Has 2 years of experience in a social or recreational program, within the last 5 years, 1 year of which was full-time in a patient activities program in a health care setting.

Residential unit—A section or area where persons reside who do not require long-term nursing facility care.

Responsible person—A person who is not an employe of the facility and is responsible for making decisions on behalf of the resident. The person shall be so designated by the resident or the court and documentation shall be available on the resident's clinical record to this effect. An employe of the facility will be permitted to be a responsible person only if appointed the resident's legal guardian by the court.

Restraint—A restraint can be physical or chemical.

(i) A physical restraint includes any apparatus, appliance, device or garment applied to or adjacent to a resident's body, which restricts or diminishes the resident's level of independence or freedom.

(ii) A chemical restraint includes psychopharmacologic drugs that are used for discipline or convenience and not required to treat medical symptoms.

Skilled or intermediate nursing care—Professionally supervised nursing care and related medical and other health services provided for a period exceeding 24 hours to an individual not in need of hospitalization, but whose needs are above the level of room and board and can only be met in a long-term care nursing facility on an inpatient basis because of age, illness, disease, injury, convalescence or physical or mental infirmity. The term includes the provision of inpatient services that are needed on a daily basis by the resident, ordered by and provided under the direction of a physician, and which require the skills of professional personnel, such as, registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech pathologists or audiologists.

Social worker—An individual with the following qualifications:

(i) A Bachelor's Degree in social work or a Bachelor's Degree in a human services field including sociology, special education, rehabilitation counseling and psychology.

(ii) One year of supervised social work experience in a health care setting working directly with individuals.

Speech/language pathologist—A person licensed as a speech/language pathologist by the State Board of Examiners in Speech-Language and Hearing, or excluded from the requirements of licensure under the Speech-Language and Hearing Licensure Act (63 P. S. §§ 1701—1719).

Authority

The provisions of this § 201.3 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.3 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended October 1, 1976, effective October 2, 1976, 6 Pa.B. 2441; amended February 11, 1977, effective February 12, 1977, 7 Pa.B. 437; amended May 6, 1977, effective May 7, 1977, 7 Pa.B.

1236; amended May 26, 1978, effective May 27, 1978, 8 Pa.B. 1466; amended July 6, 1979, effective July 7, 1979, 9 Pa.B. 2252; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; corrected June 19, 1987, 17 Pa.B. 2462; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202309) to (202317).

Cross References

This section cited in 28 Pa. Code § 211.9 (relating to pharmacy services).

OWNERSHIP AND MANAGEMENT

§ 201.11. Types of ownership.

The owner of a facility may be an individual, a partnership, an association, a corporation or combination thereof.

Authority

The provisions of this § 201.11 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.11 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (202317).

§ 201.12. Application for license.

(a) An application for a license to operate a facility shall be made under section 807 of the act (35 P. S. § 448.807). The application form shall be obtained from the Division of Nursing Care Facilities, Bureau of Quality Assurance, Department of Health.

(b) The following shall be submitted with the application for licensure:

(1) The names and addresses of a person who has direct or indirect ownership interest of 5% or more in the facility as well as a written list of the names and addresses of the facility's officers and members of the board of directors.

(2) If the owner is a nonprofit corporation, a complete list of the names and addresses of the officers and directors of the corporation and an exact copy of its charter and articles of incorporation which are on file with the Department of State as well as amendments or changes.

(3) If the owner is a partnership, the names and addresses of partners.

(4) The name, address and license number of the administrator.

Authority

The provisions of this § 201.12 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.12 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (202318).

Cross References

This section cited in 28 Pa. Code § 201.18 (relating to management).

§ 201.13. Issuance of license.

(a) A person may not maintain or operate a facility without first obtaining a license issued by the Department. A license to operate a facility is not transferable without prior approval of the Department.

(b) A license to operate a facility will be issued when the Department receives the completed application form and the licensure fee and when, after inspection by an authorized representative of the Department, it has been determined that the necessary requirements for licensure have been met.

(c) The required fee for a license is:

Regular Licenses (new or renewal)	\$250
Each inpatient bed in excess of 75 beds	\$2
Provisional I License	\$400
Each inpatient bed	\$4
Provisional II License	\$600
Each inpatient bed	\$6
Provisional III License	\$800
Each inpatient bed	\$8
Provisional IV License	\$1,000
Each inpatient bed	\$10

(d) The license will be issued to the owner of a facility and will indicate the name and address of the facility, the number and types of beds authorized and the date of the valid license.

(e) A regular license will be issued when, in the judgment of the Department, there is substantial compliance with this subpart.

(f) A provisional license is governed by the following:

(1) A provisional license will be issued if there are numerous deficiencies or a serious specific deficiency and if the facility is not in substantial compliance with this subpart and the Department finds that:

(i) The applicant is taking appropriate steps to correct the deficiencies in accordance with a timetable submitted by the applicant and agreed upon by the Department.

(ii) There is no cyclical pattern of deficiencies over a period of 2 or more years.

(2) The provisional license will be issued for a specified period of time not more than 6 months. The provisional license may be renewed, at the discretion of the Department, no more than three times. Upon substantial compliance with this subpart, a regular license will be issued.

(g) The facility shall have on file the most recent inspection reports, relating to the health and safety of residents, indicating compliance with applicable State and local statutes and regulations. Upon request, the facility shall make the most recent report available to interested persons.

(h) If the Department's inspection report indicates deficiencies, the facility shall indicate in writing its plans to make corrections and specify dates by which the corrective measures will be completed. The plans are valid only upon approval by the Department.

(i) The current license shall be displayed in a public and conspicuous place in the facility.

Authority

The provisions of this § 201.13 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.13 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended February 11, 1977, effective February 12, 1977, 7 Pa.B. 437; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202318) to (202319).

§ 201.14. Responsibility of licensee.

(a) The licensee is responsible for meeting the minimum standards for the operation of a facility as set forth by the Department and by other State and local agencies responsible for the health and welfare of residents.

(b) If the services are purchased for the administration or management of the facility, the licensee is responsible for insuring compliance with this subpart, and other relevant Commonwealth regulations.

(c) The licensee through the administrator shall report to the appropriate Division of Nursing Care Facilities field office serious incidents involving residents. As set forth in § 51.3 (relating to notification). For purposes of this subpart, references to patients in § 51.3 include references to residents.

(d) In addition to the notification requirements in § 51.3, the facility shall report in writing to the appropriate division of nursing care facilities field office:

- (1) Transfers to hospitals as a result of injuries or accidents.
- (2) Admissions to hospitals as a result of injuries or accidents.

(e) The administrator shall notify the appropriate division of nursing care facilities field office as soon as possible, or, at the latest, within 24 hours of the incidents listed in § 51.3 and subsection (d).

(f) Upon receipt of a strike notice, the licensee or administrator shall promptly notify the appropriate Division of Nursing Care Facilities field office and keep the Department apprised of the strike status and the measures being taken to provide resident care during the strike.

(g) A facility owner shall pay in a timely manner bills incurred in the operation of a facility that are not in dispute and that are for services without which the resident's health and safety are jeopardized.

(h) The facility shall report to the Department, on forms issued by the Department, census, rate and program occupancy information as the Department may request.

Authority

The provisions of this § 201.14 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.14 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended February 11, 1977, effective February 12, 1977, 7 Pa.B. 437; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202320) to (202321).

Notes of Decisions

The Commonwealth's pervasive regulation of the nursing home industry does not preempt a local school district from levying and collecting business privilege taxes from a private, for-profit nursing home. *Rose View Manor, Inc. v. Williamsport*, 630 A.2d 474 (Pa. Cmwlth. 1993); appeal denied 641 A.2d 591 (Pa. 1994).

§ 201.15. Restrictions on license.

(a) A license shall apply only to the licensure, the name of the facility and the premises designated therein. It may not be transferable to another licensee or property without prior written approval of the Department.

(b) A license becomes void without notice if any of the following conditions exist:

(1) The expiration date has been reached.

(2) There is a change in ownership and the Department has not given prior approval.

(3) There is a change in the name of the facility, and the Department has not given prior approval for the transfer of the license.

(4) There is a change in the location of the facility and the Department has not given prior approval.

(c) A final order or determination by the Department relating to licensure may be appealed by the provider of services to the Health Policy Board under section 2102(n) of The Administrative Code of 1929 (71 P. S. § 532(n)).

Authority

The provisions of this § 201.15 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.15 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended July 6, 1979, effective July 7, 1979, 9 Pa.B. 2252; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (202321).

§ 201.16. [Reserved].**Source**

The provisions of this § 201.16 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202321) to (202322).

§ 201.17. Location.

The facility shall be operated as a unit reasonably distinct from the other related services, if located in a building which offers various levels of health-related services.

Authority

The provisions of this § 201.17 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.17 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended July 6, 1979, effective July 7, 1979, 9 Pa.B. 2252; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1312, 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (202322).

§ 201.18. Management.

(a) The facility shall have an effective governing body or designated person functioning with full legal authority and responsibility for the operation of the facility.

(b) The governing body shall adopt and enforce rules relative to:

- (1) The health care and safety of the residents.
- (2) Protection of personal and property rights of the residents, while in the facility, and upon discharge or after death.
- (3) The general operation of the facility.

(c) The governing body shall provide the information required in § 201.12 (relating to application for license) and prompt reports of changes which would affect the current accuracy of the information required.

(d) The governing body shall adopt effective administrative and resident care policies and bylaws governing the operation of the facility in accordance with legal requirements. The administrative and resident care policies and bylaws shall be in writing; shall be dated; shall be made available to the members of the governing body, which shall ensure that they are operational; and shall be reviewed and revised, in writing, as necessary. The policies and bylaws shall be available upon request, to residents, responsible persons and for review by members of the public.

(e) The governing body shall appoint a full-time administrator who is currently licensed and registered in this Commonwealth and who is responsible for the overall management of the facility. The Department may, by exception, permit a long-term care facility of 25 beds or less to share the services of an administrator in keeping with section 3(b) of the Nursing Home Administrators License Act (63 P. S. § 1103(b)). The sharing of an administrator shall be limited to two facilities. The schedule of the currently licensed administrator shall be publicly posted in each facility. The administrator's responsibilities shall include the following:

- (1) Enforcing the regulations relative to the level of health care and safety of residents and to the protection of their personal and property rights.
- (2) Planning, organizing and directing responsibilities obligated to the administrator by the governing body.
- (3) Maintaining an ongoing relationship with the governing body, medical and nursing staff and other professional and supervisory staff through meetings and periodic reports.
- (4) Studying and acting upon recommendations made by committees.
- (5) Appointing, in writing and in concurrence with the governing body, a responsible employe to act on the administrator's behalf during temporary absences.
- (6) Assuring that appropriate and adequate relief personnel are utilized for those necessary positions vacated either on a temporary or permanent basis.
- (7) Developing a written plan to assure the continuity of resident care and services in the event of a strike in a unionized facility.

(f) A written record shall be maintained on a current basis for each resident with written receipts for personal possessions and funds received or deposited with the facility and for expenditures and disbursements made on behalf of the resident. The record shall be available for review by the resident or resident's responsible person upon request.

(g) The governing body shall disclose, upon request, to be made available to the public, the licensee's current daily reimbursement under Medical Assistance and Medicare as well as the average daily charge to other insured and noninsured private pay residents.

(h) When the facility accepts the responsibility for the resident's financial affairs, the resident or resident's responsible person shall designate, in writing, the transfer of the responsibility. The facility shall provide the residents with access to their money within 3 bank business days of the request and in the form—cash or check—requested by the resident.

Authority

The provisions of this § 201.18 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.18 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended July 6, 1979, effective July 7, 1979, 9 Pa.B. 2252; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202323) to (202325).

§ 201.19. Personnel policies and procedures.

Personnel records shall be kept current and available for each employe and contain sufficient information to support placement in the position to which assigned.

Authority

The provisions of this § 201.19 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.19 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202325) to (202326).

Notes of Decisions

Personnel Procedures

If the administrator of a county-operated nursing home adopts disciplinary and dismissal procedures and the county commissioners use those procedures to fulfill the requirements of State and Federal agencies and in the orientation of new employes, then the commissioners are estopped from denying the validity of those procedures, even if the administrator acted beyond his authority in adopting them. *DeFrank v. County of Greene*, 412 A.2d 663 (Pa. Cmwlth. 1980).

§ 201.20. Staff development.

(a) There shall be an ongoing coordinated educational program which is planned and conducted for the development and improvement of skills of the facility's personnel, including training related to problems, needs and rights of the residents.

(b) An employe shall receive appropriate orientation to the facility, its policies and to the position and duties. The orientation shall include training on the prevention of resident abuse and the reporting of the abuse.

(c) There shall be at least annual in service training which includes at least infection prevention and control, fire prevention and safety, accident prevention, disaster preparedness, resident confidential information, resident psychosocial needs, restorative nursing techniques and resident rights, including personal property rights, privacy, preservation of dignity and the prevention and reporting of resident abuse.

(d) Written records shall be maintained which indicate the content of and attendance at the staff development programs.

Authority

The provisions of this § 201.20 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.20 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202326) to (202327).

§ 201.21. Use of outside resources.

(a) The facility is responsible for insuring that personnel and services provided by outside resources meet all necessary licensure and certification requirements, including those of the Bureau of Professional and Occupational Affairs in the Department of State, as well as requirements of this subpart.

(b) If the facility does not employ a qualified professional person to render a specific service to be provided by the facility, it shall make arrangements to have the service provided by an outside resource, a person or agency that will render direct service to residents or act as a consultant to the facility.

(c) The responsibilities, functions and objectives and the terms of agreement, including financial arrangements and charges of the outside resource shall be

delineated in writing and signed and dated by an authorized representative of the facility and the person or agency providing the service.

(d) Outside resources supplying temporary employes to a facility shall provide the facility with documentation of an employe's health status as required under § 201.22 (c)—(j) and (l)—(m) (relating to prevention, control and surveillance of tuberculosis (TB)).

Authority

The provisions of this § 201.21 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.21 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202327) to (202328).

§ 201.22. Prevention, control and surveillance of tuberculosis (TB).

(a) The facility shall have a written TB infection control plan with established protocols which address risk assessment and management, screening and surveillance methods, identification, evaluation, and treatment of residents and employes who have a possible TB infection or active TB.

(b) Recommendations of the Centers for Disease Control (CDC), United States Department of Health and Human Services (HHS) shall be followed in treating and managing persons with confirmed or suspected TB.

(c) A baseline TB status shall be obtained on all residents and employes in the facility.

(d) The intradermal tuberculin skin test is to be used whenever skin testing is done. This consists of an intradermal injection of 0.1 ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) using a disposable tuberculin syringe.

(e) The 2-step intradermal tuberculin skin test shall be the method used for initial testing of residents and employes. If the first test is positive, the person tested shall be considered to be infected. If the first test is negative, a second test should be administered in 1—3 weeks. If the second test is positive, the person tested shall be considered to be previously infected. If the second test result is negative, the person is to be classified as uninfected.

(f) Persons with reactions of ≥ 10 mm or persons with symptoms suggestive of TB regardless of the size of the test reaction, shall be referred for further diagnostic studies in accordance with CDC recommendations.

(g) A written report of test results shall be maintained in the facility for each individual, irrespective of where the test is performed. Reactions shall be recorded in millimeters of induration, even those classified as negative. If no induration is found, "0 mm" is to be recorded.

(h) Skin test “negative” employes having regular contact of 10 or more hours per week with residents shall have repeat tuberculin skin tests at intervals determined by the risk of transmission in the facility. The CDC protocol for conducting a TB risk assessment in a health care facility shall be used to establish the risk of transmission.

(i) Repeat skin tests shall be required for tuberculin-negative employes and residents after any suspected exposure to a documented case of active TB.

(j) New employes shall have the 2-step intradermal skin test before beginning employment unless there is documentation of a previous positive skin reaction. Test results shall be made available prior to assumption of job responsibilities. CDC guidelines shall be followed with regard to repeat periodic testing of all employes.

(k) The intradermal tuberculin skin test shall be administered to new residents upon admission, unless there is documentation of a previous positive test.

(l) New tuberculin positive reactors (converters) and persons with documentation of a previous positive reaction, shall be referred for further diagnostic testing and treatment in accordance with current standards of practice.

(m) If an employe’s chest X-ray is compatible with active TB, the individual shall be excluded from the workplace until a diagnosis of active TB is ruled out or a diagnosis of active TB is established and a determination made that the individual is considered to be noninfectious. A statement from a physician stating the individual is noninfectious shall be required.

(n) A resident with a diagnosis of TB may be admitted to the facility if:

(1) Three consecutive daily sputum smears have been negative for acid-fast bacilli.

(2) The individual has received appropriate treatment for at least 2—3 weeks.

(3) Clinical response to therapy, as documented by a physician, has been favorable.

Authority

The provisions of this § 201.22 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.22 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (202328).

Cross References

This section cited in 28 Pa. Code § 201.21 (relating to use of outside resources).

201-20

§ 201.23. Closure of facility.

(a) The administrator or owner shall notify the appropriate Division of Nursing Care Facilities field office at least 90 days prior to closure.

(b) If the facility is to be closed, the licensee shall notify the resident or the resident's responsible person in writing.

(c) Sufficient time shall be given to the resident or the resident's responsible person to effect an orderly transfer.

(d) No resident in a facility may be required to leave the facility prior to 30 days following receipt of a written notice from the licensee of the intent to close the facility, except when the Department determines that removal of the resident at an earlier time is necessary for health and safety.

(e) If an orderly transfer of the residents cannot be safely effected within 30 days, the Department may require the facility to remain open an additional 30 days.

(f) The Department is permitted to monitor the transfer of residents.

(g) The licensee of a facility shall file proof of financial responsibility with the Department to insure that the facility continues to operate in a satisfactory manner for a period of 30 days following the notice of intent to close.

Authority

The provisions of this § 201.23 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.23 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended May 26, 1978, effective May 27, 1978, 8 Pa.B. 1466; amended July 6, 1979, effective July 7, 1979, 9 Pa.B. 2252; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202328) to (202329).

§ 201.24. Admission policy.

(a) The resident may be permitted to name a responsible person. The resident is not required to name a responsible person if the resident is capable of managing the resident's own affairs.

(b) A facility may not obtain from or on behalf of residents a release from liabilities or duties imposed by law or this subpart except as part of formal settlement in litigation.

(c) A facility shall admit only residents whose nursing care and physical needs can be provided by the staff and facility.

(d) A resident with a disease in the communicable stage may not be admitted to the facility unless it is deemed advisable by the attending physician—medical director, if applicable—and administrator and unless the facility has the capability to care for the needs of the resident.

Authority

The provisions of this § 201.24 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.24 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended February 11, 1977, effective February 12, 1977, 7 Pa.B. 437; amended May 26, 1978, effective May 27, 1978, 8 Pa.B. 1466; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202329) to (202330).

§ 201.25. Discharge policy.

There shall be a centralized coordinated discharge plan for each resident to ensure that the resident has a program of continuing care after discharge from the facility. The discharge plan shall be in accordance with each resident's needs.

Authority

The provisions of this § 201.25 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.25 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202330) to (202331).

§ 201.26. Power of attorney.

Power of attorney may not be assumed for a resident by the licensee, owner/operator, members of the governing body, an employe or anyone having a financial interest in the facility unless ordered by a court of competent jurisdiction.

Authority

The provisions of this § 201.26 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.26 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (202331).

§ 201.27. Advertisement of special services.

A facility may not advertise special services offered unless the service is under the direction and supervision of personnel trained or educated in that particular special service, such as, rehabilitation or physical therapy by a registered physical therapist; occupational therapy by a registered occupational therapist; skilled nursing care by registered nurses; special diets by a dietitian; or special foods.

Authority

The provisions of this § 201.27 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.27 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (202331).

§ 201.28. [Reserved].**Source**

The provisions of this § 201.28 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended July 6, 1979, effective July 7, 1979, 7 Pa.B. 2252; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202331) to (202333).

§ 201.29. Resident rights.

(a) The governing body of the facility shall establish written policies regarding the rights and responsibilities of residents and, through the administrator, shall be responsible for development of and adherence to procedures implementing the policies.

(b) Policies and procedures regarding rights and responsibilities of residents shall be available to residents and members of the public.

(c) Policies of the facility shall be available to staff, residents, consumer groups and the interested public, including a written outline of the facility's objectives and a statement of the rights of its residents. The policies shall set forth the rights of the resident and prohibit mistreatment and abuse of the resident.

(d) The staff of the facility shall be trained and involved in the implementation of the policies and procedures.

(e) The resident or if the resident is not competent, the resident's responsible person, shall be informed verbally and in writing prior to, or at the time of admission, of services available in the facility and of charges covered and not covered by the per diem rate of the facility. If changes in the charges occur during the resident's stay, the resident shall be advised verbally and in writing reasonably in advance of the change. "Reasonably in advance" shall be interpreted to be 30 days unless circumstances dictate otherwise. If a facility requires a secu-

rity deposit, the written procedure or contract that is given to the resident or resident's responsible person shall indicate how the deposit will be used and the terms for the return of the money. A security deposit is not permitted for a resident receiving Medical Assistance (MA).

