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dent within one week after admission. The plan of care shall be based on the comprehensive resident assessment under subd. 4., the physician's orders, and any special assessments under subd. 4.

6. The facility shall send a copy of the comprehensive resident assessment, the physician's orders and the plan of care under subd. 5. to the new resident's attending physician. The attending physician shall sign the assessment and the plan of care.

(3) ADMISSION INFORMATION. (a) This subsection takes the place of s. HFS 132.31 (1) (d) 1. for persons admitted for respite care or recuperative care.

(b) No person may be admitted to a facility for respite care or recuperative care without signing or the person's guardian or designated representative signing an acknowledgement of having received a statement before or on the day of admission which contains at least the following information:

1. An indication of the expected length of stay, with a note that the responsibility for care of the resident reverts to the resident or other responsible party following expiration of the designated length of stay;

2. An accurate description of the basic services provided by the facility, the rate charged for those services, and the method of payment for them;

3. Information about all additional services regularly offered but not included in the basic services. The facility shall provide information on where a statement of the fees charged for each of these services can be obtained. These additional services include pharmacy, x-ray, beautician and all other additional services regularly offered to residents or arranged for residents by the facility;

4. The method for notifying residents of a change in rates or fees;

5. Terms for refunding advance payments in case of transfer, death or voluntary or involuntary termination of the service agreement;

6. Conditions for involuntary termination of the service agreement;

7. The facility's policy regarding possession and use of personal effects;

8. In the case of a person admitted for recuperative care, the terms for holding and charging for a bed during the resident's temporary absence; and

9. In summary form, the residents' rights recognized and protected by s. HFS 132.31 and all facility policies and regulations governing resident conduct and responsibilities.

(4) MEDICATIONS. (a) The consulting or staff pharmacist shall review the drug regimen of each person admitted to the facility for respite care or recuperative care as part of the comprehensive resident assessment under sub. (2) (a) 1. or (b) 4.

(b) The consulting or staff pharmacist, who is required under s. HFS 132.65 (3) (b) to visit the facility at least monthly to review drug regimens and medications practices, shall review the drug regimen of each resident admitted for recuperative care, and the drug regimen of each resident admitted for respite care who may still be a resident of the facility at the time of the pharmacist's visit.

(c) Respite care residents and recuperative care residents may bring medications into the facility as permitted by written policy of the facility.

(5) PHYSICIAN'S VISITS. The requirements under s. HFS 132.61 (2) (b) for physician visits do not apply in the case of respite care residents, except when the nursing assessment indicates there has been a change in the resident's condition following admission, in which case the physician shall visit the resident if this appears indicated by the resident assessment.

(6) PRE-DISCHARGE PLANNING CONFERENCE. (a) For residents receiving recuperative care, a planning conference shall be conducted at least 10 days before the designated date of termination of the short-term care, except in an emergency, to determine the

appropriateness of discharge or need for the resident to stay at the facility. At the planning conference a care plan shall be developed for a resident who is being discharged to home care or to another health care facility. If discharge is not appropriate, the period for recuperative care shall be extended, if it was originally less than 90 days, for up to the 90 day limit, or arrangements shall be made to admit the person to the facility for care that is not short-term, as appropriate.

(b) Paragraph (a) takes the place of s. HFS 132.53 (3) (b) 1. and 2. for recuperative care residents.

(7) RECORDS. (a) *Contents.* The medical record for each respite care resident and each recuperative care resident shall include, in place of the items required under s. HFS 132.45 (5):

1. The resident care plan prepared under sub. (2) (a) 2. or (b) 5.;

2. Admission nursing notes identifying pertinent problems to be addressed and areas of care to be maintained;

3. For recuperative care residents, nursing notes addressing pertinent problems identified in the resident care plan and, for respite care residents, nursing notes prepared by a registered nurse or licensed practical nurse to document the resident's condition and the care provided;

4. Physicians' orders;

5. A record of medications;

6. Any progress notes by physicians or health care specialists that document resident care and progress;

7. For respite care residents, a record of change in condition during the stay at the facility; and

8. For recuperative care residents, the physician's discharge summary with identification of resident progress, and, for respite care residents, the registered nurse's discharge summary with notes of resident progress during the stay.

(b) *Location and accessibility.* The medical record for each short-term care resident shall be kept with the medical records of other residents and shall be readily accessible to authorized representatives of the department.

History: Cr. Register, January, 1987, No. 373, eff. 2-1-87; am. (1), (2) (a) (intro.) and (b) (intro.), Register, February, 1989, No. 398, eff. 3-1-89.