(f) The resident shall be transferred or discharged only for medical reasons, for his welfare or that of other residents or for nonpayment of stay if the facility has demonstrated reasonable effort to collect the debt. Except in an emergency, a resident may not be transferred or discharged from the facility without prior notification. The resident and the resident's responsible person shall receive written notification in reasonable advance of the impending transfer or discharge. Reasonable advance notice shall be interpreted to mean 30 days unless appropriate plans which are acceptable to the resident can be implemented sooner. The facility shall inform the resident of its bed-hold policy, if applicable, prior to discharge. The actions shall be documented on the resident record. Suitable clinical records describing the resident's needs, including list of orders and medications as directed by the attending physician shall accompany the resident if the resident is sent to another medical facility.

(g) Unless the discharge is initiated by the resident or resident's responsible person, the facility is responsible to assure that appropriate arrangements are made for a safe and orderly transfer and that the resident is transferred to an appropriate place that is capable of meeting the resident's needs. Prior to transfer, the facility shall inform the resident or the resident's responsible person as to whether the facility where the resident is being transferred is certified to participate in the Medicare and MA reimbursement programs.

(h) It is not necessary to transfer a resident whose condition had changed within or between health care facilities when, in the opinion of the attending physician, the transfer may be harmful to the physical or mental health of the resident. The physician shall document the situation accordingly on the resident's record.

(i) The resident shall be encouraged and assisted throughout the period of stay to exercise rights as a resident and as a citizen and may voice grievances and recommend changes in policies and services to the facility staff or to outside representatives of the resident's choice. The resident or resident's responsible person shall be made aware of the Department's Hot Line (800) 254-5164, the telephone number of the Long-Term Care Ombudsman Program located within the Local Area Agency on Aging, and the telephone number of the local Legal Services Program to which the resident may address grievances. A facility is required to post this information in a prominent location and in a large print easy to read format.

(j) The resident shall be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for the necessary personal and social needs.

(k) The resident shall be permitted to retain and use personal clothing and possessions as space permits unless to do so would infringe upon rights of other residents and unless medically contraindicated, as documented by his physician in the medical record. Reasonable provisions shall be made for the proper handling of personal clothing and possessions that are retained in the facility. The resident shall have access and use of these belongings.

(l) The resident's rights devolve to the resident's responsible person as follows:

- (1) When the resident is adjudicated incapacitated by a court.
- (2) As Pennsylvania law otherwise authorizes.

(m) The resident rights in this section shall be reflected in the policies and procedures of the facility.

(n) The facility shall post in a conspicuous place near the entrances and on each floor of the facility a notice which sets forth the list of resident's rights. The facility shall on admission provide a resident or resident's responsible person with a personal copy of the notice. In the case of a resident who cannot read, write or understand English, arrangements shall be made to ensure that this policy is fully communicated to the resident. A certificate of the provision of personal notice as required in this section shall be entered in the resident's clinical record.

(o) Experimental research or treatment in a nursing home may not be carried out without the approval of the Department and without the written approval of the resident after full disclosure. For the purposes of this subsection, "experimental research" means an experimental treatment or procedure that is one of the following:

- (1) Not a generally accepted practice in the medical community.
- (2) Exposes the resident to pain, injury, invasion of privacy or asks the resident to surrender autonomy, such as a drug study.

Authority

The provisions of this § 201.29 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.29 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended July 6, 1979, effective July 7, 1979, 9 Pa.B. 2252; amended April 23, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; corrected June 19, 1987, 17 Pa.B. 2462; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202333) to (202336).

§ 201.30. Access requirements.

(a) The facility may limit access to a resident when the interdisciplinary care team has determined it may be a detriment to the care and well-being of the resident in the facility. The facility may not restrict the right of the resident to have legal representation or to visit with the representatives of the Department of Aging Ombudsman Program. A facility may not question an attorney representing the resident or representatives of the Department, or the Department of Aging Ombudsman Program, as to the reason for visiting or otherwise communicating with the resident.

(b) A person entering a facility who has not been invited by a resident or a resident's responsible persons shall promptly advise the administrator or other available agent of the facility of that person's presence. The person may not enter the living area of a resident without identifying himself to the resident and without receiving the resident's permission to enter.

Authority

The provisions of this § 201.30 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.30 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (202336) to (202338).

§ 201.31. Transfer agreement.

(a) The facility shall have in effect a transfer agreement with one or more hospitals, located reasonably close by, which provides the basis for effective working arrangements between the two health care facilities. Under the agreement, inpatient hospital care or other hospital services shall be promptly available to the facility's residents when needed.

(b) A transfer agreement between a hospital and a facility shall be in writing and specifically provide for the exchange of medical and other information necessary to the appropriate care and treatment of the residents to be transferred. The agreement shall further provide for the transfer of residents' personal effects, particularly money and valuables, as well as the transfer of information related to these items when necessary.

Authority

The provisions of this § 201.31 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 201.31 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (202338).

§ 201.32. [Reserved].**Source**

The provisions of this § 201.32 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (202339).

§ 201.33. [Reserved].**Source**

The provisions of this § 201.33 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (70649) to (70650).

§ 201.34. [Reserved].**Source**

The provisions of this § 201.34 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended February 11, 1977, effective February 12, 1977, 7 Pa.B. 437; amended July 6, 1979, effective July 7, 1979, 9 Pa.B. 2252; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; corrected at 12 Pa.B. 1563; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (70651) to (70653).

§ 201.35. [Reserved].**Source**

The provisions of this § 201.35 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (70653) to (70655).

§ 201.36. [Reserved].**Source**

The provisions of this § 201.36 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended July 6, 1979, effective July 7, 1979, 9 Pa.B. 2252; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (70655) to (70656).

§ 201.37. [Reserved].

Source

The provisions of this § 201.37 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (70656).

§ 201.38. [Reserved].

Source

The provisions of this § 201.38 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (70656) to (70657).

[Next page is 203-1.]

**CHAPTER 203. APPLICATION OF LIFE SAFETY CODE FOR
LONG-TERM CARE NURSING FACILITIES**

- Sec.
203.1. Application of the Life Safety Code.
203.2. [Reserved].
203.3. [Reserved].

Source

This Chapter 203 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233, unless otherwise noted.

§ 203.1. Application of the *Life Safety Code*.

A facility shall meet the applicable edition of National Fire Protection Association 101 *Life Safety Code* which is currently adopted by the Department. A facility previously in compliance with prior editions of the *Life Safety Code* is deemed in compliance with subsequent *Life Safety Codes* except renovation or new construction shall meet the current edition adopted by the Department.

Authority

The provisions of this § 203.1 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 203.1 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended February 11, 1977, effective February 12, 1977, 7 Pa.B. 437; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (116573).

§ 203.2. [Reserved].

Source

The provisions of this § 203.2 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended February 11, 1977, effective February 12, 1977, 7 Pa.B. 437; reserved April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (116573) to (116574).

§ 203.3. [Reserved].

Source

The provisions of this § 203.3 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (70658).

[Next page is 205-1.]

203-2

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**CHAPTER 205. PHYSICAL PLANT AND EQUIPMENT
STANDARDS FOR LONG-TERM CARE NURSING FACILITIES**

BUILDINGS AND GROUNDS

- Sec.
205.1. Location or site.
205.2. Grounds.
205.3. [Reserved].
205.4. Building plans.
205.5. [Reserved].
205.6. Function of building.

MINIMUM PHYSICAL PLANT STANDARDS

- 205.7. Basement or cellar.
205.8. Ceiling heights.
205.9. Corridors.
205.10. Doors.
205.11. [Reserved].
205.12. Elevators.
205.13. Floors.
205.14. Locks.
205.15. [Reserved].
205.16. Stairs.
205.17. Stairways.
205.18. [Reserved].
205.19. Windows and windowsills.
205.20. Resident bedrooms.
205.21. Special care room.
205.22. Placement of beds.
205.23. Location of bedrooms.
205.24. Dining room.
205.25. Kitchen.
205.26. Laundry.
205.27. Lounge and recreation rooms.
205.28. Nurses' station.
205.29. [Reserved].
205.30. [Reserved].
205.31. Storage.
205.32. Janitor closet.
205.33. Utility room.
205.34. [Reserved].
205.35. [Reserved].
205.36. Bathing facilities.
205.37. Equipment for bathrooms.
205.38. Toilet facilities.
205.39. Toilet room equipment.
205.40. Lavatory facilities.

205-1

- 205.41. [Reserved].
- 205.42. [Reserved].
- 205.43. [Reserved].
- 205.44. [Reserved].
- 205.45. [Reserved].
- 205.46. [Reserved].
- 205.47. [Reserved].
- 205.48. [Reserved].
- 205.49. [Reserved].
- 205.50. [Reserved].

MECHANICAL AND ELECTRICAL REQUIREMENTS

- 205.61. Heating requirements for existing and new construction.
- 205.62. Special heating requirements for new construction.
- 205.63. Plumbing and piping systems required for existing and new construction.
- 205.64. Special plumbing and piping systems requirements for new construction.
- 205.65. [Reserved].
- 205.66. Special ventilation requirements for new construction.
- 205.67. Electric requirements for existing and new construction.
- 205.68. Special electrical requirements for new construction.

FURNISHINGS, EQUIPMENT AND SUPPLIES

- 205.71. Bed and furnishings.
- 205.72. Furniture.
- 205.73. [Reserved].
- 205.74. Lien.

SUPPLIES

- 205.75. Supplies.
- 205.81. [Reserved].
- 205.82. [Reserved].
- 205.83. [Reserved].
- 205.84. [Reserved].
- 205.85. [Reserved].
- 205.86. [Reserved].
- 205.87. [Reserved].
- 205.88. [Reserved].
- 205.89. [Reserved].
- 205.90. [Reserved].
- 205.91. [Reserved].

Source

The provisions of this Chapter 205 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233, unless otherwise noted.

BUILDINGS AND GROUNDS

§ 205.1. Location or site.

A building to be used for and by residents shall be located in areas conducive to the health and safety of the residents.

Authority

The provisions of this § 205.1 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.1 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242505).

§ 205.2. Grounds.

(a) Grounds shall be adequate to provide necessary service areas and outdoor areas for residents. A facility with site limitations may provide rooftop or balcony areas if adequate protective enclosures are provided.

(b) Delivery areas, service yards or parking area shall be located so that traffic does not cross areas commonly used by residents.

Authority

The provisions of this § 205.2 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.2 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242505).

§ 205.3. [Reserved].**Source**

The provisions of this § 205.3 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242505) to (242506).

§ 205.4. Building plans.

(a) There may be no new construction of a facility without the Department's approval of final plans. There may be no alterations or additions to an existing building or conversion of a building or facility made prior to the Department's approval of final plans.

(b) Plans, including architectural, mechanical and electrical plans, shall include requested changes and shall be submitted to the Department for final approval before construction, alterations or remodeling begins.

(c) The licensee or prospective licensee shall have the opportunity to present and discuss purposes and plans concerning the requested changes indicated on the architectural plans with the Department. If differences occur and cannot be resolved, administrative hearing may be sought under 1 Pa. Code Part II (relating to General Rules of Administrative Practice and Procedure).

(d) Plans shall be resubmitted to the Department for approval if construction or alteration has not been started within 24 months from the date the plans received final approval.

(e) Plans submitted to the Department for approval shall include the following items:

- (1) Wall sections and details, including stairs, location and fastening of handrails and grab bars.
- (2) Mechanical and electrical drawings.
- (3) Schedules of room finishes, door type and size, plumbing fixtures, electrical fixtures and special equipment, such as sterilizers, kitchen equipment and the like.
- (4) Site plan—1 inch equals 40 feet—indicating new and existing structures, roads, services, walls and north arrow.
- (5) Floor plans using a minimum of 1/8 inch scale.
- (6) One-fourth inch scale layout: main kitchen, nurse's station, utility room, physical therapy room, occupational therapy room and the like.
- (7) One-fourth inch scale layout: typical bedroom, indicating window, door, radiator, air conditioner, electrical outlets, permanent fixtures, furniture placement or other pertinent information; typical bathroom; and a toilet room.
- (8) Exterior elevation.
- (9) Wall section, typical.
- (10) Plans shall be on drawing sheets at least 15 by 24 inches and not exceed 32 by 42 inches in size including the borders.

Authority

The provisions of this § 205.4 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.4 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended February 10, 1977, effective February 11, 1977, 7 Pa.B. 437; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242506) to (252507).

§ 205.5. [Reserved].

Source

The provisions of this § 205.5 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242507).

§ 205.6. Function of building.

(a) No part of a building may be used for a purpose which interferes with or jeopardizes the health and safety of residents. Special authorization shall be given by the Department's Division of Nursing Care Facilities if a part of the building is to be used for a purpose other than health care.

(b) The only persons who may reside in the facility shall be residents, employes, the licensee, the administrator or members of the administrator's immediate family.

Source

The provisions of this § 205.6 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242507) to (242508).

MINIMUM PHYSICAL PLANT STANDARDS

§ 205.7. Basement or cellar.

Basements or cellars may be used for storage, laundry, kitchen, heat, electric and water equipment. Approval from the Department's Division of Nursing Care Facilities shall be secured before areas may be used for other purposes, such as physical therapy, central supply, occupational therapy and the like.

Authority

The provisions of this § 205.7 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.7 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242508).

§ 205.8. Ceiling heights.

Ceiling heights may be 7 feet 6 inches except in boiler rooms where a minimum of 30 inches shall be provided above the main boiler heater and connecting piping. Adequate headroom for convenient maintenance and other proposed operations shall be maintained below the piping.

Authority

The provisions of this § 205.8 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.8 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242508).

§ 205.9. Corridors.

(a) Resident corridors shall have a handrail on both sides with a return to the wall at each rail ending. Handrails shall be detailed and finished for safety and shall be free from snagging. Brackets may not impede the continuous progress of hands along the railing.

(b) Corridors shall be lighted adequately during the day and night.

(c) Areas used for corridor traffic may not be considered as areas for dining, storage, diversional or social activities.

Authority

The provisions of this § 205.9 issued under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.9 adopted January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242509).

§ 205.10. Doors.

(a) Doors into bathrooms and toilet rooms used by residents shall be at least 36 inches wide, except for an existing facility where the minimum width of toilet room doors is 32 inches.

(b) A door to a resident room shall swing into the room.

(c) A door to a toilet room which swings into the toilet area shall be equipped with special hardware which permits the door to be opened from the outside, and swing out, in case of emergency.

(d) Resident and visitor toilet stall doors shall swing out. Curtains or equivalent shall be considered as meeting this requirement.

(e) A door to a basement or a cellar may not be located in a resident room.

(f) A door opening to the exterior, which may be opened occasionally for ventilation purposes, with the exception of an approved exit door, shall be effectively covered with screening.

Authority

The provisions of this § 205.10 issued under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.10 adopted January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242509) to (242510).

§ 205.11. [Reserved].**Authority**

The provisions of this § 205.11 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.11 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242510).

§ 205.12. Elevators.

(a) Elevator service shall be provided for residents when a resident use area is located above or below the first floor or grade level entrance in a building constructed or converted for use after January 1975 as a facility providing either skilled or intermediate care.

(b) The cab platform of an elevator shall measure no less than 5 feet by 7 feet 6 inches. Cab and shaft door may have not less than a 44 inch opening and shall be power operated.

Authority

The provisions of this § 205.12 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.12 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242510).

§ 205.13. Floors.

(a) Floors traveled by residents shall be of nonskid material.

(b) Floors in the kitchen, bathroom, toilet rooms, shower rooms, utility rooms, bedpan and hopper rooms shall be of nonskid, nonabsorbent materials and easily cleanable.

Authority

The provisions of this § 205.13 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.13 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended February 11, 1977, effective February 12, 1977, 7 Pa.B. 437; reserved April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242510) to (242511).

§ 205.14. Locks.

Doors into rooms used by residents may not be locked from the outside when the resident is in the room.

Authority

The provisions of this § 205.14 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.14 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242511).

§ 205.15. [Reserved].**Source**

The provisions of this § 205.15 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242511).

§ 205.16. Stairs.

Stairs used by residents shall have no locked gates or free swinging doors obstructing ascent or descent.

Authority

The provisions of this § 205.16 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.16 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242511) to (242512).

§ 205.17. Stairways.

There shall be indoor stairs and stairways to a basement if the stairs are to be used by personnel of the facility.

Authority

The provisions of this § 205.17 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.17 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242512).

§ 205.18. [Reserved].**Source**

The provisions of this § 205.18 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242512).

§ 205.19. Windows and windowsills.

(a) Window openings in the exterior walls that are used for ventilation shall be effectively covered by screening.

(b) Rooms with windows opening onto light or air shafts, or onto an exposure where the distance between the building or an obstruction higher than the windowsill is less than 20 feet may not be used for resident bedrooms.

Authority

The provisions of this § 205.19 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.19 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242513).

§ 205.20. Resident bedrooms.

(a) A bed for a resident shall be placed only in a bedroom approved by the Department.

(b) The maximum number of residents who may be accommodated in the facility shall be indicated on the license.

(c) The number of resident bedrooms and the number of beds in a room may not exceed the maximum number approved by the Department.

(d) Single bed bedrooms shall provide minimum room area clearance, in addition to the area of closets, vestibule, wardrobes and toilet rooms, of 100 square feet.

(e) Single resident bedrooms in facilities licensed prior to January 1975, shall contain at least 80 square feet of space.

(f) A multibed bedroom shall provide minimum room area clearances, in addition to the area of closets, vestibule, wardrobes and toilet rooms of 80 square feet per bed.

(g) In facilities licensed prior to January 1975, resident multibed bedrooms shall have at least 65 square feet of space per resident.

Authority

The provisions of this § 205.20 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.20 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242513) to (242515).

§ 205.21. Special care room.

(a) Provisions shall be made for isolating a resident as necessary in a single room which is ventilated to the outside as set forth in § 205.66 (relating to special ventilation requirements for new construction). For new construction, there shall be an adjoining private bathroom which contains a toilet, lavatory and either a standard size tub or a shower.

(b) Provisions shall be available to identify this room with appropriate precautionary signs.

Authority

The provisions of this § 205.21 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.21 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242516).

§ 205.22. Placement of beds.

A bed may not be placed in proximity to radiators, heat vents, air conditioners, direct glare of natural light or drafts unless adequate provisions are made for resident comfort and safety.

Authority

The provisions of this § 205.22 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.22 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242516).

§ 205.23. Location of bedrooms.

A resident bedroom shall have adjoining toilet facilities and shall be located conveniently near bathing facilities, except for those facilities licensed prior to January 1975.

Authority

The provisions of this § 205.23 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.23 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242516) to (242517).

§ 205.24. Dining room.

(a) There shall be a minimum dining area of 15 square feet per bed for the first 100 beds and 13 1/2 square feet per bed for beds over 100. This space is required in addition to the space required for lounge and recreation rooms. These areas shall be well lighted and well ventilated.

(b) Tables and space shall be provided to accommodate wheelchairs with trays and other devices.

Authority

The provisions of this § 205.24 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.24 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; corrected June 19, 1987, 17 Pa.B. 2462; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242517).

§ 205.25. Kitchen.

(a) There shall be at least one kitchen large enough to meet the needs of the facility.

(b) A service pantry shall be provided for each nursing unit. The pantry shall contain a refrigerator, device for heating food, sink, counter and cabinets. For existing facilities, a service pantry shall be provided for a nursing unit unless the kitchen is sufficiently close for practical needs and has been approved by the Department.

Authority

The provisions of this § 205.25 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.25 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242517) to (242518).

§ 205.26. Laundry.

(a) A laundry room shall be provided in a facility where commercial laundry service is not used for the washing of soiled linens.

(b) The entrance and exit to the laundry room shall be located to prevent the transportation of soiled or clean linens through food preparation, food storage or food serving areas.

(c) The facility shall have a separate room for central storage of soiled linens. The room shall be well ventilated, constructed of materials impervious to odors and moisture and easily cleaned. Soiled linens may not be transported through areas where clean linen is stored.

(d) A facility shall provide a separate room or area for central storage of clean linens and linen carts.

(e) Equipment shall be made available and accessible for residents desiring to do their personal laundry.

Authority

The provisions of this § 205.26 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.26 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; corrected June 19, 1987, 17 Pa.B. 2462; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242518) to (242519).

§ 205.27. Lounge and recreation rooms.

There shall be a minimum of 15 square feet of floor space per bed for recreation or lounge rooms provided for the first 100 beds and 13 1/2 square feet for all beds over 100. There shall be recreation or lounge rooms for residents on each floor.

Authority

The provisions of this § 205.27 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.27 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242519).

§ 205.28. Nurses' station.

(a) A nurses' station shall be located in each nursing unit, located as centrally as practical within the nursing unit. A common nurses' station serving more than a single nursing unit may be permitted when the design of the project and method of operation indicate a satisfactory level of service. The size and facilities of the nurses' station shall be increased appropriate to the number of beds served and additional staffing required.

(b) The nurses' station may not be more than 120 feet from the most remote resident room served.

(c) The nurses' station shall have facilities for:

(1) A nurses' call system.

(2) Charting and supplies.

(3) Medication storage and preparation, which may be within the clean workroom, if a self-contained cabinet is provided. The medication storage cabinet shall be locked. Mechanical ventilation shall be provided in this workroom. If a medication cart is used, provisions shall be made to lock the cart or to place the cart when not in use in a safe area that can be locked. The cart may not be stored in the corridor.

(4) A double-locked narcotic compartment within the medication area.

Authority

The provisions of this § 205.28 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.28 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242519) to (242520).

§ 205.29. [Reserved].

Source

The provisions of this § 205.29 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242520).

§ 205.30. [Reserved].

Source

The provisions of this § 205.30 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (70670).

§ 205.31. Storage.

General storage space shall be provided for storage of supplies, furniture, equipment, residents' possessions and the like. Space provided for this purpose shall be commensurate with the needs of the nursing facility, but may not be less than 10 square feet per bed.

Authority

The provisions of this § 205.31 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.31 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242521).

§ 205.32. Janitor closet.

- (a) At least one janitor closet shall be provided in a unit. If physical arrangement permits, one janitor's closet may serve more than one nursing unit or wing.
- (b) A separate janitor's closet is required for the kitchen.

Authority

The provisions of this § 205.32 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.32 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242521) to (242522).

§ 205.33. Utility room.

- (a) Provisions shall be made in each nursing unit near the nurses' station for utility rooms. The area shall have separate soiled and clean workrooms. The rooms may not be more than 120 feet from the most remote room served. If one nursing station services several resident corridors, a soiled utility room shall be on each unit.
- (b) Facilities for flushing and rinsing bedpans, such as a spray attachment for the clinical sink or a separate bedpan flusher, shall be provided in the soiled workroom of each nursing unit, unless bedpan flushing devices, together with bedpan lugs on toilets are provided in each resident's toilet for this purpose.
- (c) Hand-washing facilities shall be available in the soiled and clean utility rooms.

Authority

The provisions of this § 205.33 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.33 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242522).

§ 205.34. [Reserved].**Source**

The provisions of this § 205.34 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242522).

§ 205.35. [Reserved].**Source**

The provisions of this § 205.35 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242523).

§ 205.36. Bathing facilities.

(a) The facility shall provide a general bathing area in each nursing unit to serve residents' bedrooms which do not have adjoining bathrooms with a bathtub or shower.

(b) Bathing fixtures for either the tub or shower shall be provided at a ratio of one fixture per 15 beds or major fraction thereof.

(c) Unless bathing fixtures are located in a separate room, there shall be compartments to permit privacy. Cubicle curtains may provide this privacy.

(d) Each room or compartment shall provide space for the use of bathing fixtures, wheelchairs and dressing. Sufficient space shall be provided for the attendant who may need to assist the resident.

(e) Each bathing room shall include a toilet and lavatory. If more than one tub or shower is in the bathing room, privacy shall be provided at each bathing facility and at the toilet.

(f) Showers designed for wheelchair use may be no less than 4 feet square, shall be without curbs and shall have handrails and curtains.

(g) Water controls for handicapped shower areas shall be located outside the shower stall. Other shower areas may have standard installation of shower controls.

(h) The facility shall have at least one bathtub in each centralized bath area on each floor that is accessible from three sides with a minimum of 3 feet clearance on each side and 4 feet clearance from the foot of the tub to adjacent wall or obstruction.

Authority

The provisions of this § 205.36 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.36 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242523) to (242524).

§ 205.37. Equipment for bathrooms.

(a) Grab bars shall be installed as necessary at each tub and shower for safety and convenience. Grab bars, accessories and anchorage shall have sufficient strength to sustain a weight of 250 pounds for 5 minutes.

(b) The general bathroom or shower room used by residents shall be provided with one emergency signal bell located in close proximity to the tub or shower and which registers at the nursing station. This is in addition to the emergency signal bell located at each toilet unless a single bell can be reached by the resident from both the toilet and tub or shower.

(c) Provisions shall be made available to get residents in and out of bathtubs in a safe way to prevent injury to residents and personnel. The facility shall provide appropriate supervision and assistance to ensure the safety of all residents being bathed.

(d) A dressing area shall be provided immediately adjacent to the shower stall and bathtub. In the dressing area, there shall be provisions for keeping clothes dry while bathing.

(e) The facility shall ensure that water for baths and showers is at a safe and comfortable temperature before the resident is bathed.

Authority

The provisions of this § 205.37 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.37 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242524) to (242525).

§ 205.38. Toilet facilities.

(a) In toilet rooms that adjoin resident bedrooms, there shall be at least one toilet for four residents. This shall be directly accessible from bedrooms without entering the general corridor. In no case may one toilet service more than two bedrooms. The minimum dimension of a resident toilet room containing only a toilet shall be 3 feet by 6 feet.

(b) There may be no less than 3 1/2 feet of space from front of toilet to opposite wall or fixtures.

(c) There shall be at least one toilet on each floor to accommodate residents in wheelchairs.

(d) At least one toilet room shall be provided for toilet training. This room shall be accessible from the nursing corridor and may serve the bathing area. Minimum dimensions for a toilet-training room containing only a toilet shall be 5 feet by 6 feet.

(e) Floors or units with more than eight residents of both sexes shall be provided with separate toilet fixtures in a ratio of 1:4 or major fraction thereof for each sex. In existing facilities, overall toilet fixtures shall be provided in a ratio of 1:8 or major fraction thereof for each bed.

(f) Toilets and lavatories other than resident facilities shall be provided for male and female visitors in facilities.

Authority

The provisions of this § 205.38 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.38 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242525).

§ 205.39. Toilet room equipment.

(a) Toilet rooms shall be provided with lavatory, soap or soap dispenser, paper towels, mechanical dryer or other sanitary means of toweling. In toilet rooms adjacent to bedrooms, the lavatory may be omitted if provided in each bedroom.

(b) Toilets used by residents shall be provided with handrails or assist bars on each side capable of sustaining a weight of 250 pounds and an emergency call bell within reaching distance.

Authority

The provisions of this § 205.39 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.39 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242526).

§ 205.40. Lavatory facilities.

(a) A floor occupied by residents shall have lavatories in the ratio of 1:4 residents or major fraction thereof. In existing facilities, lavatory fixtures shall be provided in a ratio of 1:8 or major fraction thereof for each bed.

(b) A mirror shall be over each lavatory used by residents.

Authority

The provisions of this § 205.40 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.40 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242526).

§ 205.41. [Reserved].**Source**

The provisions of this § 205.41 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (23241) to (23242).

§ 205.42. [Reserved].**Source**

The provisions of this § 205.42 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (23242).

§ 205.43. [Reserved].**Source**

The provisions of this § 205.43 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (23242).

§ 205.44. [Reserved].**Source**

The provisions of this § 205.44 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (23242) and (37960).

§ 205.45. [Reserved].**Source**

The provisions of this § 205.45 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (37960).

§ 205.46. [Reserved].**Source**

The provisions of this § 205.46 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (37960).

§ 205.47. [Reserved].**Source**

The provisions of this § 205.47 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (37960).

§ 205.48. [Reserved].**Source**

The provisions of this § 205.48 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (37960) to (37961).

§ 205.49. [Reserved].**Source**

The provisions of this § 205.49 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended October 7, 1977, effective March 20, 1976, 7 Pa.B. 2893; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (37961).

§ 205.50. [Reserved].**Source**

The provisions of this § 205.50 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (37961).

MECHANICAL AND ELECTRICAL REQUIREMENTS**§ 205.61. Heating requirements for existing and new construction.**

(a) The heating system shall comply with local and State codes. If there is a conflict, the more stringent requirements shall apply.

(b) Exposed heating pipes, hot water pipes or radiators in rooms and areas used by residents or within reach of residents, shall be covered or protected to prevent injury or burns to residents. This includes hot water or steam piping above 125°F.

Authority

The provisions of this § 205.61 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.61 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242528) to (242529).

§ 205.62. Special heating requirements for new construction.

(a) Boiler feed pumps, heat circulating pumps, condensate return pumps and fuel oil pumps shall be connected and installed so that the total load can be carried by the remaining pumps with one pump out of service.

(b) To prevent shutting down the entire system when repairs are required, supply and return mains and risers of cooling, heating and process steam systems shall be valved to isolate the various sections of the system. Each piece of equipment shall be valved at the supply and return.

Authority

The provisions of this § 205.62 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.62 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242529).

§ 205.63. Plumbing and piping systems required for existing and new construction.

(a) Potable ice may not be manufactured or stored in the soiled utility room.

(b) Water distribution systems shall be designed and arranged to provide potable hot and cold water at hot and cold water outlets at all times. The system pressure shall be sufficient to operate fixture and equipment during maximum demand periods.

(c) Hot water outlets accessible to residents shall be controlled so that the water temperature of the outlets does not exceed 110°F.

Authority

The provisions of this § 205.63 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.63 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended February 11, 1977, effective February 12, 1977, 7 Pa.B. 437; corrected at 7 Pa.B. 2059; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242529) to (242530).

§ 205.64. Special plumbing and piping systems requirements for new construction.

(a) Plumbing systems shall be installed to meet the requirements of local plumbing codes and Chapter 14, Medical Care Facility Plumbing Equipment, of the *PHCC National Standard Plumbing Code*. Sections 14.22 and 14.23 of the *PHCC National Standard Plumbing Code* are not mandatory, but are recommended. If the codes listed in this subsection conflict, the most stringent requirement shall apply.

(b) Approved backflow preventers or vacuum breakers shall be installed with plumbing fixtures or equipment where the potable water supply outlet may be submerged and which is not protected by a minimum air gap. This includes hose bibs, janitor sinks, bedpan-flushing attachments and other fixtures to which hoses or tubing can be attached.

(c) Each water service main, branch main, riser and branch to a group of fixtures shall be valved. Stop valves shall be provided at each fixture.

(d) Shower bases and tubs shall provide nonskid surfaces for standing residents.

Authority

The provisions of this § 205.64 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.64 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242530).

§ 205.65. [Reserved].**Source**

The provisions of this § 205.65 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242531).

§ 205.66. Special ventilation requirements for new construction.

(a) Ventilation for new construction shall conform to the following:

<i>Area Designation</i>	<i>Pressure Relationship to Adjacent Areas</i>	<i>Minimum Air Changes of Outdoor Air Per Hour</i>	<i>Minimum Total Air Changes Per Hour</i>	<i>All Air Directly to Outdoors</i>	<i>Recirculated within Room Units</i>
Resident Room	Equal	2	2	Optional	Optional
Resident Area Corridor	Equal	Optional	2	Optional	Optional
Physical therapy	Negative	2	6	Optional	Optional
Occupational therapy	Negative	2	6	Optional	Optional
Soiled workroom or soiled holding	Negative	2	10	Yes	No
Clean workroom or clean holding	Positive	2	4	Optional	Optional
Toilet room	Negative	Optional	10	Yes	No
Bathroom	Negative	Optional	10	Yes	No
Janitor's closet	Negative	Optional	10	Yes	No
Sterilizer equipment room	Negative	Optional	10	Yes	No
Linen and trash chute rooms	Negative	Optional	10	Yes	No
Food preparation center	Equal	2	10	Yes	Yes
Warewashing room	Negative	Optional	10	Yes	Yes
Dietary day storage	Equal	Optional	2	Yes	No
Laundry, general	Equal	2	10	Yes	No
Soiled linen sorting and storage	Negative	Optional	10	Yes	No
Clean linen storage	Positive	Optional	2	Yes	No
Special Care Room/ Isolation	Negative	2	6	Yes	No

(b) Central air systems shall be provided with filters having a minimum efficiency of 25% based on ASHRAE Standard No. 52-68 and certified by an independent testing agency. Central air systems shall have a manometer installed across each filter bed.

(c) Air supply systems shall be operated mechanically. Air exhaust and return systems shall be operated mechanically, except for air not required to be exhausted directly outdoors as indicated in subsection (a). Where subsection (a) requirements for outdoor air is optional, this air may be supplied directly by transfer ducts or grilles to adjacent spaces without being filtered through a central system. Air may not be transferred to or from corridors, to or from adjacent spaces, except as permitted in the applicable edition of the National Fire Protection Association 101 *Life Safety Code* which is currently adopted by the Department.

(d) The dietary dry storage and kitchenware washing rooms may use direct air from the kitchen without being filtered through a central system.

(e) The ventilation rates indicated in subsection (a) are minimum mandatory rates for the area listed and may not be construed as precluding the use of higher rates. For areas not listed, such as dining rooms, lounge and recreation rooms, solarium, and the like, mechanical ventilation rates are optional, but where mechanical ventilation is provided, the supply air shall be obtained from the outdoors through individual room units or from central systems. The unlisted room areas, if ventilated, shall contain an equal pressure relationship.

(f) Where mechanical ventilation is not mandatory or provided, the areas may be ventilated by outside windows that can be easily opened and closed.

(g) Outdoor air intakes may be no less than 25 feet from waste air discharges, such as discharge from ventilation systems, combustion stacks, plumbing vents, vehicle exhaust and the like. The bottom of outdoor air intakes serving central systems and kitchens may not be less than 3 feet above the finished grade or roof level.

(h) Ventilation air openings which are located near floors shall be installed not less than 3 inches above the finished floor.

(i) Air quantities in cubic feet per minute shall be indicated on the drawings for room supply, return and exhaust ventilation openings.

Authority

The provisions of this § 205.66 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.66 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242531) to (242533).

Cross References

This section cited in 28 Pa. Code § 205.21 (relating to special care room).

§ 205.67. Electric requirements for existing and new construction.

- (a) Artificial lighting shall be restricted to electric lighting.
- (b) Spaces occupied by people, machinery and equipment within buildings shall have electric lighting which is operational at all times.
- (c) Electric lights satisfactory for residents' activities shall be available.
- (d) Electric lights in rooms used by residents shall be placed or shaded to prevent direct glare to the eyes of residents.
- (e) Night lights shall be provided in bedrooms, stairways, corridors, bathrooms and toilet rooms used by residents.
- (f) Arrangements to transfer lighting from overhead fixtures to night light fixtures in stairways and corridors shall be designed so that switches can only select between two sets of fixtures and cannot extinguish both sets at the same time.
- (g) In addition to night lights, residents' bedrooms shall have general lighting. The light emitting surfaces of the night light may not be in direct view of a resident in a normal in-bed position.
- (h) A reading light shall be provided for each resident.
- (i) In each resident room there shall be grounding type receptacles as follows: one duplex receptacle on each side of the head of each bed except for parallel adjacent beds. Only one duplex receptacle is required between beds plus sufficient duplex receptacles to supply portable lights, television and motorized beds, if used, and one duplex receptacle on another wall.
- (j) A nurse's calling station—signal originating device—with cable with push button housing attached or other system approved by the Department shall be provided at each resident bed location so that it is accessible to the resident. Two cables and buttons serving adjacent beds may be served by one station. An emergency calling station within reach of the resident shall be provided at each bathing fixture and toilet unless a single bell can be reached by the resident from both the bathing fixture and the toilet. Cable and push button housing requirement will apply to those facilities constructed after July 1, 1987.
- (k) Calls shall register by a signal receiving and indicating device at the nurses' station, and shall activate a visible signal in the corridor at the resident's door. In multicorridor nursing units, additional visible signal indicators shall be installed at corridor intersections.

Authority

The provisions of this § 205.67 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.67 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242533) to (242534).

§ 205.68. Special electrical requirements for new construction.

(a) Electrical systems and equipment shall comply with the latest edition of the *National Electrical Code, NFPA 70*. If local or State codes are more stringent, the more stringent requirements apply.

(b) Materials comprising the electrical systems shall be listed as complying with applicable standards of the Underwriters' Laboratories, Inc., or other similarly established standards.

(c) Minimum lighting levels for long-term care nursing facilities shall conform with the following:

<i>Area</i>	<i>Footcandles</i>
Corridors and interior ramps	20
Stairways other than exits	30
Exit stairways and landings	5 on floor
Doorways	10
Administrative and lobby areas, day	50
Administrative and lobby areas, night	20
Chapel or quiet area	30
Physical therapy	20
Occupational therapy	30
Worktable, coarse work	100
Worktable, fine work	200
Recreation area	50
Dining area	30
Resident care unit (or room) general	10
Resident care room, reading	30
Nurses' station, general, day	50
Nurses' station, general, night	20
Nurses' desk, for charts and records	70
Nurses' medicine cabinet	100
Utility room, general	20
Utility room, work counter	50

<i>Area</i>	<i>Footcandles</i>
Pharmacy area, general	30
Pharmacy, compounding and dispensing areas	100
Janitor's closet	15
Toilet and bathing facilities	30
Barber and beautician areas	50

(d) The applicable standards for lighting levels are those established by the current edition of the Illuminating Engineering Society of North America (IES) Lighting Handbook.

Authority

The provisions of this § 205.68 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.68 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242534) to (242535).

FURNISHINGS, EQUIPMENT AND SUPPLIES

§ 205.71. Bed and furnishings.

A bed shall be equipped with a firm supporting mattress which is equal to the size of the frame and provides for the comfort and safety of the resident.

Authority

The provisions of this § 205.71 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.71 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242535).

§ 205.72. Furniture.

A resident shall be provided with a drawer or cabinet in the resident's room that can be locked.

Authority

The provisions of this § 205.72 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.72 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242535) to (242536).

§ 205.73. [Reserved].**Source**

The provisions of this § 205.73 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242536) to (242537).

§ 205.74. Linen.

The facility shall have available at all times a quantity of linens essential for proper care and comfort of residents.

Authority

The provisions of this § 205.74 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.74 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (242537).

§ 205.75. Supplies.

Adequate supplies shall be available at all times to meet the residents' needs.

Authority

The provisions of this § 205.75 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 205.75 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; corrected June 19, 1987, 17 Pa.B. 2462; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (242537) to (242538).

§ 205.81. [Reserved].**Source**

The provisions of this § 205.81 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended July 6, 1979, effective July 7, 1979, 9 Pa.B. 2252; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (70684).

§ 205.82. [Reserved].**Source**

The provisions of this § 205.82 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (70684) and (89924).

§ 205.83. [Reserved].**Source**

The provisions of this § 205.83 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (89924).

§ 205.84. [Reserved].**Source**

The provisions of this § 205.84 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (89924).

§ 205.85. [Reserved].**Source**

The provisions of this § 205.85 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended February 9, 1977, effective February 10, 1977, 7 Pa.B. 437; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (89924).

§ 205.86. [Reserved].**Source**

The provisions of this § 205.86 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved February 11, 1977, effective February 12, 1977, 7 Pa.B. 437. Immediately preceding text appears at serial page (23254).

§ 205.87. [Reserved].**Source**

The provisions of this § 205.87 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved February 11, 1977, effective February 12, 1977, 7 Pa.B. 437. Immediately preceding text appears at serial page (23254).

§ 205.88. [Reserved].**Source**

The provisions of this § 205.88 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (23255).

§ 205.89. [Reserved].**Source**

The provisions of this § 205.89 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (23255) to (23256).

§ 205.90. [Reserved].**Source**

The provisions of this § 205.90 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (23256).

§ 205.91. [Reserved].**Source**

The provisions of this § 205.91 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 31, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (23256).

[Next page is 207-1.]

205-30

(258372) No. 299 Oct. 99

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**CHAPTER 207. HOUSEKEEPING AND MAINTENANCE
STANDARDS FOR LONG-TERM CARE NURSING FACILITIES**

HOUSEKEEPING AND MAINTENANCE

- 207.1. [Reserved].
- 207.2. Administrator's responsibility.
- 207.3. [Reserved].
- 207.4. Ice containers and storage.
- 207.5. [Reserved].

Source

The provisions of this Chapter 207 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233, unless otherwise noted.

HOUSEKEEPING AND MAINTENANCE

§ 207.1. [Reserved].

Source

The provisions of this § 207.1 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (116613).

§ 207.2. Administrator's responsibility.

- (a) The administrator shall be responsible for satisfactory housekeeping and maintenance of the buildings and grounds.
- (b) Nursing personnel may not be assigned housekeeping duties that are normally assigned to housekeeping personnel.

Authority

The provisions of this § 207.2 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 207.2 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (116613) to (116614).

§ 207.3. [Reserved].

Source

The provisions of this § 207.3 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (116614).

§ 207.4. Ice containers and storage.

Ice storage containers shall be kept clean, and ice shall be handled in a sanitary manner to prevent contamination.

Authority

The provisions of this § 207.4 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 207.4 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (116614) to (116615).

§ 207.5. [Reserved].**Source**

The provisions of this § 207.5 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (116615).

[Next page is 209-1.]

**CHAPTER 209. FIRE PROTECTION AND SAFETY PROGRAMS
FOR LONG-TERM CARE NURSING FACILITIES**

FIRE PROTECTION AND SAFETY

Sec.	
209.1.	Fire department service.
209.2.	[Reserved].
209.3.	Smoking.
209.4.	[Reserved].
209.5.	[Reserved].
209.6.	[Reserved].
209.7.	Disaster preparedness.
209.8.	Fire drills.

Source

The provisions of this Chapter 209 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233, unless otherwise noted.

FIRE PROTECTION AND SAFETY

§ 209.1. Fire department service.

The telephone number of the emergency services serving the facility shall be posted by the telephones in each nursing station, office and appropriate place within the facility.

Authority

The provisions of this § 209.1 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 209.1 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (116617).