Subchapter VII — Physical Environment**HFS 132.71 Furniture, equipment and supplies.**

(1) FURNITURE IN RESIDENT CARE AREAS. (a) *Beds.* 1. Each resident shall be provided a bed which is at least 36 inches wide, is equipped with a headboard of sturdy construction and is in good repair. Roll-away beds, day beds, cots, or double or folding beds shall not be used.

2. Each bed shall be in good repair and provided with a clean, firm mattress of appropriate size for the bed.

3. Side rails shall be installed for both sides of the bed when required by the resident's condition.

(b) *Bedding.* 1. Each resident shall be provided at least one clean, comfortable pillow. Additional pillows shall be provided if requested by the resident or required by the resident's condition.

2. Each bed shall have a mattress pad.

3. A moisture-proof mattress cover and pillow cover shall be provided to keep each mattress and pillow clean and dry.

4. a. A supply of sheets and pillow cases sufficient to keep beds clean, dry, and odor-free shall be stocked. At least 2 sheets and 2 pillow cases shall be furnished to each resident each week.

b. Beds occupied by bedfast or incontinent residents shall be provided draw sheets.

5. A sufficient number of blankets shall be provided to keep each resident warm. Blankets shall be changed and laundered as often as necessary to maintain cleanliness and freedom from odors.

6. Each bed shall have a clean, washable bedspread.

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(c) *Other furnishings.* 1. Each resident who is confined to bed shall be provided with a bedside storage unit containing at least one drawer for personal items and a drawer or compartment for necessary nursing equipment. All other residents shall be provided with a storage unit in the resident's room, containing at least one drawer for personal items and a drawer or compartment for necessary nursing equipment.

2. a. At least one chair shall be in each room for each bed. A folding chair shall not be used. If requested by the resident or guardian, a wheel-chair or geri-chair may be substituted.

b. An additional chair with arms shall be available upon request.

3. A properly shaded reading light in working condition shall be installed over or at each bed.

4. Adequate compartment or drawer space shall be provided in each room for each resident to store personal clothing and effects and to store, as space permits, other personal possessions in a reasonably secure manner.

5. A sturdy and stable table that can be placed over the bed or armchair shall be provided to every resident who does not eat in the dining area.

(d) *Towels, washcloths, and soap.* 1. Clean towels and washcloths shall be provided to each resident as needed. Towels shall not be used by more than one resident between launderings.

2. An individual towel rack shall be installed at each resident's bedside or at the lavatory.

3. Single service towels and soap shall be provided at each lavatory for use by staff.

(e) *Window coverings.* Every window shall be supplied with flame retardant shades, draw drapes or other covering material or devices which, when properly used and maintained, shall afford privacy and light control for the resident.

(2) RESIDENT CARE EQUIPMENT. (a) *Personal need items.* When a resident because of his or her condition needs a mouth-wash cup, a wash basin, a soap dish, a bedpan, an emesis basin, or a standard urinal and cover, that item shall be provided to the resident. This equipment may not be interchanged between residents until it is effectively washed and sanitized.

(b) *Thermometers.* If reusable oral and rectal thermometers are used, they shall be cleaned and disinfected between use.

(c) *First aid supplies.* Each nursing unit shall be supplied with first aid supplies, including bandages, sterile gauze dressings, bandage scissors, tape, and a sling tourniquet.

(d) *Other equipment.* Other equipment, such as wheelchairs with brakes, footstools, commodes, foot cradles, footboards, under-the-mattress bedboards, walkers, trapeze frames, transfer boards, parallel bars, reciprocal pulleys, suction machines, patient lifts, and Stryker or Foster frames, shall be used as needed for the care of the residents.

(3) MAINTENANCE. All furnishings and equipment shall be maintained in a usable, safe and sanitary condition.

(4) STERILIZATION OF SUPPLIES AND EQUIPMENT. Each facility shall provide sterilized supplies and equipment by one or more of the following methods:

(a) Use of an autoclave;

(b) Use of disposable, individually wrapped, sterile supplies such as dressings, syringes, needles, catheters, and gloves;

(c) Sterilization services under a written agreement with another facility; or

(d) Other sterilization procedures when approved in writing by the department.

(5) SANITIZATION OF UTENSILS. Utensils such as individual bedpans, urinals, and wash basins which are in use shall be sanitized in accordance with acceptable sanitization procedures on a routine schedule. These procedures shall be done in an appropriate area.

(6) DISINFECTION OF RESIDENT GROOMING UTENSILS. Hair care tools such as combs, brushes, metal instruments, and shaving equipment which are used for more than one resident shall be disinfected before each use.

(7) OXYGEN. (a) No oil or grease shall be used on oxygen equipment.

(b) When placed at the resident's bedside, oxygen tanks shall be securely fastened to a tip-proof carrier or base.

(c) Oxygen regulators shall not be stored with solution left in the attached humidifier bottle.

(d) When in use at the resident's bedside, cannulas, hoses, and humidifier bottles shall be changed and sterilized at least every 5 days.

(e) Disposable inhalation equipment shall be presterilized and kept in contamination-proof containers until used, and shall be replaced at least every 5 days when in use.

(f) With other inhalation equipment such as intermittent positive pressure breathing equipment, the entire resident breathing circuit, including nebulizers and humidifiers, shall be changed daily.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82; am. (1) (e), (2) (a) and (3), Register, January, 1987, No. 373, eff. 2-1-87.

HFS 132.72 Housekeeping services. **(1) REQUIREMENT.** Facilities shall develop and implement written policies that ensure a safe and sanitary environment for personnel and residents at all times.

(2) CLEANING. (a) *General.* The facility shall be kept clean and free from offensive odors, accumulations of dirt, rubbish, dust, and safety hazards.

(b) *Floors.* Floors and carpeting shall be kept clean. Polishes on floors shall provide a nonslip finish. Carpeting or any other material covering the floors that is worn, damaged, contaminated or badly soiled shall be replaced.

(c) *Other surfaces.* Ceilings and walls shall be kept clean and in good repair at all times. The interior and exterior of the buildings shall be painted or stained as needed to protect the surfaces. Loose, cracked, or peeling wallpaper or paint shall be replaced or repaired.

(d) *Furnishings.* All furniture and other furnishings shall be kept clean and in good repair at all times.

(e) *Combustibles in storage areas.* Attics, cellars and other storage areas shall be kept safe and free from dangerous accumulations of combustible materials. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.

(f) *Grounds.* The grounds shall be kept free from refuse, litter, and waste water. Areas around buildings, sidewalks, gardens, and patios shall be kept clear of dense undergrowth.

(3) POISONS. All poisonous compounds shall be clearly labeled as poisonous and, when not in use, shall be stored in a locked area separate from food, kitchenware, and medications.

(4) GARBAGE. (a) *Storage containers.* All garbage and rubbish shall be stored in leakproof, nonabsorbent containers with close-fitting covers, and in areas separate from those used for the preparation and storage of food. Containers shall be cleaned regularly. Paperboard containers shall not be used.

(b) *Disposal.* Garbage and rubbish shall be disposed of promptly in a safe and sanitary manner.

(5) LINEN AND TOWELS. Linens shall be handled, stored, processed, and transported in such a manner as to prevent the spread of infection. Soiled linen shall not be sorted, rinsed, or stored in bathrooms, residents' rooms, kitchens, food storage areas, nursing units, or common hallways.

Note: For linen supplies, see s. HFS 132.71 (1) (b) 4; for change of linens, see s. HFS 132.60 (1) (a) 2; for toweling, see s. HFS 132.71 (1) (d).

(6) PEST CONTROL. (a) *Requirement.* The facility shall be maintained reasonably free from insects and rodents, with harborage and entrances of insects and rodents eliminated.

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(b) *Provision of service.* Pest control services shall be provided in accordance with the requirements of s. 94.705, Stats.

(c) *Screening of windows and doors.* All windows and doors used for ventilation purposes shall be provided with wire screening of not less than number 16 mesh or its equivalent and shall be properly installed and maintained to prevent entry of insects. Screen doors shall be self-closing and shall not interfere with exiting. Properly installed airflow curtains or fans may be used in lieu of screens.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82; am. (2) (b), (c) and (e), (6) (c), Register, January, 1987, No. 373, eff. 2-1-87.

Subchapter VIII — Life Safety, Design and Construction

HFS 132.81 Scope and definitions. (1) APPLICATION. This subchapter applies to all facilities except where noted. Whenever the rules in ss. HFS 132.83 and 132.84 modify the applicable life safety code under s. HFS 132.82, these rules shall take precedence.

(2) DEFINITIONS. The definitions in the applicable life safety code required under s. HFS 132.82 apply to this subchapter. In addition, in this subchapter:

(a) "Life safety code" means the National Fire Protection Association's standard 101.

(b) "Period A facility" means a facility or a portion of a facility which before July 1, 1964, was either licensed as a nursing home or had the plans approved by the department; a county home or county mental hospital approved under former ch. PW 1 or 2 before July 1, 1964, which is to be converted to nursing home use; a hospital approved under ch. HFS 124 before July 1, 1964, which is to be converted to nursing home use; or any other recognized inpatient care facility in operation before July 1, 1964, to be converted to nursing home use.