§ 209.2. [Reserved].

Source

The provisions of this § 209.2 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (116617) to (116618).

§ 209.3. Smoking.

(a) Policies regarding smoking shall be adopted. The policies shall include provisions for the protection of the rights of the nonsmoking residents. The

smoking policies shall be posted in a conspicuous place and in a legible format so that they may be easily read by residents, visitors and staff.

(b) Proper safeguards shall be taken against the fire hazards involved in smoking.

(c) Adequate supervision while smoking shall be provided for those residents who require it.

(d) Smoking by residents in bed is prohibited unless the resident is under direct observation.

(e) Smoking is prohibited in a room, ward or compartment where flammable liquids, combustible gases or oxygen is used or stored, and in other hazardous locations. The areas shall be posted with "NO SMOKING" signs.

(f) Ash trays of noncombustible material and safe design shall be provided in areas where smoking is permitted.

(g) Noncombustible containers with self-closing covers shall be provided in areas where smoking is permitted.

Authority

The provisions of this § 209.3 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 209.3 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (116618).

§ 209.4. [Reserved].

Source

The provisions of this § 209.4 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (116618) to (116619).

§ 209.5. [Reserved].

Source

The provisions of this § 209.5 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (116619).

§ 209.6. [Reserved].

Source

The provisions of this § 209.6 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (116619).

§ 209.7. Disaster preparedness.

(a) The facility shall have a comprehensive written disaster plan which shall be developed and maintained with the assistance of qualified fire, safety and other appropriate experts. It shall include procedures for prompt transfer of casualties and records, instructions regarding the location and use of alarm systems and signals and fire fighting equipment, information regarding methods of containing fire, procedures for notification of appropriate persons and specifications of evacuation routes and procedures. The written plan shall be made available to and reviewed with personnel, and it shall be available at each nursing station and in each department. The plan shall be reviewed periodically to determine its effectiveness.

(b) A diagram of each floor showing corridors, line of travel, exit doors and location of the fire extinguishers and pull signals shall be posted on each floor in view of residents and personnel.

(c) All personnel shall be instructed in the operation of the various types of fire extinguishers used in the facility.

Authority

The provisions of this § 209.7 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 209.7 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (116620).

§ 209.8. Fire drills.

(a) Fire drills shall be held monthly. Fire drills shall be held at least four times per year per shift at unspecified hours of the day and night.

(b) A written report shall be maintained of each fire drill which includes date, time required for evacuation or relocation, number of residents evacuated or moved to another location and number of personnel participating in a fire drill.

Authority

The provisions of this § 209.8 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 209.8 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (116620) to (116621).

[Next page is 211-1.]

209-4

(258378) No. 299 Oct. 99

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**CHAPTER 211. PROGRAM STANDARDS FOR LONG-TERM
CARE NURSING FACILITIES**

Sec.	
211.1.	Reportable diseases.
211.2.	Physician services.
211.3.	Oral and telephone orders.
211.4.	Procedure in event of death.
211.5.	Clinical records.
211.6.	Dietary services.
211.7.	Physician assistants and certified registered nurse practitioners.
211.8.	Use of restraints.
211.9.	Pharmacy services.
211.10.	Resident care policies.
211.11.	Resident care plan.
211.12.	Nursing services.
211.13.	[Reserved].
211.14.	[Reserved].
211.15.	Dental services.
211.16.	Social services.
211.17.	Pet therapy.
211.18.	[Reserved].
211.19.	[Reserved].
211.20.	[Reserved].
211.21.	[Reserved].
211.22.	[Reserved].

Source

The provisions of this Chapter 211 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233, unless otherwise noted.

§ 211.1. Reportable diseases.

(a) When a resident develops a reportable disease, the administrator shall report the information to the appropriate health agencies and appropriate Division of Nursing Care Facilities field office. Reportable diseases, infections and conditions are listed in § 27.21a (relating to reporting of cases by health care practitioners and health care facilities).

(b) Cases of scabies and lice shall be reported to the appropriate Division of Nursing Care Facilities field office.

(c) Significant nosocomial outbreaks, as determined by the facility's medical director, Methicillin Resistant Staphylococcus Aureus (MRSA), Vancomycin-Resistant Staphylococcus Aureus (VRSA), Vancomycin-Resistant Enterococci (VRE) and Vancomycin-Resistant Staphylococcus Epidermidis (VRSE) shall be reported to the appropriate Division of Nursing Care Facilities field office.

Authority

The provisions of this § 211.1 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)); amended under the Disease Prevention and Control Law of 1955 (35 P. S. §§ 521.1—521.21).

Source

The provisions of this § 211.1 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999; amended January 25, 2002, effective January 26, 2002, 32 Pa.B. 491. Immediately preceding text appears at serial pages (258379) to (258380) and (267101).

§ 211.2. Physician services.

(a) The attending physician shall be responsible for the medical evaluation of the resident and shall prescribe a planned regimen of total resident care.

(b) The facility shall have available, prior to or at the time of admission, resident information which includes current medical findings, diagnoses and orders from a physician for immediate care of the resident. The resident's initial medical assessment shall be conducted no later than 14 days after admission and include a summary of the prior treatment as well as the resident's rehabilitation potential.

(c) A facility shall have a medical director who is licensed as a physician in this Commonwealth and who is responsible for the overall coordination of the medical care in the facility to ensure the adequacy and appropriateness of the medical services provided to the residents. The medical director may serve on a full- or part-time basis depending on the needs of the residents and the facility and may be designated for single or multiple facilities. There shall be a written agreement between the physician and the facility.

(d) The medical director's responsibilities shall include at least the following:

(1) Review of incidents and accidents that occur on the premises and addressing the health and safety hazards of the facility. The administrator shall be given appropriate information from the medical director to help insure a safe and sanitary environment for residents and personnel.

(2) Development of written policies which are approved by the governing body that delineate the responsibilities of attending physicians.

Authority

The provisions of this § 211.2 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 211.2 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240322) to (240324).

§ 211.3. Oral and telephone orders.

(a) A physician's oral and telephone orders shall be given to a registered nurse, physician or other individual authorized by appropriate statutes and the State Boards in the Bureau of Professional and Occupational Affairs and shall

immediately be recorded on the resident's clinical record by the person receiving the order. The entry shall be signed and dated by the person receiving the order. Written orders may be by fax.

(b) A physician's oral and telephone orders for care and treatments, shall be dated and countersigned with the original signature of the physician within 7 days of receipt of the order. If the physician is not the attending physician, he shall be authorized and the facility so informed by the attending physician and shall be knowledgeable about the resident's condition.

(c) A physician's telephone and oral orders for medications shall be dated and countersigned by the prescribing practitioner within 48 hours. Oral orders for Schedule II drugs are permitted only in a bona fide emergency.

(d) Oral orders for medication or treatment shall be accepted only under circumstances where it is impractical for the orders to be given in a written manner by the responsible practitioner. An initial written order as well as a countersignature may be received by a fax which includes the practitioner's signature.

(e) The facility shall establish policies identifying the types of situations for which oral orders may be accepted and the appropriate protocols for the taking and transcribing of oral orders in these situations, which shall include:

- (1) Identification of all treatments or medications which may not be prescribed or dispensed by way of an oral order, but which instead require written orders.
- (2) A requirement that all oral orders be stated clearly, repeated by the issuing practitioner, and be read back in their entirety by personnel authorized to take the oral order.
- (3) Identification of all personnel authorized to take and transcribe oral orders.
- (4) The policy on fax transmissions.

Authority

The provisions of this § 211.3 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 211.3 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended February 11, 1977, effective February 12, 1977, 7 Pa.B. 437; amended May 26, 1978, effective May 27, 1978, 8 Pa.B. 1466; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240324) to (240325).

Cross References

This section cited in 49 Pa. Code § 42.25 (relating to orders).

§ 211.4. Procedure in event of death.

- (a) Written postmortem procedures shall be available at each nursing station.

(b) Documentation shall be on the resident's clinical record that the next of kin, guardian or responsible party has been notified of the resident's death. The name of the notified party shall be written on the resident's clinical record.

Authority

The provisions of this § 211.4 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 211.4 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (240325).

§ 211.5. Clinical records.

(a) Clinical records shall be available to, but not be limited to, representatives of the Department of Aging Ombudsman Program.

(b) Information contained in the resident's record shall be privileged and confidential. Written consent of the resident, or of a designated responsible agent acting on the resident's behalf, is required for release of information. Written consent is not necessary for authorized representatives of the State and Federal government during the conduct of their official duties.

(c) Records shall be retained for a minimum of 7 years following a resident's discharge or death.

(d) Records of discharged residents shall be completed within 30 days of discharge. Clinical information pertaining to a resident's stay shall be centralized in the resident's record.

(e) When a facility closes, resident clinical records may be transferred with the resident if the resident is transferred to another health care facility. Otherwise, the owners of the facility shall make provisions for the safekeeping and confidentiality of clinical records and shall notify the Department of how the records may be obtained.

(f) At a minimum, the resident's clinical record shall include physicians' orders, observation and progress notes, nurses' notes, medical and nursing history and physical examination reports; identification information, admission data, documented evidence of assessment of a resident's needs, establishment of an appropriate treatment plan and plans of care and services provided; hospital diagnoses authentication—discharge summary, report from attending physician or transfer form—diagnostic and therapeutic orders, reports of treatments, clinical findings, medication records and discharge summary including final diagnosis and prognosis or cause of death. The information contained in the record shall be sufficient to justify the diagnosis and treatment, identify the resident and show accurately documented information.

(g) Symptoms and other indications of illness or injury, including the date, time and action taken shall be recorded.

(h) Each professional discipline shall enter the appropriate historical and progress notes in a timely fashion in accordance with the individual needs of a resident.

(i) The facility shall assign overall supervisory responsibility for the clinical record service to a medical records practitioner. Consultative services may be utilized, however, the facility shall employ sufficient personnel competent to carry out the functions of the medical record service.

Authority

The provisions of this § 211.5 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 211.5 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240325) to (240327).

Notes of Decisions

Alteration of medical records during the course of a licensure survey in order to produce the appearance of compliance with regulations constitutes fraud and deceit justifying the Department of Health to refuse to renew a nursing home license. *Colonial Gardens Nursing Home, Inc. v. Department of Health*, 382 A.2d 1273 (Pa. Cmwlth. 1978).

§ 211.6. Dietary services.

(a) Menus shall be planned at least 2 weeks in advance. Records of menus of foods actually served shall be retained for 30 days. When changes in the menu are necessary, substitutions shall provide equal nutritive value.

(b) Sufficient food to meet the nutritional needs of residents shall be prepared as planned for each meal. There shall be at least 3 days' supply of food available in storage in the facility at all times.

(c) Overall supervisory responsibility for the dietary services shall be assigned to a full-time qualified dietary services supervisor.

(d) If consultant dietary services are used, the consultant's visits shall be at appropriate times and of sufficient duration and frequency to provide continuing liaison with medical and nursing staff, advice to the administrator, resident counseling, guidance to the supervisor and staff of the dietary services, approval of menus, and participation in development or revision of dietary policies and procedures and in planning and conducting inservice education and programs.

(e) A current therapeutic diet manual approved jointly by the dietitian and medical director shall be readily available to attending physicians and nursing and dietetic service personnel.

(f) Dietary personnel shall practice hygienic food handling techniques. An employe shall wear clean outer garments, maintain a high degree of personal cleanliness and conform to hygienic practices while on duty. Employes shall

wash their hands thoroughly with soap and water before starting work, after visiting the toilet room and as often as necessary to remove soil and contamination.

Authority

The provisions of this § 211.6 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 211.6 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240327) to (240329).

Notes of Decisions

Although hygienic food handling and general dietary supervision are required by Health Care Facilities Act regulations, alleged wrong doing of skilled nursing facility that led to resident's death by salmonella poisoning did not involve "furnishing of medical services" as contemplated by the Act's definition of "professional liability" and therefore, was outside coverage by the Medical Professional Liability Catastrophe Loss Fund. *Stenton Hall v. Medical Liability Loss Fund*, 829 A.2d 377, 384 (Pa. Cmwlth. 2003); appeal denied 857 A.2d 681 (Pa. 2004).

§ 211.7. Physician assistants and certified registered nurse practitioners.

(a) Physician assistants and certified registered nurse practitioners may be utilized in facilities, in accordance with their training and experience and the requirements in statutes and regulations governing their respective practice.

(b) If the facility utilizes the services of physician assistants or certified registered nurse practitioners, the following apply:

(1) There shall be written policies indicating the manner in which the physician assistants and certified registered nurse practitioners shall be used and the responsibilities of the supervising physician.

(2) There shall be a list posted at each nursing station of the names of the supervising physician and the persons, and titles, whom they supervise.

(3) A copy of the supervising physician's registration from the State Board of Medicine or State Board of Osteopathic Medicine and the physician assistant's or certified registered nurse practitioner's certificate shall be available in the facility.

(4) A notice plainly visible to residents shall be posted in prominent places in the institution explaining the meaning of the terms "physician assistant" and "certified registered nurse practitioner."

(c) Physician assistants' and certified registered nurse practitioners' documentation on the resident's record shall be countersigned by the supervising physician within 7 days with an original signature and date by the licensed physician. This includes progress notes, physical examination reports, treatments, medications and any other notation made by the physician assistant or certified registered nurse practitioner.

(d) Physicians shall countersign and date their verbal orders to physician assistants or certified registered nurse practitioners within 7 days.

(e) This section may not be construed to relieve the individual physician, group of physicians, physician assistant or certified registered nurse practitioner of responsibility imposed by statute or regulation.

Authority

The provisions of this § 211.7 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 211.7 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240329) to (240330).

§ 211.8. Use of restraints.

(a) Restraints may not be used in lieu of staff effort. Locked restraints may not be used.

(b) Restraints may not be used or applied in a manner which causes injury to the resident.

(c) Physical restraints shall be removed at least 10 minutes out of every 2 hours during the normal waking hours to allow the resident an opportunity to move and exercise. Except during the usual sleeping hours, the resident's position shall be changed at least every 2 hours. During sleeping hours, the position shall be changed as indicated by the resident's needs.

(d) A signed, dated, written physician order shall be required for a restraint. This includes the use of chest, waist, wrist, ankle, drug or other form of restraint. The order shall include the type of restraint to be used.

(e) The physician shall document the reason for the initial restraint order and shall review the continued need for the use of the restraint order by evaluating the resident. If the order is to be continued, the order shall be renewed by the physician in accordance with the resident's total program of care.

(f) Every 30 days, or sooner if necessary, the interdisciplinary team shall review and reevaluate the use of all restraints ordered by physicians.

Authority

The provisions of this § 211.8 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 211.8 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240330) to (240331).

§ 211.9. Pharmacy services.

(a) Facility policies shall ensure that:

(1) Facility staff involved in the administration of resident care shall be knowledgeable of the policies and procedures regarding pharmacy services including medication administration.

- (2) Only licensed pharmacists shall dispense medications for residents. Licensed physicians may dispense medications to the residents who are in their care.
- (b) Medications shall be administered by authorized persons as indicated in § 201.3 (relating to definitions).
- (c) Medications and biologicals shall be administered by the same licensed person who prepared the dose for administration and shall be given as soon as possible after the dose is prepared.
- (d) Medications shall be administered under the written orders of the attending physician.
- (e) Each resident shall have a written physician's order for each medication received. This includes both proprietary and nonproprietary medications.
- (f) Residents shall be permitted to purchase prescribed medications from the pharmacy of their choice. If the resident does not use the pharmacy that usually services the facility, the resident is responsible for securing the medications and for assuring that applicable pharmacy regulations and facility policies are met. The facility:
- (1) Shall notify the resident or the resident's responsible person, at admission and as necessary throughout the resident's stay in the facility, of the right to purchase medications from a pharmacy of the resident's choice as well as the resident's and pharmacy's responsibility to comply with the facility's policies and State and Federal laws regarding packaging and labeling requirements.
 - (2) Shall have procedures for receipt of medications from outside pharmacies including requirements for ensuring accuracy and accountability. Procedures shall include the review of medications for labeling requirements, dosage and instructions for use by licensed individuals who are authorized to administer medications.
 - (3) Shall ensure that the pharmacist or pharmacy consultant will receive a monthly resident medication profile from the selected pharmacy provider.
 - (4) Shall have a policy regarding the procurement of medications in urgent situations. Facilities may order a 7-day supply from a contract pharmacy if the resident's selected pharmacy is not able to comply with these provisions.
- (g) If over-the-counter drugs are maintained in the facility, they shall bear the original label and shall have the name of the resident on the label of the container. The charge nurse may record the resident's name on the nonprescription label. The use of nonprescription drugs shall be limited by quantity and category according to the needs of the resident. Facility policies shall indicate the procedure for handling and billing of nonprescription drugs.
- (h) If a unit of use or multiuse systems are used, applicable statutes shall be met. Unit of use dispensing containers or multiuse cards shall be properly labeled. Individually wrapped doses shall be stored in the original container from which they were dispensed.

(i) At least quarterly, outdated, deteriorated or recalled medications shall be identified and returned to the dispensing pharmacy for disposal in accordance with acceptable professional practices. Written documentation shall be made regarding the disposition of these medications.

(j) Disposition of discontinued and unused medications and medications of discharged or deceased residents shall be handled by facility policy which shall be developed in cooperation with the consultant pharmacist. The method of disposition and quantity of the drugs shall be documented on the respective resident's chart. The disposition procedures shall be done at least quarterly under Commonwealth and Federal statutes.

(k) The oversight of pharmaceutical services shall be the responsibility of the quality assurance committee. Arrangements shall be made for the pharmacist responsible for the adequacy and accuracy of the services to have committee input. The quality assurance committee, with input from the pharmacist, shall develop written policies and procedures for drug therapy, distribution, administration, control, accountability and use.

(l) A facility shall have at least one emergency medication kit. The kit used in the facility shall be governed by the following:

(1) The facility shall have written policies and procedures pertaining to the use, content, storage and refill of the kits.

(2) The quantity and categories of medications and equipment in the kits shall be kept to a minimum and shall be based on the immediate needs of the facility.

(3) The emergency medication kits shall be under the control of a practitioner authorized to dispense or pre-scribe medications under the Pharmacy Act (63 P. S. §§ 390.1—390.13).

(4) The kits shall be kept readily available to staff and shall have a break-away lock which shall be replaced after each use.

Authority

The provisions of this § 211.9 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 211.9 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240331) to (240335).

§ 211.10. Resident care policies.

(a) Resident care policies shall be available to admitting physicians, sponsoring agencies, residents and the public, shall reflect an awareness of, and provision for, meeting the total medical and psychosocial needs of residents. The needs include admission, transfer and discharge planning.

- (b) The policies shall be reviewed at least annually and updated as necessary.
- (c) The policies shall be designed and implemented to ensure that each resident receives treatments, medications, diets and rehabilitative nursing care as prescribed.
- (d) The policies shall be designed and implemented to ensure that the resident receives proper care to prevent pressure sores and deformities; that the resident is kept comfortable, clean and well-groomed; that the resident is protected from accident, injury and infection; and that the resident is encouraged, assisted and trained in self-care and group activities.

Authority

The provisions of this § 211.10 amended under section 803 of Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 211.10 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240335) to (240336).

Notes of Decisions

Transfer

The transfer of a nursing home patient from an immediate care facility to a domiciliary care facility was proper as the decision to transfer was based on documentation in the clinical record which included the attending physician's statement and consideration was given to the patient's mental and psychological well being as well. *Grkman v. Department of Public Welfare*, 637 A.2d 761 (Pa. Cmwlth. 1994).

§ 211.11. Resident care plan.

- (a) The facility shall designate an individual to be responsible for the coordination and implementation of a written resident care plan. This responsibility shall be included as part of the individual's job description.
- (b) The individual responsible for the coordination and implementation of the resident care plan shall be part of the interdisciplinary team.
- (c) A registered nurse shall be responsible for developing the nursing assessment portion of the resident care plan.
- (d) The resident care plan shall be available for use by personnel caring for the resident.
- (e) The resident, when able, shall participate in the development and review of the care plan.

Authority

The provisions of this § 211.11 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 211.11 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240336) to (240337).

§ 211.12. Nursing services.

(a) The facility shall provide services by sufficient numbers of personnel on a 24-hour basis to provide nursing care to meet the needs of all residents.

(b) There shall be a full-time director of nursing services who shall be a qualified licensed registered nurse.

(c) The director of nursing services shall have, in writing, administrative authority, responsibility and accountability for the functions and activities of the nursing services staff, and shall serve only one facility in this capacity.

(d) The director of nursing services shall be responsible for:

- (1) Standards of accepted nursing practice.
- (2) Nursing policy and procedure manuals.
- (3) Methods for coordination of nursing services with other resident services.
- (4) Recommendations for the number and levels of nursing personnel to be employed.

(5) General supervision, guidance and assistance for a resident in implementing the resident's personal health program to assure that preventive measures, treatments, medications, diet and other health services prescribed are properly carried out and recorded.

(e) The facility shall designate a registered nurse who is responsible for overseeing total nursing activities within the facility on each tour of duty each day of the week.

(f) In addition to the director of nursing services, the following daily professional staff shall be available.