(c) "Period B facility" means a facility or a portion of a facility the plans for which were approved by the department on or after July 1, 1964, but no later than December 1, 1974; a county home or county mental hospital approved under former ch. PW 1 or 2, on or after July 1, 1964, but no later than December 1, 1974, which is to be converted for nursing home use; or any other recognized inpatient care facility in operation on or after July 1, 1964, but no later than December 1, 1974, which is to be converted to nursing home use.

(d) "Period C facility" means a facility, the plans for which were approved by the department after December 1, 1974, including new additions to existing licensed facilities and major remodeling and alterations.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82; r. and recr. (2), Register, January, 1987, No. 373, eff. 2-1-87; reprinted to restore dropped copy in (2) (b), Register, May, 1987, No. 377.

HFS 132.812 Review for compliance with this chapter and the state building code. (1) The department shall review nursing home construction and remodeling plans for compliance with this chapter and for compliance with the state commercial building code, chs. Comm 61 to 65, with the exception of s. Comm 61.31 (3). Where chs. Comm 61 to 65 refer to the department of commerce, those rules shall be deemed for purposes of review under this chapter to refer to the department of health and family services.

(2) The department shall have 45 working days from receipt of an application for plan review and all required forms, fees, plans and documents to complete the review and approve, approve with conditions or deny approval for the plan.

History: Emerg. cr., eff. 7-1-96; cr. Register, December, 1996, No. 492, eff. 7-1-96; corrections in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 2000, No. 536; corrections in (1) made under s. 13.93 (2m) (b) 7., Stats., Register December 2003 No. 576.

HFS 132.815 Fees for plan reviews. (1) REQUIREMENT. Before the start of any construction or remodeling project for a nursing home, the plans for the construction or remodeling shall be submitted to the department, pursuant to s. HFS 132.84 (17), for review and approval by the department. The fees established in this section shall be paid to the department for providing plan review services.

(2) FEE SCHEDULE. (a) General. The department shall charge a fee for the review under s. HFS 132.812 of plans for a nursing home capital construction or remodeling project. The fee shall be based in part on the dollar value of the project, according to the schedule under par. (b), and in part on the total gross floor area in the plans, as found in par. (c). The total fee for plan review is determined under par. (d). Fees for review of partial plans, for revision of plans, for extensions of plan approval, and for handling and copying, and provisions for the collection and refund of fees are found in par. (e).

(b) *Fee part based on project dollar value.* The part of the fee based on project dollar value shall be as follows:

1. For projects with an estimated dollar value of less than \$5,000, \$100;

2. For projects with an estimated dollar value of at least \$5,000 but less than \$25,000, \$300;

3. For projects with an estimated dollar value of at least \$25,000 but less than \$100,000, \$500;

4. For projects with an estimated dollar value of at least \$100,000 but less than \$500,000, \$750;

5. For projects with an estimated dollar value of at least \$500,000 but less than \$1 million, \$1,500;

6. For projects with an estimated dollar value of at least \$1 million but less than \$5 million, \$2,500; and

7. For projects with an estimated dollar value of \$5 million or more, \$5,000.

(c) *Fee part based on total gross floor area.* 1. 'General.' The part of the fee based on total gross floor area shall be as provided in Table 132.815 subject to the conditions set out in this paragraph.

2. 'Building, heating and ventilation.' The fees in Table 132.815 apply to the submittal of all building and heating, ventilation and air conditioning (HVAC) plans. A fee for review of plans shall be computed on the basis of the total gross floor area of each building.

TABLE 132.815
Fee Part Based on Total Gross Floor Area

Area (Sq. Feet)	FEE		
	Bldg. & HVAC	Bldg. Area Only	HVAC Area Only
Up to 2,500	\$320	\$270	\$190
2,501 – 5,000	430	320	240
5,001 – 10,000	580	480	270
10,001 – 20,000	900	630	370
20,001 – 30,000	1,280	900	480
30,001 – 40,000	1,690	1,220	690
40,001 – 50,000	2,280	1,590	900
50,001 – 75,000	3,080	2,120	1,220
75,001 – 100,000	3,880	2,600	1,690
100,001 – 200,000	5,940	4,240	2,120
200,001 – 300,000	12,200	7,430	4,770
300,001 – 400,000	17,190	11,140	6,900
400,001 – 500,000	21,220	13,790	9,020
Over 500,000	22,810	14,850	10,080