(1) The following minimum nursing staff ratios are required:

<i>Census</i>	<i>Day</i>	<i>Evening</i>	<i>Night</i>
59 and under	1 RN	1 RN	1 RN or 1 LPN
60/150	1 RN	1 RN	1 RN
151/250	1 RN and 1 LPN	1 RN and 1 LPN	1 RN and 1 LPN
251/500	2 RNs	2 RNs	2 RNs
501/1,000	4 RNs	3 RNs	3 RNs
1,001/Upward	8 RNs	6 RNs	6 RNs

(2) When the facility designates an LPN as a nurse who is responsible for overseeing total nursing activities within the facility on the night tour of duty in facilities with a census of 59 or under, a registered nurse shall be on call and located within a 30-minute drive of the facility.

- (g) There shall be at least one nursing staff employe on duty per 20 residents.
- (h) At least two nursing service personnel shall be on duty.
- (i) A minimum number of general nursing care hours shall be provided for each 24-hour period. The total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 2.7 hours of direct resident care for each resident.
- (j) Nursing personnel shall be provided on each resident floor.
- (k) Weekly time schedules shall be maintained and shall indicate the number and classification of nursing personnel, including relief personnel, who worked on each tour of duty on each nursing unit.
- (l) The Department may require an increase in the number of nursing personnel from the minimum requirements if specific situations in the facility—including, but not limited to, the physical or mental condition of residents, quality of nursing care administered, the location of residents, the location of the nursing station and location of the facility—indicate the departures as necessary for the welfare, health and safety of the residents.

Authority

The provisions of this § 211.12 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 211.12 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, except subsections (e) and (f) effective July 1, 1988, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240337) to (240339).

§ 211.13. [Reserved].

Source

The provisions of this § 211.13 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; corrected June 19, 1987, 17 Pa.B. 2462; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240339) to (240340).

§ 211.14. [Reserved].

Source

The provisions of this § 211.14 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; reserved July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240340) to (240341).

§ 211.15. Dental services.

- (a) The facility shall assist residents in obtaining routine and 24-hour emergency dental care.

(b) The facility shall make provisions to assure that resident dentures are retained by the resident. Dentures shall be marked for each resident.

Source

The provisions of this § 211.15 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial page (240341).

§ 211.16. Social services.

(a) The facility shall provide social services designed to promote preservation of the resident's physical and mental health and to prevent the occurrence or progression of personal and social problems. Facilities with a resident census of more than 120 residents shall employ a qualified social worker on a full-time basis.

(b) In facilities with 120 beds or less that do not employ a full-time social worker, social work consultation by a qualified social worker shall be provided and documented on a regular basis.

Authority

The provisions of this § 211.16 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 211.16 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 31, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240341) to (240342).

§ 211.17. Pet therapy.

If pet therapy is utilized, the following standards apply:

(1) Animals are not permitted in the kitchen or other food service areas, dining rooms when meals are being served, utility rooms and rooms of residents who do not want animals in their rooms.

(2) Careful selection of types of animals shall be made so they are not harmful or annoying to residents.

(3) The number and types of pets shall be restricted according to the layout of the building, type of residents, staff and animals.

(4) Pets shall be carefully selected to meet the needs of the residents involved in the pet therapy program.

(5) The facility shall have written procedures established which will address the physical and health needs of the animals. Rabies shots shall be given to animals who are potential victims of the disease. Care of the pets may not be imposed on anyone who does not wish to be involved.

(6) Pets and places where they reside shall be kept clean and sanitary.

Authority

The provisions of this § 211.17 amended under section 803 of the Health Care Facilities Act (35 P. S. § 448.803); and section 2102(g) of The Administrative Code of 1929 (71 P. S. § 532(g)).

Source

The provisions of this § 211.17 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; amended January 30, 1987, effective July 1, 1987, 17 Pa.B. 514; amended July 23, 1999, effective July 24, 1999, 29 Pa.B. 3999. Immediately preceding text appears at serial pages (240342) to (240343).

§ 211.18. [Reserved].**Source**

The provisions of this § 211.18 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 30, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (70697).

§ 211.19. [Reserved].**Source**

The provisions of this § 211.19 adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233; reserved January 30, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (70697).

§ 211.20. [Reserved].**Source**

The provisions of this § 211.20 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; reserved January 30, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (70698) to (70699).

§ 211.21. [Reserved].**Source**

The provisions of this § 211.21 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; reserved January 30, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial page (70699).

§ 211.22. [Reserved].**Source**

The provisions of this § 211.22 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1316; reserved January 30, 1987, effective July 1, 1987, 17 Pa.B. 514. Immediately preceding text appears at serial pages (70700) to (70704).

[Next page is 213-1.]

CHAPTER 39. STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

GENERAL

Sec.

- 39.1. [Definitions.](#)
- 39.2. [Objectives.](#)
- 39.3. [Powers, duties and functions.](#)
- 39.4. [Admission to practice; temporary permits.](#)
- 39.5. [Requirements for admission to licensing examination; examination procedures.](#)
- 39.6. [Examination applications.](#)
- 39.7. [Subject matter for examinations.](#)
- 39.8. [Licensure by endorsement.](#)
- 39.9. [Revocation or suspension of licenses.](#)
- 39.10. [Display of certificates.](#)
- 39.11. [Biennial renewal.](#)
- 39.12. [Duplicate licenses.](#)
- 39.13. [Registration of institutions and courses of study.](#)
- 39.14. [Approval of programs of study.](#)
- 39.15. [Certification of program of study by the Board.](#)
- 39.16. [\[Reserved\].](#)
- 39.17. [Policy statement regarding temporary permits.](#)
- 39.18. [Subordinate supervision—statement of policy.](#)

RULES OF PROCEDURE

- 39.21. [Applicability of general rules.](#)
- 39.31. [\[Reserved\].](#)
- 39.32. [\[Reserved\].](#)

APPROVAL PROCESS—PROVIDERS

- 39.41. [Provider registration.](#)

- 39.42. [\[Reserved\]](#).
- 39.43. [Standards for provider approval.](#)
- 39.44. [Provider responsibilities.](#)

APPROVAL PROCESS—PROGRAMS

- 39.51. [Standards for continuing education programs.](#)
- 39.52. [Program registration.](#)
- 39.53. [Revocation or suspension of approval.](#)
- 39.54. [Review.](#)

CLOCK HOURS REQUIREMENT

- 39.61. [Requirements.](#)
- 39.62—39.64 [\[Reserved\]](#).
- 39.65. [Reporting continuing education clock hours.](#)

RENEWAL

- 39.71. [Licensure renewal.](#)
- 39.72. [Fees.](#)

REPORTING PROCEDURE—DEPARTMENT OF HEALTH

- 39.81. [Reporting by Department of Health of deficiencies found in a nursing home.](#)
- 39.82. [Reporting disciplinary actions to Department of Health.](#)

STANDARDS OF PROFESSIONAL PRACTICE AND PROFESSIONAL CONDUCT

- 39.91. [Standards of professional practice and professional conduct for nursing home administrators.](#)

AIT PROGRAM

- 39.101. [AIT.](#)

- 39.102. [AIT program.](#)
39.103. [AIT program reports.](#)

Authority

The provisions of this Chapter 39 issued under the Nursing Home Administrators License Act (63 P. S. § § 1101—1114), unless otherwise noted.

Source

The provisions of this Chapter 39 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 122, unless otherwise noted.

Cross References

This chapter cited in 49 Pa. Code § 41.26 (relating to professional corporations); and 49 Pa. Code § 47.21 (relating to professional corporations).

GENERAL

§ 39.1. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

AIT—Administrator-in-training—An individual registered with the Board under § 39.101 (relating to AIT) to serve a period of practical training and experience under the supervision of a licensed nursing home administrator.

AIT program—A program established by the Board as a means for an applicant for licensure as a nursing home administrator to obtain practical training and experience under the supervision of a licensed nursing home administrator.

Act—The Nursing Home Administrators License Act (63 P. S. § § 1101—1114.2).

Board—The State Board of Examiners of Nursing Home Administrators, a departmental administrative board in the Department of State.

Clock hour—A minimum unit of education consisting of 60 minutes of instruction. Programs longer than 60 minutes will be credited in 30 minute increments.

Continuing education record—A document issued by the provider to the participant which contains the title of the program, the hours of education and the dates attended or completed.

Examiner—A member of the Board.

Full-time—A minimum of 4 days per week comprising a minimum of 35 hours.

Governing authority—The board of directors for a not-for-profit nursing home, the county commissioners for a county public nursing home, the licensee for an operated-for-profit nursing home and the Office of Medical Services and Facilities of the Department of Public Welfare for a Commonwealth restoration center.

Individual study—A continuing education course which does not have an instructor or other interactive learning methodologies and which requires a passing grade on a written examination or workbook.

License—Certification of an applicant who has met the requirements of the act and of this chapter that entitle the applicant to serve, act, practice and otherwise hold himself out as a licensed nursing home administrator.

NAB—The National Association of Boards of Examiners of Long-Term Care Administrators.

Nursing home—An institution or facility in which nursing care and related medical or other health services are provided for a period exceeding 24 hours, for two or more individuals, who are not relatives of the administrator, who are not acutely ill and not in need of hospitalization, but who, because of age, illness, disease, injury, convalescence or physical or medical infirmity, need care.

Nursing home administrator—An individual licensed under the act who is charged with the general administration of a nursing home whether or not the individual has an ownership interest in the home and whether or not the individual's functions and duties are shared with one or more other individuals.

Practice of nursing home administration—The planning, organizing, directing and control of the operation of a nursing home.

Related health facility—An intermediate care facility for the mentally retarded (ICF/MR) licensed by the Department of Public Welfare or a public or private institution licensed by the Department of Health or operated by the Federal

government, for profit or not-for-profit, organized to provide professional services for the diagnosis, treatment or care of illness, injury or disease, which is limited to skilled and intermediate care nursing homes, special and general hospitals or other institutions of a similar nature that provide professional nursing and other professional health services to patients admitted for at least a 24-hour period. The term includes an institution or facility licensed by the Department of Health in which health services are provided on a regular basis to resident individuals who do not require the degree of care and treatment that a hospital or skilled nursing facility, as defined in section 802a of the Health Care Facilities Act (35 P. S. § 448.802a), is designed to provide but who, because of the individuals' mental or physical condition, require health services above the level of room and board.

Supervision—The act of overseeing or directing a license applicant during the period of qualifying work experience.

Supervisor—An individual who is present in a nursing home or related health facility on a full-time basis and who is charged with the responsibility of overseeing a specific department in a nursing home or related health facility; that is, nursing, housekeeping, dietary, laundry, pharmaceutical services, social service, business office, recreation, medical records, admitting, physical therapy, occupational therapy or medical and dental services.

Supervisory experience—Knowledge gained from having acted as a supervisor in the administration of a nursing home, 1,000 of which service shall have been under the supervision of a full-time licensed nursing home administrator. See § 39.5(c) (relating to for admission to licensing examination; examination procedures).

Temporary permit—A permit issued by the Board which authorizes an individual not licensed by the Board to serve as a nursing home administrator only in the particular facility indicated on the permit application for up to 1 year in the event of unusual circumstances affecting the administration of a nursing home, such as the death, disability, resignation or dismissal of the licensed administrator or other emergency as determined by the Board.

Authority

The provisions of this § 39.1 amended under sections 4, 9(b) and 14 of the Nursing Home Administrators License Act (63 P. S. §§ 1104, 1109(b) and 1114).

Source

The provisions of this § 39.1 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244; amended April 18, 1975, effective April 19, 1975, 5 Pa.B. 931; amended March 5, 1976, effective March 6, 1976, 6 Pa.B. 418; amended January 25, 1985, effective January 26, 1985, 15 Pa.B. 254; amended December 13, 1991, effective December 14, 1991, 21 Pa.B. 5725; amended March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362; amended July 11, 2008, effective July 12, 2008, 38 Pa.B. 3811; amended June 11, 2010, effective June 12, 2010, 40 Pa.B. 3092. Immediately preceding text appears at serial pages (335549) to (335551).

Notes of Decisions

Nursing Home

A mental retardation facility does not meet the definition of a nursing home. *Bonham v. Board of Examiners of Nursing Home Administrators*, 375 A.2d 821 (Pa. Cmwlth. 1977).

Practice of Nursing Home Administration

In holding that 49 Pa. Code § 39.5(b)(4)(ii) requires that the 1000 hours of service in nursing home administration be spent in the nursing facility, the Court noted that the Board has defined the “[p]ractice of nursing home administration” as “[t]he planning, organizing, directing, and control of the operation of a nursing home.” *Romeis v. State Board of Examiners of Nursing Home Administration*, 459 A.2d 891 (Pa. Cmwlth. 1983).

§ 39.2. Objectives.

The following are the principal objectives of the Board:

- (1) To investigate the credentials of an applicant seeking licensure in this Commonwealth as a nursing home administrator.
- (2) To provide a fair and uniform method of examining a nursing home administrator to evaluate the administrator’s knowledge of the field of nursing home administration and to judge whether the administrator meets other applicable licensure requirements.
- (3) To establish a standard of competence for nursing home administration.
- (4) To provide an effective organization for the scrutiny and evaluation of a licensed administrator practicing in a nursing home.

(5) To investigate reported misconduct, breaches of ethics or conduct prejudicial to the welfare of the patients, the staff or the nursing home and to take appropriate action when necessary.

(6) To evaluate the standard of nursing home administration.

(7) To evaluate and approve programs of continuing education and programs of study and training for nursing home administrators.

(8) To educate the public to understand that the practice of nursing home administration is a profession which requires special training and experience.

Source

The provisions of this § 39.2 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244; amended December 13, 1991, effective December 14, 1991, 21 Pa.B. 5725. Immediately preceding text appears at serial pages (141038) to (141039).

§ 39.3. Powers, duties and functions.

The powers, duties and functions of the Board are as follows:

(1) To develop, impose and enforce standards which shall be met by an applicant interested in being licensed as a nursing home administrator.

(2) To develop and apply appropriate techniques such as examinations and investigations to determine whether the individual meets applicable standards.

(3) To issue a license and registration to an individual who meets applicable standards.

(4) To establish and carry out procedures designed to insure that a licensed nursing home administrator complies with applicable standards.

(5) To receive, investigate and take appropriate action with respect to a charge or complaint filed with the Board pertaining to the failure of a nursing home administrator to comply with applicable standards.

(6) To conduct in cooperation with appropriate State, Federal and local agencies having facility approval or licensure responsibility a continuing study of nursing homes and administrators of nursing homes in this Commonwealth with a view to the improvement of the standards imposed for the licensing of administrators, and of

procedures and methods for the enforcement of the standards with respect to administrators of nursing homes who have been licensed as such.

(7) To issue subpoenas, compel the attendance of witnesses, administer oaths and take testimony concerning matters within the jurisdiction of the Board.

(8) To make rules and regulations, not inconsistent with law, necessary for the proper performance of its duties, and to take other actions necessary to enable the Commonwealth to meet the requirements in appropriate Federal law, and other pertinent Federal authority.

(9) To revoke or suspend a license or registration for cause and to levy civil penalties of up to \$1,000 against a current licensee who violates the act, or against a person who practices nursing home administration without being properly licensed.

Source

The provisions of this § 39.3 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244; amended December 13, 1991, effective December 14, 1991, 21 Pa.B. 5725. Immediately preceding text appears at serial page (141039).

§ 39.4. Admission to practice; temporary permits.

Admission to the practice of nursing home administration in this Commonwealth will be granted by the Board as follows:

(1) By the issuance of a license by examination to an applicant who meets the requirements in section 6 of the act (63 P. S. § 1106) and in this chapter.

(2) By the issuance of a license by endorsement to an applicant who has been licensed by examination in another state of the United States, if the applicant meets the requirements in section 10 of the act (63 P. S. § 1110) and of this chapter.

(3) By issuance of a temporary permit to an applicant who meets the requirements in section 14 of the act (63 P. S. § 1114) and in this chapter. The issuance of a temporary permit is subject to the following conditions:

(i) A temporary permit entitles the holder to serve in an emergency as a nursing home administrator only in the particular facility indicated on his application, and is valid for a period as determined by the Board, not to exceed 1 year from the date of issuance, and may not be thereafter renewed or continued.

(ii) The issuance of a temporary permit will not be construed to mean that the holder qualifies to sit for the nursing home administrators licensing examination. However, if the holder meets the education and experience requirements in § 39.5(b) (relating to requirements for admission to licensing examination; examination procedures), the holder may apply to sit for the nursing home administrators licensing examination.

(iii) The Board will not issue a temporary permit to an applicant who has failed to pass any part of the nursing home administrators licensing examination.

(iv) Public notice of the issuance of a temporary permit will be given by the Board in accordance with 45 Pa.C.S. § § 301—310 (relating to Newspaper Advertising Act), with the cost of advertising the notice to be paid by the holder of the temporary permit. The public notice concerning the temporary permit will be advertised in a daily newspaper published in the county where the nursing home is located, once a week for 3 consecutive weeks, and will contain the following information: the name and address of the holder of the temporary permit, the name and address of the nursing home which the holder of the temporary permit is permitted to serve, the reason for the issuance of the temporary permit, the period for which the temporary permit is issued, the date the temporary permit expires and other information the Board may require as relevant.

(v) Prior to the issuance of a temporary permit, the applicant shall appear before the Board accompanied by the manager, owner or representative of the governing body of the facility in which the applicant will be acting as a nursing home administrator if the permit is issued.

(vi) A temporary permit becomes void if either the holder fails to pass any part of the nursing home administrators licensing examination or the facility obtains the services of a licensed nursing home administrator and the holder must cease performing his duties as a temporary nursing home administrator immediately upon the occurrence of either event.

(vii) The temporary permit holder shall notify the Board and immediately return the temporary permit to the Board if the holder fails to pass any part of the nursing home administrators licensing examination or when the facility obtains the services of a licensed nursing home administrator.

Authority

The provisions of this § 39.4 amended under sections 4 and 14 of The Nursing Home Administrators License Act (63 P. S. § § 1104 and 1114).

Source

The provisions of this § 39.4 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244; amended March 5, 1976, effective March 6, 1976, 6 Pa.B. 418; amended December 13, 1991, effective December 14, 1991, 21 Pa.B. 5725; amended June 11, 2010, effective June 12, 2010, 40 Pa.B. 3092. Immediately preceding text appears at serial pages (208644) and (335553).

§ 39.5. Requirements for admission to licensing examination; examination procedures.

(a) A candidate who seeks admission to the licensing examination shall meet the following requirements. The candidate shall:

(1) Be at least 21 years of age.

(2) Submit evidence of good moral character and suitability as prescribed by the Board in the examination application.

(3) Pay the required fee for examination and licensure.

(b) A candidate who seeks admission to the licensing examination shall also meet one of the following sets of education and experience requirements. The candidate shall:

(1) Have:

(i) Successfully completed 120 clock hours in a program of study approved by the Board as prescribed in § 39.14(a)(2) (relating to approval of programs of study).

(ii) Successfully completed 2 academic years of college-level study, 30 semester hours each year, in an accredited institution of higher learning.

(iii) Done one of the following:

(A) During the 18 months immediately preceding the date of application, acquired experience in the practice of nursing home administration by having served satisfactorily in a nursing home or related health facility as a full-time assistant administrator under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

(B) During 3 of the 5 years immediately preceding the date of application, served satisfactorily as a full-time supervisor in a nursing home or related health

facility, 1,000 hours of which service shall have been in the practice of nursing home administration under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

(2) Have:

(i) Successfully completed 120 clock hours in a program of study approved by the Board as prescribed in § 39.14(a)(2).

(ii) Been issued a registered nurse license in this Commonwealth which is currently renewed.

(iii) Done one of the following:

(A) During the 18 months immediately preceding the date of the application, served satisfactorily as a full-time director of nursing for 6 months and, during the 12 months immediately preceding the date of application, but not concurrent with the service as a director of nursing, acquired experience in the practice of nursing home administration by having served satisfactorily as a full-time assistant administrator in a nursing home or related health facility under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

(B) During 2 of the 5 years immediately preceding the date of application, served satisfactorily as a full-time director of nursing in a nursing home or related health facility, 1,000 hours of which service shall have been in the practice of nursing home administration under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

(3) Have:

(i) Been awarded a baccalaureate degree from an accredited college or university.

(ii) Successfully completed 120 clock hours in a program of study approved by the Board as prescribed in § 39.14(a)(2), unless the candidate has a baccalaureate degree in nursing home administration or a baccalaureate degree in a program equivalent to nursing home administration. The burden is on the candidate to demonstrate that the baccalaureate degree that the candidate has earned is equivalent to a baccalaureate degree in nursing home administration. Baccalaureate degree equivalency will be determined by the Board based upon the applicant's transcripts

and course descriptions. Candidates who have successfully completed a baccalaureate curriculum which is not in nursing home administration or equivalent to nursing home administration, but incorporates the 120-hour program as part of the curriculum, are not required to complete the 120-hour program separately. The burden is on the candidate to demonstrate that the 120-hour program is incorporated in the baccalaureate curriculum. The Board will evaluate the transcripts and course descriptions of the candidate and compare them to the requirements of § 39.14(a)(2) to determine if the 120-hour program was successfully completed as part of the baccalaureate curriculum.

(iii) Done one of the following:

(A) During the 9 months immediately preceding the date of application, acquired experience in the practice of nursing home administration by having served satisfactorily in a nursing home or related health facility as a full-time assistant administrator under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

(B) During 18 months of the 5 years immediately preceding the date of application, served satisfactorily as a full-time supervisor in a nursing home or related health facility, 1,000 hours of which service shall have been in the practice of nursing home administration under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

(C) During the 2 years immediately preceding the date of application, acquired 1,000 hours of experience in the practice of nursing home administration by having served satisfactorily as an AIT in a nursing home under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth, in accordance with §§ 39.101—39.103 (relating to AIT Program).

(4) Have:

(i) Been awarded, from an accredited college or university, a master's degree in nursing home administration, in hospital administration, in public health administration or in another academic area, including social gerontology, in which there is an emphasis in related health facility administration.

(ii) Done one of the following:

(A) During the 5 years immediately preceding the date of application, either acquired 6 months of satisfactory full-time supervisory experience in the administration of a nursing home under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth or acquired 6 months of satisfactory full-time experience in the administration of a related health facility under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

(B) During the 2 years immediately preceding the date of application, acquired 800 hours of experience in the practice of nursing home administration by having served satisfactorily as an AIT in a nursing home under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth, in accordance with §§ 39.101—39.103.

(5) Have:

(i) Successfully completed 120 clock hours in a program of study approved by the Board as prescribed in § 39.14(a)(2).

(ii) Acquired 2 years of satisfactory practical experience in the administration of a nursing home or related health facility, 1,000 hours of which practical experience shall have been under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth. A candidate will be required to appear personally before the Board to present documentation of the satisfactory practical experience claimed which includes a general knowledge of each of the following areas that are generally dealt with by a nursing home administrator: budget, hiring and firing, planning, personnel, supervision of staff, psychology of patients, medical and legal terminology, Federal and State rules and regulations governing nursing homes, rights of patients, basic principles of contract and tort law, principles of safety, purchasing, dietetic requirements and patient care.

(iii) Done one of the following:

(A) During the 18 months immediately preceding the date of application, acquired experience in the practice of nursing home administration by having served satisfactorily in a nursing home or related health facility as a full-time assistant administrator under the supervision of a full-time nursing home administrator licensed

in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

(B) During 3 of the last 5 years immediately preceding the date of application, served satisfactorily as a full-time supervisor in a nursing home or related health facility, 1,000 hours of which service shall have been in the practice of nursing home administration under the supervision of a full-time nursing home administrator licensed in this Commonwealth or in another state whose licensing standards are equal to those of the Commonwealth.

(c) The hours of experience in the practice of nursing home administration required of a candidate qualifying under subsection (b)(1)(iii)(B), (2)(iii)(B), (3)(iii)(B) or (C), (4)(ii)(B) or (5)(iii)(B) is designed to insure that the candidate has been exposed to hands-on practical application of the areas of educational training required in § 39.14(a)(2). The hours of experience must include a minimum of 300 hours in general administration, a minimum of 250 hours in patient services and care and a minimum of 250 hours in health and social service delivery systems. Any remaining hours may be distributed as needed to obtain the best results for each individual candidate. The nursing home administrator who supervised the candidate shall certify that the candidate has acquired the minimum number of hours for each area.

(d) A candidate shall pass a written examination that comprises two parts. Both parts of the examination are administered by a professional testing organization.

(1) An examination on the general principles of nursing home administration that are common to all jurisdictions that license nursing home administrators, known as the “uniform part.”

(2) An examination on the regulations of the Department of Health in 28 Pa. Code Part IV Subpart C (relating to long term care facilities), known as the “State part.”

(e) To pass the examination, a candidate shall achieve a passing score on both the uniform and State parts as set by the Board.

(f) Upon a timely request, the Board may allow a candidate to take the examination with the aid of a proctor, if the candidate is unable, because of physical problems, to take the examination under ordinary circumstances.

(g) A candidate who passes one part of the examination and fails the other is required to retake only the part failed. A candidate for reexamination on one or both parts of the examination shall submit an application to the Board and pay the required examination fee. As a condition precedent to reexamination after four failures, the

Board may require the candidate to attend Board-approved courses of study in subjects prescribed by the Board.

(h) A special examination will not be given to a candidate except as provided in subsection (f).

Authority

The provisions of this § 39.5 amended under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and the Nursing Home Administrators License Act (63 P. S. § § 1101—1114).

Source

The provisions of this § 39.5 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244; amended April 18, 1975, effective April 19, 1975, 5 Pa.B. 931; amended March 5, 1976, effective March 6, 1976, 6 Pa.B. 418; amended April 23, 1976, effective April 24, 1976, 6 Pa.B. 2241; amended September 9, 1977, effective September 10, 1977, 7 Pa.B. 2606; amended March 27, 1981, effective March 28, 1981, 11 Pa.B. 1097; amended January 25, 1985, effective January 26, 1985, 15 Pa.B. 254; amended December 13, 1991, effective December 14, 1991, 21 Pa.B. 5725; amended December 30, 1994, effective December 31, 1994, 24 Pa.B. 6565; amended July 11, 2008, effective July 12, 2008, 38 Pa.B. 3811. Immediately preceding text appears at serial pages (208645) to (208648) and (253983).

Notes of Decisions

The certification requirement of 49 Pa. Code § 39.5(c) of an applicant's completion of the required hours of service in nursing home administration under 49 Pa. Code § 39.5(b)(4)(ii) requires that those hours of service be performed while physically present in a nursing home facility rather than at a central corporate management office. *Romeis v. State Board of Examiners of Nursing Home Administrators*, 459 A.2d 891 (Pa. Cmwlth. 1983).

The provision of 49 Pa. Code § 39.5(b)(4)(ii) requiring 1000 hours of service in nursing home administration requires also that service be spent in the nursing home facility and not in the central office of a multi-facility health care corporation. *Romeis v. State Board of Examiners of Nursing Home Administrators*, 459 A.2d 891 (Pa. Cmwlth. 1983).

A mental retardation facility does not meet the definition of a nursing home and a facility administrator does not meet the requirements to take the examination for

licensure as a nursing home administrator by relying solely on experience as a facility administrator. *Bonham v. State Board of Examiners of Nursing Home Administrators*, 375 A.2d 821 (Pa. Cmwlt. 1977).

Cross References

This section cited in 49 Pa. Code § 39.1 (relating to definitions); and 49 Pa. Code § 39.18 (relating to subordinate supervision—statement of policy).

§ 39.6. Examination applications.

(a) *Application blank.* An application for examination shall be submitted in a manner prescribed by the Board.

(b) *Filing dates.* Initial applications shall be filed not later than 90 days prior to the date of the examination. Reexaminee applications shall be filed not later than 60 days prior to the date of the examination. Applications shall be accompanied by the required fee.

(c) *Place and time of examinations.* The Board will conduct examinations at least two times each year at times and places the Board will designate.

Authority

The provisions of this § 39.6 amended under section 812.1 of The Administrative Code of 1929 (71 P. S. § 279.3a); and sections 7 and 7.1 of the Nursing Home Administrators License Act (63 P. S. § § 1107 and 1107.1).

Source

The provisions of this § 39.6 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244; amended April 23, 1976, effective April 24, 1976, 6 Pa.B. 2241; amended August 19, 1983, effective August 20, 1983, 13 Pa.B. 2552; amended March 16, 1990, effective March 17, 1990, 20 Pa.B. 1503. Immediately preceding text appears at serial page (141045).

§ 39.7. Subject matter for examinations.

(a) Every applicant for a license as a nursing home administrator, after meeting the requirements for qualification for examination as set forth in the act, shall successfully pass both a written examination given by professional examination services and a

written or oral examination or both based on the rules and regulations which shall include, but need not be limited to, the following subjects:

- (1) Applicable standards of environmental health and safety.
- (2) Health and safety rules and regulations.
- (3) General administration.
- (4) Psychology of patient care.
- (5) Principles of medical care.
- (6) Personal and social care.
- (7) Therapeutic and supportive care and services in long-term care.
- (8) Departmental organization and management.
- (9) Community interrelationships.

(b) The following shall be considered as guidelines with respect to the subjects for the written examinations:

(1) Applicable standards of environmental health and safety which includes the following:

- (i) Hygiene and sanitation.
- (ii) Communicable diseases.
- (iii) Management of isolation.
- (iv) The total environment, including noise, color, orientation, stimulation, temperature, lighting and air circulation.
- (v) Elements of accident prevention.
- (vi) Special architectural needs of nursing home patients.
- (vii) Drug handling and control.
- (viii) Safety factors in oxygen usage.

(2) Health and safety rules and regulations including applicable local, State and Federal regulations.

(3) General administration which shall include the following:

(i) Institutional administration.

(ii) Planning, organizing, directing, controlling, staffing, coordinating and budgeting.

(iii) Human relations, including the following:

(A) Management/employee interrelationships.

(B) Employee/employee interrelationships.

(C) Employee/patient interrelationships.

(D) Employee/family interrelationships.

(4) Training of personnel which shall include the following:

(i) Training of employee to become sensitive to patient needs.

(ii) Ongoing inservice training and education.

(5) Psychology of patient care which shall include the following:

(i) Anxiety.

(ii) Depression.

(iii) Drugs, alcohol and their effect.

(iv) Motivation.

(v) Separation reaction.

(6) Principles of medical care which shall include the following:

(i) Anatomy and physiology.

(ii) Psychology.

(iii) Disease recognition.

(iv) Disease processes.

(v) Nutrition.

(vi) Aging processes.

(vii) Medical terminology.

(viii) Materia medica.

(ix) Medical social service.

(x) Utilization review.

(xi) Professional and medical ethics.

(7) Personal and social care, including the following:

(i) Resident and patient care planning.

(ii) Activity programming, which shall include the following:

(A) Patient participation.

(B) Recreation.

(iii) Environmental adjustment, including interrelationships between patient and the following:

(A) Patient.

(B) Staff, including staff sensitivity to patient needs as a therapeutic function.

(C) Family and friends.

(D) Administrator.

(E) Management, including self-government and patient council.

(iv) Rehabilitation and restorative activities, including the following:

(A) Training in activities of daily living.

(B) Techniques of group therapy.

(v) Interdisciplinary interpretation of patient care to the following individuals:

(A) The patient.

(B) The staff.

(C) The family.

(8) Therapeutic and supportive care and services in long-term care which shall include the following:

(i) Individual care planning as it embraces therapeutic care and supporting services.

(ii) Meaningful observations of patient behavior as related to total patient care.

(iii) Interdisciplinary evaluation and revision of patient care plans and procedures.

(iv) Unique aspects and requirements of geriatric patient care.

(v) Professional staff interrelationships with patient's physician.

(vi) Professional ethics and conduct.

(vii) Rehabilitative and remotivational role of individual therapeutic and supportive services.

(viii) Psychological, social and religious needs, in addition to physical needs of patient.

(ix) Needs for dental services.

(9) Departmental organization and management, including the following:

(i) Criteria for coordinating establishment of Departmental and unit objectives.

(ii) Reporting and accountability of individual Departments to administrator.

(iii) Criteria for Departmental evaluation which shall include nursing, food, service, therapeutic services, maintenance and housekeeping.

(iv) Techniques of providing adequate professional, therapeutic, supportive and administrative services.

(v) The following departments may be used in relating matters of organization and management:

(A) Nursing.

(B) Housekeeping.

(C) Dietary.

(D) Laundry.

(E) Pharmaceutical services.

(F) Social service.

(G) Business office.

(H) Recreation.

(I) Medical records.

(J) Admitting.

(K) Physical therapy.

(L) Occupational therapy.

(M) Medical and dental services.

(N) Laboratories.

(O) X-ray.

(P) Maintenance.

(10) Community interrelationships, including the following:

- (i) Community medical care, rehabilitative and social services resources.
- (ii) Other community resources, including the following:
 - (A) Religious institutions.
 - (B) Schools.
 - (C) Service agencies.
 - (D) Government agencies.
- (iii) Third-party payment organizations.
- (iv) Comprehensive health planning agencies.
- (v) Volunteers and auxiliaries.

(c) Nothing contained in subsections (a) and (b) will preclude the Board from exempting a candidate from examination on subjects and knowledge which shall be in derogation of or in conflict with the teachings and practices of recognized religious faith of the candidate.

(d) For the examination composed by the Board, the Board will either prepare its own examination or use the services of a professional testing service it may deem appropriate.

Source

The provisions of this § 39.7 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244; amended April 23, 1976, effective April 24, 1976, 6 Pa.B. 2241; amended March 5, 1976, effective March 6, 1976, 6 Pa.B. 418. Immediately preceding text appears at serial pages (26524) and (26525).

§ 39.8. Licensure by endorsement.

(a) Application blanks for licensure by endorsement shall be obtained by writing to the State Board of Examiners of Nursing Home Administrators, Commonwealth of Pennsylvania, Department of State, Post Office Box 2649, Harrisburg, Pennsylvania 17120. The required fee shall accompany the application in the form of a certified check or money order made payable to “Commonwealth of Pennsylvania N.H.A.”

(b) Two unmounted, finished passport size photographs, not proofs, 3 inches by 3 inches, facial features clear, of applicant shall be submitted with the application.

(c) The Board may issue a license by endorsement upon evidence that:

(1) The other state where the candidate is licensed maintained a system and standard of qualifications and examinations for nursing home administrators which were equivalent to those required in this Commonwealth at the time the other license was issued by the other state.

(2) The other state gives similar recognition and endorsement to nursing home administrator licenses of the Commonwealth.

(d) The applicant shall present to the Board satisfactory evidence of having met the minimum requirements of the act regarding age, education, character, citizenship and experience.

(e) Applicants may be required to submit evidence of personal and professional standing from the appropriate State agencies, associations or the state board in the state in which they have been practicing or from another source.

(f) Applicants may be required to appear in person before a member of the Board for oral examination and interview before the granting of any license by endorsement.

Source

The provisions of this § 39.8 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244.

§ 39.9. Revocation or suspension of licenses.

(a) The license and registration of a person practicing or offering to practice nursing home administration or the license of a provisional nursing home administrator may be revoked or suspended, or the licensee may be reprimanded, censured or otherwise disciplined upon decision and after due hearing by the Board in any of the following cases:

(1) If a licensed nursing home administrator is unfit or incompetent by reason of negligence, habits or other causes. Examples of instances of incompetence by reason of negligence, habits or other causes include, but are not limited to, the following:

(i) Failure to provide personnel sufficient in number and ability to assure safe patient care.

(ii) Failure to assure that nutrition, medications and treatments, including restraints, are in accordance with acceptable medical practice.

(iii) Proof that the licensee uses alcohol, drugs or both, in a manner that these habits interfere with the safe operation of the facility.

(2) If a licensed nursing home administrator has willfully or repeatedly violated the provisions of the act or the rules and regulations enacted by the Board, or willfully or repeatedly acted in a manner inconsistent with the health and safety of the patients of the home in which he is the administrator.

(3) If a licensed nursing home administrator is guilty of fraud or deceit in the practice of nursing home administration or in his admission to the practice.

(4) If a licensed nursing home administrator has been convicted, pleaded guilty or nolo contendere in a court of competent jurisdiction, either within or without this Commonwealth, of a felony.

(5) If a licensed nursing home administrator shall allow, aid, abet, sanction or condone a violation by another licensed nursing home administrator of the act or the rules and regulations issued thereunder.

(6) If a licensed nursing home administrator fails to comply with section 8 of the act (63 P. S. § 1108) and continues to act as a nursing home administrator.

(b) For the purposes of enforcing the provisions of this section, the Board shall accept, review and investigate complaints from the Department of Health, the Department of Public Welfare and the Department of Labor and Industry pertaining to the maintenance and operation of homes within the Commonwealth.

Source

The provisions of this § 39.9 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244.

Cross References

This section cited in 49 Pa. Code § 39.91 (relating to standards of professional practice and professional conduct for nursing home administrators).

§ 39.10. Display of certificates.

(a) Every person licensed as a nursing home administrator shall display the license and certificate of biennial registration, in a conspicuous place in the office or place of business or employment of the licensee.

(b) Every licensed administrator shall carry his current wallet-sized biennial registration card while engaged in the practice of nursing home administration. The current biennial registration card shall be exhibited when requested by an employer in whose employ the licensee practices or intends to practice nursing home administration or an officer or employe of a governmental agency engaged in the administration or enforcement of nursing home laws, and the rules and regulations pertaining thereto.

Source

The provisions of this § 39.10 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244.

§ 39.11. Biennial renewal.

(a) Licenses are renewable each biennium, in the even-numbered years.

(b) Applications for renewal will be forwarded to each active licensee at the licensee's address of record with the Board prior to the expiration of the current biennial period.

(c) As a condition of biennial renewal, licensees shall complete 48 clock hours of continuing education during the preceding biennial period as required in § 39.61 (relating to requirements).

(d) Renewal applications shall be completed and returned to the Board office accompanied by the required renewal fee. Upon approval of each application, the applicant shall receive a certificate of registration for the current renewal period.

(e) An application for the renewal of a license which has expired shall be accompanied by a late fee or a verification of nonpractice, the renewal fee and documentation evidencing the satisfactory completion of the continuing education requirement for the preceding biennial period.

Authority

The provisions of this § 39.11 amended under section 9(b) of the Nursing Home Administrators License Act (63 P. S. § 1109(b)).

Source

The provisions of this § 39.11 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244; amended March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362. Immediately preceding text appears at serial pages (208655) to (208656).

§ 39.12. Duplicate licenses.

Upon receipt of satisfactory evidence that a license or certificate of registration has been lost, mutilated or destroyed, the Board may issue a duplicate license or certificate upon the conditions as the Board may prescribe, and upon payment of the required fee.

Source

The provisions of this § 39.12 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244.

§ 39.13. Registration of institutions and courses of study.

(a) A course of study offered by an educational institution, association, professional society or organization for the purpose of qualifying applicants for licensure as nursing home administrators and for registration of licenses shall first be registered and approved by the Board.

(b) An application for registration and approval of a course of study shall be submitted to the Board, on forms provided therefor by the Board.

Source

The provisions of this § 39.13 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244.

§ 39.14. Approval of programs of study.

(a) A program of study designated to educate and qualify an applicant for licensure as a nursing home administrator offered by an accredited university or college shall be deemed acceptable and approved for the purpose, if the program:

(1) Is registered with the Board.

(2) Includes a minimum of 7½ clock hours in the following subject areas, appropriate to long-term care:

- (i) Administration, organization and management.
 - (ii) Gerontology, diseases of aging, death and dying.
 - (iii) The role of government in health policy and regulation.
 - (iv) Fiscal management, budgeting and accounting.
 - (v) Personnel management and labor relations.
 - (vi) Government and third-party reimbursement.
 - (vii) Preparing for licensure/certification/accreditation surveys and meeting other regulatory requirements.
 - (viii) Understanding regulations, deficiencies, plans of correction and quality assurance.
 - (ix) The nursing department and resident care management.
 - (x) Rehabilitation services and special care services.
 - (xi) Health support services: pharmacy, medical records and diagnostic services.
 - (xii) Facility support services: building/grounds, housekeeping, laundry and central supply.
 - (xiii) Dietary department and resident nutrition.
 - (xiv) Social services, family and community relationships and resident rights.
 - (xv) Risk management, safety and insurance.
 - (xvi) Strategic planning, marketing and public relations.
- (b) Upon completion of an approved program of study, the sponsors of the program shall issue certificates of attendance or other evidence of attendance satisfactory to the Board.

Authority

The provisions of this § 39.14 amended under section 9(b) of the Nursing Home Administrators License Act (63 P. S. § 1109(b)).

Source

The provisions of this § 39.14 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244; amended December 13, 1991, effective December 14, 1991, 21 Pa.B. 5725; amended March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362. Immediately preceding text appears at serial pages (208656) to (208658).

Cross References

This section cited in 49 Pa. Code § 39.5 (relating to requirements for admission to licensing examination; examination procedures); 49 Pa. Code § 39.51 (relating to standards for continuing education programs); and 49 Pa. Code § 39.61 (relating to requirements).

§ 39.15. Certification of program of study by the Board.

The following are the requirements for Federal financial participation as provided under 42 U.S.C.A. § 1396g:

(1) 42 U.S.C.A. § 1396g(e)(1) and (2) provides Federal matching funds not to exceed 75% of the cost of training and instruction by qualified sponsor organizations that are designed to enable all individuals to whom a provisional license has been granted to attain necessary qualifications to meet the standards of licensing.

(2) Qualified sponsors desirous of participating in the use of the funds, shall first apply to the Board for registration and approval of the program as a condition precedent to certification for Federal financial participation by the single Commonwealth agency for 42 U.S.C.A. § § 1396a—1396i.

Source

The provisions of this § 39.15 adopted January 28, 1972, effective January 29, 1972, 2 Pa.B. 2244.

§ 39.16. [Reserved].

Source

The provisions of this § 39.16 adopted March 5, 1976, effective March 6, 1976, 6 Pa.B. 418; amended April 23, 1976, 6 Pa.B. 949; reserved February 25, 1983, effective February 26, 1983, 13 Pa.B. 834. Immediately preceding text appears at serial page (30334).

§ 39.17. Policy statement regarding temporary permits.

The Board will not issue temporary permits to applicants who wish to fill positions that have been vacated for reasons such as promotions and transfers. The Board will not extend or reissue temporary permits to applicants who fail to pass the Nursing Home Administrators Licensing Examination.

Source

The provisions of this § 39.17 adopted March 15, 1985, effective March 16, 1985, 15 Pa.B. 992.

§ 39.18. Subordinate supervision—statement of policy

(a) *Background and purpose.* Section 39.5 (relating to requirements for admission to licensing examination; examination procedures) requires applicants to acquire experience in the practice of nursing home administration under the supervision of a full-time nursing home administrator. Frequently, the Board is asked to recognize an applicant's experience acquired under the supervision of a nursing home administrator who is a subordinate of the applicant.

(b) *Guidelines.*

(1) The Board does not view supervision by an applicant's subordinate as acceptable supervisory experience. The Board believes that supervisors need to have the ability to oversee and direct the applicant during the period of qualified work experience, including the ability to transfer, suspend, assign or discharge individuals under their supervision. The Board believes that in most circumstances subordinates, because of the supervisor-subordinate relationship, do not possess the requisite degree of oversight over their supervisor to comply with § 39.5.

(2) The Board recognizes that there may be rare circumstances in which an apparent supervisor-subordinate relationship exists, but the subordinate in fact has the ability to exercise the requisite oversight and direction of the applicant's work experience. In those instances, the applicant would have the burden of proving the supervisory relationship, and the applicant will be given the opportunity to prove to

the Board's satisfaction that the subordinate in fact possessed the requisite degree of oversight to comply with the regulation.

Source

The provisions of this § 39.18 adopted March 26, 1999, effective March 27, 1999, 29 Pa.B. 1617.

RULES OF PROCEDURE

§ 39.21. Applicability of general rules.

Under 1 Pa. Code § 31.1 (relating to scope of part), 1 Pa. Code Part II (relating to general rules of administrative practice and procedure), is applicable to the activities of and proceedings before the Board.

Source

The provisions of this § 39.21 adopted November 28, 1975, effective November 29, 1975, 5 Pa.B. 3102.

§ 39.31. [Reserved].

Source

The provisions of this § 39.31 adopted February 25, 1983, effective February 26, 1983, 13 Pa.B. 834; reserved March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362. Immediately preceding text appears at serial page (253986).

§ 39.32. [Reserved].

Source

The provisions of this adopted February 15, 1983, effective February 26, 1983, 13 Pa.B. 834; reserved March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362. Immediately preceding text appears at serial page (253987).

APPROVAL PROCESS—PROVIDERS

§ 39.41. Provider registration.

Anyone, to include colleges, universities, associations, professional societies and organizations, seeking to offer a program for continuing education shall:

- (1) Apply for approval as a provider on forms provided by the Board.
- (2) File the application at least 60 days prior to the first scheduled date of the program.
- (3) Register biennially outlining major changes in the information previously submitted.

Authority

The provisions of this § 39.41 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 4 and 9 of the Nursing Home Administrators License Act (63 P. S. § § 1104(c) and 1109).

Source

The provisions of this § 39.41 adopted February 25, 1983, effective February 26, 1983, 13 Pa.B. 834; amended March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362. Immediately preceding text appears at serial pages (253987) and (208661).

Cross References

This section cited in 49 Pa. Code § 39.53 (relating to revocation or suspension of approval).

§ 39.42. [Reserved].

Source

The provisions of this § 39.42 adopted February 25, 1983, effective February 26, 1983, 13 Pa.B. 834; reserved March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362. Immediately preceding text appears at serial pages (208661) to (208662).

§ 39.43. Standards for provider approval.

Prospective providers shall document the following on their applications:

- (1) The mechanism measuring the quality of the program being offered.
- (2) The criteria for selecting and evaluating faculty instructors, subject matter and instructional materials.
- (3) The criteria for evaluating each program to determine its effectiveness.
- (4) A clear statement of educational objectives.
- (5) The subjects in which proposed programs will be offered.

Authority

The provisions of this § 39.43 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 4 and 9 of the Nursing Home Administrators License Act (63 P. S. § § 1104(c) and 1109).

Source

The provisions of this § 39.43 adopted February 25, 1983, effective February 26, 1983, 13 Pa.B. 834; amended March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362. Immediately preceding text appears at serial page (208662).

§ 39.44. Provider responsibilities.

For each program, providers shall:

- (1) Disclose the objectives, content, teaching method and number of clock hours in advance to prospective participants.
- (2) Open each program to licensees.
- (3) Provide adequate physical facilities for the number of anticipated participants and the teaching methods to be used.
- (4) Provide accurate instructional materials.
- (5) Employ qualified instructors who are knowledgeable in the subject matter.
- (6) Evaluate the program through the use of questionnaires of the participants and instructors.

- (7) Issue continuing education records.
- (8) Retain attendance records, written outlines and a summary of evaluations for a 5-year period.

Authority

The provisions of this § 39.44 issued under section 9(b) of the State Board of Examiners of Nursing Home Administrators (63 P. S. § 1109(b)).

Source

The provisions of this § 39.44 adopted March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362.

APPROVAL PROCESS—PROGRAMS

§ 39.51. Standards for continuing education programs.

- (a) A program shall consist of the subjects listed in § 39.14(a)(2) (relating to approval of programs of study).
- (b) The Board does not deem the following programs acceptable:
 - (1) Inservice programs which are not open to licensees.
 - (2) Programs limited to the organization and operation of the employer.

Authority

The provisions of this § 39.51 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 4 and 9 of the Nursing Home Administrators License Act (63 P. S. § § 1104(c) and 1109).

Source

The provisions of this § 39.51 adopted February 25, 1983, effective February 26, 1983, 13 Pa.B. 834; amended March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362. Immediately preceding text appears at serial pages (208662) to (208663).

Cross References

This section cited in 49 Pa. Code § 39.53 (relating to revocation or suspension of approval); and 49 Pa. Code 39.61 (relating to requirements).

§ 39.52. Program registration.

(a) All programs require preapproval, except as in § 39.61(b)(4) and (5) (relating to requirements).

(b) An application for program approval shall be submitted at least 60 days before the scheduled starting date. The Board may consider an application submitted within 30 days if the program is limited to significant changes in State or Federal law or regulations which will be implemented within 60 days of their publication.

(c) The provider number shall appear on the program application.

(d) An applicant for program approval shall provide the following information:

(1) The full name and address of the eligible provider.

(2) The title of the program.

(3) The dates and location of the program.

(4) Faculty names, and biographical sketches, including curriculum vitae.

(5) A schedule of program—title of subject, lecturer, time allotted and the like.

(6) The total number of clock hours requested.

(7) An attendance certification method.

(8) A provider number.

(9) Objectives

(10) Core subjects.

(11) The program coordinator.

(e) A program number will be issued on approval of program.

Authority

The provisions of this § 39.52 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 4 and 9 of the Nursing Home Administrators License Act (63 P. S. § § 1104(c) and 1109).

Source

The provisions of this § 39.52 adopted February 25, 1983, effective February 26, 1983, 13 Pa.B. 834; amended March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362. Immediately preceding text appears at serial pages (208663) to (208664).

Cross References

This section cited in 49 Pa. Code § 39.53 (relating to revocation or suspension of approval).

§ 39.53. Revocation or suspension of approval.

(a) A provider may not indicate in any manner that approval has been granted until notification has been received from the Board.

(b) Approval will be granted to a provider as a registered sponsor of continuing education programs until it is revoked or suspended for cause after a full and fair hearing on the merits. Failure to comply with this section, § § 39.41, 39.43, 39.51, 39.52 and 39.54 or to meet standards, or refusal to allow reasonable inspection or to supply information upon request of the Board or its representatives are cause for revocation or suspension of approval.

Authority

The provisions of this § 39.53 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 4 and 9 of the Nursing Home Administrators License Act (63 P. S. § § 1104(c) and 1109).

Source

The provisions of this § 39.53 adopted February 25, 1983, effective February 26, 1983, 13 Pa.B. 834; amended March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362. Immediately preceding text appears at serial pages (208664) to (208665).

§ 39.54. Review.

(a) Approved providers shall be subject to onsite and offsite review of the program being presented by representatives of the Board.

(b) Ongoing review of a provider will be on a selected basis subject to the physical presence of Board members or appointed representatives selected by the Board to evaluate program content, relevancy and acceptability.

Authority

The provisions of this § 39.54 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 4 and 9 of the Nursing Home Administrators License Act (63 P. S. § § 1104(c) and 1109).

Source

The provisions of this § 39.54 adopted February 25, 1983, effective February 26, 1983, 13 Pa.B. 834; amended March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362. Immediately preceding text appears at serial page (208665).

Cross References

This section cited in 49 Pa. Code § 39.53 (relating to revocation or suspension of approval).

CLOCK HOURS REQUIREMENT

§ 39.61. Requirements.

(a) A licensee shall complete at least 48 clock hours of continuing education during the preceding biennial period.

(b) All continuing education clock hours shall be completed in courses preapproved by NAB or the Board, except as provided in subsection (c)(2)—(5).

(c) Of the 48 clock hours required, the following apply:

(1) Up to 48 clock hours may be taken in lecture, college or university, computer interactive, distance learning or correspondence courses preapproved by NAB or the Board.

(2) A maximum of 12 clock hours may be earned by serving as an instructor of a NAB or Board-approved continuing education program or as an instructor of a college or university course approved by NAB or the Board. Instructors may earn 1 clock hour for each hour of instruction up to 12 clock hours.

(3) Clock hours may be earned by authoring an article on long-term care as follows:

(i) Authors whose articles relating to long-term care are published in professional journals may earn 3 clock hours per article, up to a maximum of 12 clock hours per biennium.

(ii) Additional credit per article, up to 12 of the required clock hours, may be awarded based on the complexity of the subject matter or work.

(iii) In exceptional circumstances, when the article is published in a refereed journal, and the subject matter or work is complex, a licensee may be awarded up to 24 clock hours.

(iv) Published articles used for continuing education credit shall be submitted to the Board within 60 days of publication. Upon review of the published article, the Board will determine the appropriate number of clock hours to be awarded based upon the complexity of the subject matter or work.

(4) Up to 24 clock hours may be obtained by serving as a supervisor in a Board-approved AIT program, when the AIT successfully completes the AIT program.

(5) A maximum of 12 clock hours may be awarded retroactively for attending programs, to include lectures, and college or university courses, which have not been preapproved. The attendee shall submit a written request for approval within 60 days of attending the program and document attendance. The attendee shall demonstrate to the Board's satisfaction that the programs meet the requirements in §§ 39.14(a)(2) and 39.51 (relating to approval of programs of study; and standards for continuing education programs).

(d) A licensee who obtains a license after the biennial period begins shall complete a prorated amount of clock hours equal to 2 clock hours per month through the end of the biennial period. For the purpose of calculating the number of clock hours required, partial months shall count as whole months.

(e) A licensee suspended for disciplinary reasons is not exempt from the continuing education requirements in subsection (a).

(f) A licensee who cannot meet the overall continuing education clock hour requirement in subsection (a) or (d) due to illness, emergency or hardship may apply to the Board in writing prior to the end of the renewal period for an extension of time to complete the clock hours. A licensee who cannot meet any other requirement in this section due to illness, emergency or hardship may apply to the Board in writing prior

to the end of the renewal period for a waiver of the requirement. An extension or waiver request must explain why compliance is impossible, and include appropriate documentation. An extension or waiver request will be evaluated by the Board on a case-by-case basis.

(g) A licensee will not be credited for repeating a program in the same renewal period unless the subject matter has substantially changed during that period.

Authority

The provisions of this § 39.61 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 4 and 9 of the Nursing Home Administrators License Act (63 P. S. §§ 1104(c) and 1109).

Source

The provisions of this § 39.61 adopted February 25, 1983, effective February 26, 1983, 13 Pa.B. 834; amended March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362; amended July 11, 2008, effective July 12, 2008, 38 Pa.B. 3811; amended June 11, 2010, effective June 12, 2010, 40 Pa.B. 3090. Immediately preceding text appears at serial pages (335561) to (335563).

Cross References

This section cited in 49 Pa. Code § 39.11 (relating to biennial renewal); and 49 Pa. Code § 39.52 (relating to program registration).

§ § 39.62—39.64. [Reserved].

Source

The provisions of these § § 39.62—39.64 adopted February 25, 1983, effective February 26, 1983, 13 Pa.B. 834; reserved March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362. Immediately preceding text appears at serial pages (208666) and (271747) to (271748).

§ 39.65. Reporting continuing education clock hours.

(a) Licensees shall provide a copy of the required documentation supporting the completion of the required hours when requested to do so by the Board.

(b) Acceptable documentation consists of:

- (1) A continuing education certificate or sponsor-generated printout.
 - (2) A certified transcript of courses taken for credit in an accredited university or college. For noncredit courses taken, a statement of hours of attendance, signed by the instructor.
 - (3) Evidence of publication for published articles, books or continuing education programs.
 - (4) Evidence obtained from the provider of having been an instructor, including an agenda and time schedule.
- (c) A licensee is responsible for documenting the continuing education requirements. Required documentation shall be maintained for 4 years after the completion of the program.
- (d) Failure to comply with this section shall constitute grounds for disciplinary action under section 9(d) of the act (63 P. S. § 1109(d)).

Authority

The provisions of this § 39.65 issued under section 9(b) of the Nursing Home Administrators License Act (63 P. S. § 1109(b)).

Source

The provisions of this § 39.65 adopted March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362.

RENEWAL

§ 39.71. Licensure renewal.

- (a) Licensure renewal will be based on the payment of the required fee to the Commonwealth and submission of “certification of credit” form. This form is available from the State Board of Examiners of Nursing Home Administrators, Post Office Box 2649, Harrisburg, Pennsylvania 17105.
- (b) Total credit hours for the 1982-84 biennium consist of 48 hours.

(c) Certification forms shall be submitted to the Board. Documentation of programs attended with proper signatures of provider and nursing home administrator shall be kept by the licensee for a period of 2 years.

(d) Certification of credit hours submitted by the nursing home administrator shall be properly signed as being correct and true. False statements shall be grounds for licensure revocation or suspension.

Authority

The provisions of this § 39.71 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 4 and 9 of the Nursing Home Administrators License Act (63 P. S. §§ 1104(c) and 1109).

Source

The provisions of this § 39.71 adopted February 25, 1983, effective February 26, 1983, 13 Pa.B. 834.

§ 39.72. Fees.

The following is the schedule of fees charged by the Board:

Biennial renewal of nursing home administrators
license... \$297

License application fee... \$40

Temporary permit fee... \$145

Certification of examination scores... \$25

Verification of licensure or temporary permit... \$15

Continuing education provider application fee... \$40

Continuing education program application fee per
clock hour... \$15

Continuing education individual program appli-
cation fee... \$20

AIT application fee... \$50

Authority

The provisions of this § 39.72 issued under section 7.1 of the Nursing Home Administrators License Act (63 P. S. § 1107.1); amended under sections 6, 7, 7.1(a) and 9(b) of the Nursing Home Administrators License Act (63 P. S. § § 1106, 1107, 1107.1(a) and 1109(b)); and section 812.1 of The Administrative Code of 1929 (71 P. S. § 279.3a); amended under section 4(c) of the Nursing Home Administrators License Act (63 P. S. § 1104(c)).

Source

The provisions of this § 39.72 adopted July 22, 1988, effective July 23, 1988, 18 Pa.B. 3211; amended May 19, 1989, effective May 20, 1989, 19 Pa.B. 2163; amended March 16, 1990, effective March 17, 1990, 20 Pa.B. 1503; amended May 18, 1990, effective May 19, 1990, 20 Pa.B. 2652; amended December 21, 1990, effective December 22, 1990, 20 Pa.B. 6268; amended April 10, 1992, effective April 11, 1992, 22 Pa.B. 1758; amended December 30, 1994, effective December 31, 1994, 24 Pa.B. 6564; amended January 26, 1996, effective January 27, 1996, and apply to examinations administered on and after September 1, 1995, 26 Pa.B. 330; amended December 1, 2000, effective December 2, 2000, 30 Pa.B. 6199; amended March 9, 2001, effective March 10, 2001, 31 Pa.B. 1362; amended August 27, 2004, effective August 28, 2004, 34 Pa.B. 4696; amended June 2, 2006, effective June 3, 2006, 36 Pa.B. 2678; amended July 11, 2008, effective July 12, 2008, 38 Pa.B. 3811. Immediately preceding text appears at serial pages (319664) to (319665).

REPORTING PROCEDURE—DEPARTMENT OF HEALTH

§ 39.81. Reporting by Department of Health of deficiencies found in a nursing home.

Under an Interagency Agreement entered into between the Board and the Department of Health, the following reporting procedure will be utilized by the Board, in cooperation with the Department of Health, to report deficiencies which are found in a nursing home and which may be due to the practices of a licensed nursing home administrator:

(1) *Reports required.* If, after inspection, the Department of Health finds that deficiencies in a licensed nursing home may be due to the practices of a licensed nursing home administrator, the Department of Health shall, within 60 days following the discovery of the deficiency, cause a written report to be made to the Board.

(2) *Contents of reports.* Reports made under this section shall contain the following information:

- (i) The name, address and license number of the nursing home administrator involved.
- (ii) The date of the inspection by the Department of Health.
- (iii) A description of the deficiency.
- (iv) A statement of how the deficiency may be due to the practices of the licensed nursing home administrator.
- (v) Other information the Department of Health may deem necessary.

(3) *Confidentiality.* A report or information furnished to the Board will be deemed a confidential communication and is not subject to inspection or disclosure, in any manner, except under subpoena issued in a pending action or proceeding.

(4) *Disposition of reports.* Upon receipt of a written report from the Department of Health, the Board will immediately refer the matter to its prosecuting attorney for further investigation, review or recommendation, as applicable, to its proper disposition.

Authority

The provisions of this § 39.81 issued under section 12.1 of the Nursing Home Administrators License Act (63 P. S. § 1112.1).

Source

The provisions of this § 39.81 adopted June 23, 1989, effective June 24, 1989, 19 Pa.B. 2660.

§ 39.82. Reporting disciplinary actions to Department of Health.

As soon as possible, but not exceeding 60 days following the effective date of a disciplinary action taken against a licensed nursing home administrator, or an individual practicing the profession of nursing home administration without a valid license, the Board will cause a written report to be made to the Department of Health, containing the following information:

(1) The name, address and license number of the nursing home administrator involved.

(2) A summary of the charges against the nursing home administrator and the Board's findings with respect to each charge.

(3) The nature of the sanction imposed by the Board.

(4) The effective date of the sanction.

Authority

The provisions of this § 39.82 issued under section 12.1 of the Nursing Home Administrators License Act (63 P. S. § 1112.1).

Source

The provisions of this § 39.82 adopted June 23, 1989, effective June 24, 1989, 19 Pa.B. 2660.

STANDARDS OF PROFESSIONAL PRACTICE AND PROFESSIONAL CONDUCT

§ 39.91. Standards of professional practice and professional conduct for nursing home administrators.

The Board adopts the following standards of practice and standards of professional conduct to establish and maintain a high standard of integrity and dignity in the profession and to protect the public against unprofessional conduct on the part of nursing home administrators.

(1) *General management.* A nursing home administrator shall:

(i) Develop policies which govern the continuing care and related medical and other services provided by the facility which reflect the facility's philosophy to provide a high level of resident care in a healthy, safe and comfortable environment.

(ii) Evaluate the quality of resident care and efficiency of services, identify strengths and weaknesses and set in place measures for improvements where necessary, and evaluate progress and institute appropriate follow-up activities.

(iii) Set in place a functional table of organization with standards of accountability and hold department heads accountable for the performance of their respective departments.

(iv) Maintain open lines of communication with the governing body, department heads, facility staff and its residents to assure resources are properly allocated and that resident care is maintained at a high level.

(v) Review the reports of the medical director and outside resources and consider for possible implementation.

(vi) Maintain compliance with governmental regulations and assure that the facility's nondiscriminatory policy and policy on resident rights are available for inspection by the public.

(2) *Professional conduct.* A nursing home administrator shall:

(i) Uphold the standards of the profession of nursing home administration as prescribed in this chapter.

(ii) Refrain from conduct or practice which would jeopardize continued licensure as a nursing home administrator as outlined in § 39.9 (relating to revocation or suspension of licenses).

(3) *Personnel management.* A nursing home administrator shall:

(i) Implement personnel policies and procedures which define job responsibilities, accountability and the performance appraisal process. Personnel policies emphasize the importance of the health care team in the delivery of quality resident care.

(ii) Assure that a formal program is in place to provide for the recruitment, hiring and development of competent department managers and other facility staff.

(iii) Promote job satisfaction and commitment to quality care by recognizing employe achievement.

(iv) Coordinate training programs to improve employe skills and to enhance employe performance.

(4) *Financial management.* A nursing home administrator shall provide or recommend:

(i) The development of a budget, the objective of which is the delivery of quality care.

(ii) A system that monitors financial operations, promotes financial stability and enhances present and future viability of capital assets.

(iii) The maintenance of adequate insurance coverage to meet the needs of the facility.

(iv) The maintenance of patient occupancy levels at an optimal level.

(5) *Public relations.* A nursing home administrator shall foster a positive image for the long term care facility.

Authority

The provisions of this § 39.91 issued under section 4(a)(9) of the Nursing Home Administrators License Act (63 P. S. § 1104(a)(9)).

Source

The provisions of this § 39.91 adopted September 8, 1989, effective September 9, 1989, 19 Pa.B. 3825.

AIT PROGRAM

§ 39.101. AIT.

(a) An applicant seeking to become an AIT shall file an application for approval on a form prescribed by the Board.

(b) To be approved as an AIT, the applicant shall:

(1) Have attained the general education requirements in § 39.5(b)(3)(i) or (b)(4)(i) (relating to requirements for admission to licensing examination; examination procedures) or be enrolled in the final year of a baccalaureate or master's degree program at an accredited college or university.

(2) Verify that if the AIT is employed at the nursing home in any capacity other than that of AIT during the period of practical training and experience, that employment is in addition to the hours required for the AIT program.

Authority

The provisions of this § 39.101 issued under section 4(c) of the Nursing Home Administrators Licensing Act (63 P. S. § 1104(c)).

Source

The provisions of this § 39.101 adopted July 11, 2008, effective July 12, 2008, 38 Pa.B. 3811.

Cross References

This section cited in 49 Pa. Code § 39.1 (relating to definitions); and § 39.5 (relating to requirements for admission to licensing examination; examination procedures).

§ 39.102. AIT program.

(a) The AIT program must provide documentation that the following requirements have been met:

(1) The AIT and the AIT's supervisor have jointly made a pretraining assessment of the AIT's background in terms of educational level, pertinent experience, maturity, motivation and initiative.

(2) Based on the pretraining assessment, the AIT and the AIT's supervisor jointly have developed a detailed, goal-oriented training plan with supporting documentation which includes:

(i) Educational objectives.

(ii) Subject areas of the core of knowledge as required by §§ 39.5(c) and 39.7 (relating to requirements for admission to licensing examination; examination procedures; and subject matter for examinations).

(iii) Training sites involved.

(iv) Estimated number of hours needed for mastering each objective.

(v) Total of hours in the training plan.

(3) Prior to its implementation, the training plan shall be submitted for approval by the Board on forms provided by the Board. The training plan must include supporting

documentation for the training plan, including the allocation of hours to the subject areas required by § § 39.5(c) and 39.7.

(4) A minimum of 80% of the training must occur from Monday through Friday between 7 a.m. and 7 p.m. An AIT program may not consist of more than 60 hours per week nor less than 20 hours per week.

(b) The Board has the right to monitor and call for conference any AIT or AIT supervisor during the course of the AIT program.

(c) Following the completion of the AIT program and prior to admission to the examination for licensure, the Board will review the report required by § 39.103 (relating to AIT program reports) to determine if the applicant has received training consistent with this section.

(d) If the AIT program is discontinued prior to completion, the following apply:

(1) An AIT program which has been discontinued by a period of full-time military service may be completed within a year after that military service.

(2) An AIT program which has been discontinued for any reason other than military service may not be completed if the absence exceeds 1 year from the date of discontinuance.

(3) If an AIT program has been discontinued before completion for any reason beyond AIT or supervisor control, the AIT and supervisor may apply to the Board for consideration of credit for the period of time completed.

(i) The AIT requesting consideration shall explain why the AIT program was discontinued, how the AIT intends to complete the training and document his progress in the manner required by § 39.103.

(ii) The supervisor requesting consideration shall explain why the AIT program was discontinued and document the hours that the supervisor spent on the training program.

Authority

The provisions of this § 39.102 issued under section 4(c) of the Nursing Home Administrators Act (63 P. S. § 1104(c)).

Source

The provisions of this § 39.102 adopted July 11, 2008, effective July 12, 2008, 38 Pa.B. 3811.

Cross References

This section cited in 49 Pa. Code § 39.5 (relating to requirements for admissions to licencing examinations; examination procedures).

§ 39.103. AIT program reports.

(a) Within 30 days of the completion of the AIT program, the AIT and supervisor shall submit to the Board a report on the AIT's progress on forms provided by the Board. The AIT and supervisor shall sign the report, verifying the accuracy of the information. The report must include, at a minimum:

- (1) The names of the AIT and supervisor.
 - (2) A list of the departments in which the AIT trained, as well as initials of department managers to verify that the AIT trained in those departments.
 - (3) The number of hours the AIT has completed during the program in each subject area.
 - (4) A description of the administrative activities in which the AIT has participated.
 - (5) Suggestions for improvement in the program.
- (b) The Board reserves the right to request additional information from the AIT and the AIT's supervisor on a case-by-case basis.

Authority

The provisions of this § 39.103 issued under section 4(c) of the Nursing Home Administrators Act (63 P. S. § 1104(c)).

Source

The provisions of this § 39.103 adopted July 11, 2008, effective July 12, 2008, 38 Pa.B. 3811.

Cross References

This section cited in 49 Pa. Code § 39.5 (relating to requirements for admissions to licencing examinations; examination procedure).

PART IV. HEALTH FACILITIES

Subpart	Chap.
A. GENERAL PROVISIONS	51
B. GENERAL AND SPECIAL HOSPITALS	101
C. LONG-TERM CARE FACILITIES	201
D. HEALTH PLANNING	301
E. BIRTH CENTERS	501
F. AMBULATORY SURGICAL FACILITIES	551
G. HOME HEALTH CARE AGENCIES	601
H. HOME CARE AGENCIES AND HOME CARE REGISTRIES	611

Authority

The provisions of this Part IV issued under sections 2101—3002 of The Administrative Code of 1929 (71 P. S. §§ 531—732); Articles IX and X of the Public Welfare Code (62 P. S. §§ 901—922 and 1001—1080); and Reorganization Plan No. 3 of 1975, unless otherwise noted.

Source

The provisions of this Part IV adopted August 29, 1975, effective September 1, 1975, 5 Pa.B. 2233, amended February 10, 1977, effective February 12, 1977, 7 Pa.B. 437, unless otherwise noted.

Cross References

This part cited in 28 Pa. Code § 711.2 (relating to policy); 34 Pa. Code § 403.22 (relating to health care facilities); and 55 Pa. Code § 5320.54 (relating to seclusion and restraints).

Subpart A. GENERAL PROVISIONS

Chap.	Sec.
51. GENERAL INFORMATION	51.1

CHAPTER 51. GENERAL INFORMATION

GENERAL PROVISIONS

Sec.	
51.1.	Legal base, scope and definitions.
51.2.	Licensed facilities.
51.3.	Notification.
51.4.	Change in ownership; change in management.
51.5.	Building occupancy.
51.6.	Identification of personnel.

CIVIL RIGHTS

51.11.	Civil rights compliance
51.12.	Nondiscriminatory policy.
51.13.	Civil rights compliance records.

RESTRICTION OF PROVISION OF HEALTH CARE SERVICES

- 51.21. Surgery.
- 51.22. Cardiac catheterization.
- 51.23. Positron emission tomography.
- 51.24. Lithotripsy.

EXCEPTIONS

- 51.31. Principle.
- 51.32. Exceptions for innovative programs.
- 51.33. Requests for exceptions.
- 51.34. Revocation of exceptions.

SANCTIONS

- 51.41. Violations, penalties.

Authority

The provisions of this Chapter 51 issued under section 803(2) of the Health Care Facilities Act (35 P. S. § 448.803(2)), unless otherwise noted.

Source

The provisions of this Chapter 51 adopted June 5, 1998, effective June 6, 1998, 28 Pa.B. 2643, unless otherwise noted.

GENERAL PROVISIONS**§ 51.1. Legal base, scope and definitions.**

- (a) This subpart implements the act.
- (b) This subpart contains standards which are applicable to all entities licensed as health care facilities under the act. It also identifies specific health care services which are restricted to specified health care facilities.
- (c) The following words and terms, when used in this subpart have the following meanings, unless the context clearly indicates otherwise:
 - Act*—The Health Care Facilities Act (35 P. S. §§ 448.101—448.904b).
 - Department*—The Department of Health of the Commonwealth.

§ 51.2. Licensed facilities.

The Department licenses the following health care facilities under the act:

- (1) Ambulatory surgical facilities.

- (2) General hospitals.
- (3) Special hospitals.
- (4) Long-term care nursing facilities.
- (5) Birth centers.
- (6) Home health care agencies.
- (7) Cancer treatment centers.

§ 51.3. Notification.

(a) A health care facility shall notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided at that facility.

(b) A health care facility shall notify the Department in writing at least 60 days prior to the intended date of providing services in new beds it intends to add to its approved complement of beds.

(c) A health care facility shall provide similar notice at least 60 days prior to the effective date it intends to cease providing an existing health care service or reduce its licensed bed complement.

(d) A health care facility shall submit to the Department architectural plans and blueprints of proposed new construction, alteration or renovation to the facility. This material shall be submitted at least 60 days before the initiation of construction, alteration or renovation. The Department will review these documents to assure compliance with relevant life safety code and other regulatory requirements. The Department will respond to the facility by either issuing an approval or disapproval or requesting further information within 45 days of receipt of the facility's submission. The facility may not initiate construction, alteration or renovation until it has received an approval from the Department.

(e) If a health care facility is aware of information which shows that the facility is not in compliance with any of the Department's regulations which are applicable to that health care facility, and that the noncompliance seriously compromises quality assurance or patient safety, it shall immediately notify the Department in writing of its noncompliance. The notification shall include sufficient detail and information to alert the Department as to the reason for the failure to comply and the steps which the health care facility shall take to bring it into compliance with the regulation.

(Editor's Note: Under section 314 of the act of March 20, 2002 (P. L. 154, No. 13) (act), subsections (f) and (g) are abrogated with respect to a medical facility upon the reporting of a serious event, incident or infrastructure failure pursuant to section 313 of the act.)

(f) If a health care facility is aware of a situation or the occurrence of an event at the facility which could seriously compromise quality assurance or patient safety, the facility shall immediately notify the Department in writing. The notification shall include sufficient detail and information to alert the Department as to the reason for its occurrence and the steps which the health care facility shall take to rectify the situation.

(g) For purposes of subsections (e) and (f), events which seriously compromise quality assurance or patient safety include, but are not limited to, the following:

- (1) Deaths due to injuries, suicide or unusual circumstances.

- (2) Deaths due to malnutrition, dehydration or sepsis.
 - (3) Deaths or serious injuries due to a medication error.
 - (4) Elopements.
 - (5) Transfers to a hospital as a result of injuries or accidents.
 - (6) Complaints of patient abuse, whether or not confirmed by the facility.
 - (7) Rape.
 - (8) Surgery performed on the wrong patient or on the wrong body part.
 - (9) Hemolytic transfusion reaction.
 - (10) Infant abduction or infant discharged to the wrong family.
 - (11) Significant disruption of services due to disaster such as fire, storm, flood or other occurrence.
 - (12) Notification of termination of any services vital to the continued safe operation of the facility or the health and safety of its patients and personnel, including, but not limited to, the anticipated or actual termination of electric, gas, steam heat, water, sewer and local exchange telephone service.
 - (13) Unlicensed practice of a regulated profession.
 - (14) Receipt of a strike notice.
- (h) A health care facility shall send the written notification required under subsections (a)—(f) to the director of the division in the Department responsible for the licensure of the health care facility.
- (i) Information contained in the notification submitted to the Department by a facility under subsection (e) or (f) may not, unless otherwise ordered by a court for good cause shown, be produced for inspection or copying by, nor may the contents thereof be disclosed to, a person other than the Secretary, the Secretary's representative or another government agency, without the consent of the facility which filed the report.
- (j) The Secretary and the Secretary's representative shall use the information contained in the notification from the facility only in connection with the enforcement of the Department's responsibilities under the act, or other applicable statutes within the Department's jurisdiction.
- (k) The notification requirements of this section do not require a facility, in providing a notification under subsection (e) or (f), to include information which is deemed confidential and not reportable to the Department under other provisions of Federal or State law or regulations.
- (l) A health care facility may not commence the provision of new health care services or provide services in new beds until it has been informed by the Department that it is in compliance with all licensure requirements.

Cross References

This section cited in 28 Pa. Code § 201.14 (relating to responsibility of licensee).

§ 51.4. Change in ownership; change in management.

- (a) A health care facility shall notify the Department in writing at least 30 days prior to transfer involving 5% or more of the stock or equity of the health care facility.

(b) A health care facility shall notify the Department in writing at least 30 days prior to a change in ownership or a change in the form of ownership or name of the facility. A change in ownership shall mean any transfer of the controlling interest in a health care facility.

(c) A health care facility shall notify the Department in writing within 30 days after a change of management of a health care facility. A change in management occurs when the person responsible for the day to day operation of the health care facility changes.

§ 51.5. Building occupancy.

(a) New construction, alterations or renovations that provide space for patient or resident rooms or services may not be used or occupied until authorization for the occupancy has been received from the Department.

(b) A health care facility shall request a preoccupancy survey at least 30 days prior to the anticipated occupancy of the facility or an addition or remodeled part thereof. The Department will conduct an onsite survey of the new or remodeled portion of the health care facility prior to granting approval for occupancy. The Department may give the authorization to occupy the new or remodeled portion of the health care facility by an interim written authorization. If interim authorization for occupancy is given, the Department will provide the health care facility with formal authorization within 30 days.

Cross References

This section cited in 28 Pa. Code § 571.11 (relating to principle); and 34 Pa. Code § 403.22 (relating to health care facilities).

§ 51.6. Identification of personnel.

(a) When working in a health care facility and when clinically feasible, the following individuals shall wear an identification tag which displays that person's name and professional designation:

- (1) Health care practitioners licensed or certified by Commonwealth agencies.
- (2) Health care providers employed by health care facilities.

(b) The identification tag shall include the individual's full name. Abbreviated professional designations may be used only when the designation indicates licensure or certification by a Commonwealth agency, otherwise the full title shall be printed on the tag.

(c) The last name of the individual may be omitted or concealed when treating patients who exhibit symptoms of irrationality or violence.

CIVIL RIGHTS

§ 51.11. Civil rights compliance.

A health care facility shall comply with all civil rights laws. The Department may make onsite visits at its discretion to verify the civil rights compliance status of the health care facility.

§ 51.12. Nondiscriminatory policy.

(a) A health care facility shall have a nondiscriminatory policy which applies to all patients or residents and staff. The policy shall include a prohibition on the segregation of buildings, wings, floors and rooms for reasons of race, color, national origin, ancestry, age, sex, religion, handicap or disability. The nondiscriminatory policy shall also address the following:

- (1) Inpatient or outpatient admission or care.
- (2) Assigning patients or residents to rooms, floors and sections.
- (3) Asking patients or residents about roommate preferences.
- (4) Assignments of staff to patient or resident services.
- (5) Staff privileges of professionally qualified personnel.
- (6) Utilization of the health care facility.
- (7) Transfers of patients or residents from their rooms.

(b) A health care facility is required to comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C.A. §§ 2000e—2000e-17) and the Pennsylvania Human Relations Act (43 P. S. §§ 951—962.2) and to sign the following statement prior to receiving an initial license:

“This facility has agreed to comply with the provisions of the Federal Civil Rights Act of 1964 and the Pennsylvania Human Relations Act and all requirements imposed pursuant thereto to the end that no person shall, on the grounds of race, color, national origin, ancestry, age, sex, religious creed, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination in the provision of any care or service.”

Cross References

This section cited in 28 Pa. Code § 51.13 (relating to civil rights compliance records).

§ 51.13. Civil rights compliance records.

(a) A health care facility shall maintain the following records to show compliance with § 51.12 (relating to nondiscriminatory policy):

- (1) A copy of the health care facility’s admission policy which includes the date of its adoption, which sets forth in clear terms nondiscriminatory practices with regard to race, color, national origin, creed, ancestry, age, sex, religion, handicap or disability.
- (2) A copy of a signed and dated notification to employees of the health care facility’s nondiscrimination policy.
- (3) Evidence that the nondiscriminatory practices of the health care facility have been publicized in the community at least every 3 years by one of the following methods: newspapers, television, radio, brochure or yellow pages.

(b) Copies of the health care facility’s nondiscriminatory policy shall be posted in locations accessible to the facility’s staff and the general public.

(c) The health care facility shall provide the Department with a signed and dated copy of the nondiscriminatory policy within 30 days of the effective date of any change in the policy.

RESTRICTION OF PROVISION OF HEALTH CARE SERVICES

§ 51.21. Surgery.

Surgery shall be performed only in an acute care hospital or in a Class A, Class B or Class C ambulatory surgical facility.

§ 51.22. Cardiac catheterization.

Cardiac catheterization shall be performed only in an acute care hospital.

§ 51.23. Positron emission tomography.

Positron emission tomography (PET) scanning services shall be provided only in a hospital which complies with the regulations of the Department governing radiology and nuclear medicine services.

§ 51.24. Lithotripsy.

Lithotripsy services shall be provided only in a hospital or ambulatory surgical facility authorized to provide anesthesia services under its license.

EXCEPTIONS

§ 51.31. Principle.

The Department may grant exceptions to this part when the policy and objectives contained therein are otherwise met, or when compliance would create an unreasonable hardship and an exception would not impair or endanger the health, safety or welfare of a patient or resident. No exceptions or departures from this part will be granted if compliance with the requirement is provided for by statute.

Cross References

This section cited in 28 Pa. Code § 136.11 (relating to director); 28 Pa. Code § 138.11 (relating to director); 28 Pa. Code § 139.3 (relating to director); and 28 Pa. Code § 158.11 (relating to medical director).

§ 51.32. Exceptions for innovative programs.

This part is not intended to restrict the efforts of a health care facility to develop innovative and improved programs of management, clinical practice, physical renovation or structural design. Whenever this part appears to preclude a program which may improve the capacity of the health care facility to deliver higher quality care and services or to operate more efficiently without compromising patient or resident care, the Department encourages the health care facility to request appropriate exceptions under this chapter.

Notes of Decisions*Generally*

Multiple hospitals filed petition for review in the nature of an action for mandamus against the Department of Health and others to require the Department to comply with provision in the 2005 General Appropriation Bill compelling Department and others to use portion of appropriations for the “negotiation of criteria under the angioplasty demonstration project”; however, because bill sought to compel Department to undertake actions in particular way, the appropriation conflicted with the Health Care Facilities Act that gave Department exclusive jurisdiction over health care providers and was, therefore, unconstitutional. *Uniontown Hospital v. Department of Health*, 905 A.2d 560, 565 (Pa. Cmwlth. 2006).

Cross References

This section cited in 28 Pa. Code § 51.13 (relating to civil rights compliance records); 28 Pa. Code § 136.11 (relating to director); 28 Pa. Code § 138.11 (relating to director); 28 Pa. Code § 139.3 (relating to director); and 28 Pa. Code § 158.11 (relating to medical director).

§ 51.33. Requests for exceptions.

- (a) A health care facility shall make requests for exceptions to the Department in writing.
- (b) The Department will retain the requests on file and document whether they have been approved or disapproved.
- (c) Upon receipt of a request for exceptions, the request will be published in the *Pennsylvania Bulletin* with a public comment period. The Department will review these comments before making a determination to approve or disapprove an exception. The Department will publish requests for exceptions in emergency situations, but will not include a public comment period.
- (d) The Department will publish notice of all approved exceptions in the *Pennsylvania Bulletin* on a periodic basis.
- (e) The health care facility shall retain approved requests on file during the period the exception remains in effect.

Cross References

This section cited in 28 Pa. Code § 136.11 (relating to director); 28 Pa. Code § 138.11 (relating to director); 28 Pa. Code § 139.3 (relating to director); and 28 Pa. Code § 158.11 (relating to medical director).

§ 51.34. Revocation of exceptions.

- (a) An exception granted under this chapter may be revoked by the Department for justifiable reason. The Department will provide notice of the revocation in writing and will include the reason for the revocation and the date upon which the exception will be terminated.
- (b) In revoking an exception, the Department will provide for a reasonable period of time between the date of written notice of the revocation and the date of termination of an exception to afford the health care facility an opportunity to come into compliance with the applicable regulations.
- (c) If a health care facility wishes to request a reconsideration of a denial or revocation of an exception, it shall do so in writing to the director of the appropriate division within 30 days after service of the adverse notification.

Cross References

This section cited in 28 Pa. Code § 136.11 (relating to director); 28 Pa. Code § 138.11 (relating to director); 28 Pa. Code § 139.3 (relating to director); and 28 Pa. Code § 158.11 (relating to medical director).

SANCTIONS**§ 51.41. Violations, penalties.**

(a) When appropriate, the Department will work with the health care facility to rectify a violation of this part.

(b) A health care facility that violates this part may be subject to sanctions by the Department, which include:

- (1) Suspension of its license.
- (2) Revocation of its license.
- (3) Refusal to renew its license.
- (4) Limitation of its license as to operation of a portion of the health care facility or to the services which may be provided at the health care facility.
- (5) Issuance of a provisional license.
- (6) Submission of a plan of correction.
- (7) Limitation or suspension of admissions to the health care facility.

(c) A person who violates this part may be subject to a civil penalty, not to exceed \$500 per day.

[Next page is 101-1.]

51-10

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