

Title 64@ LEGISLATIVE RULE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Series 64-13@ Nursing Home Licensure Rule

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Section 64-13-9@ Physical Facilities, Equipment, and Site Information

64-13-9 Physical Facilities, Equipment, and Site Information

9.1.

Applicability; Construction; Additions; Renovations; Other Standards. 9.1.1. If the director determines that changes necessary for compliance with this section of this rule would create an undue hardship for a nursing home in existence at the time this rule becomes effective, the nursing home may be governed by rules which were in effect prior to the effective date of this rule. 9.1.2. The standards for construction, renovations, and alterations are the relevant sections of the latest edition of "The Guidelines for Design and Construction of Hospitals and Health Care Facilities," according to Facilities Guidelines Institute (FGI) and published by the American Society for Healthcare Engineering (ASHE) with assistance from the U.S. Department of Health and Human Services which can be located at www.hhs.gov. 9.1.3. A nursing home shall comply with the most current edition of the National Fire Protection Association (NFPA) of "NFPA 99 Standards for Health Care Facilities" as adopted by the Centers for Medicare and Medicaid Services (CMS). 9.1.4. A nursing home shall comply with the current edition of the state building code as adopted by the State Fire Marshal. 9.1.5. A nursing home shall comply with all applicable provisions of the Americans with Disabilities Act (ADA). 9.1.6. A nursing home shall submit a complete set of architectural, structural, and mechanical drawings, drawn to scale not less than one-eighth inch equals one foot, and shall be



approved by the director before construction begins. This requirement applies to new construction, additions, renovations, or alterations to existing nursing homes. 9.1.7. The submitted drawings and specifications shall be prepared, signed, and sealed by a person registered to practice architecture in the state of West Virginia. The project shall be inspected during the construction phase by a registered professional architect or his or her representative. 9.1.8. The requirement for a registered architect may be waived by the director depending on the scope of the project. 9.1.9. A nursing home shall submit complete architectural drawings and specifications for any alterations, renovations, and equipment modifications or additions which may necessitate changes to the nursing home floor plan, impact on safety, or require the services of a design professional, and shall be approved by the director prior to beginning any construction. 9.1.10. Minor renovations that do not alter floor plans, impact on safety or require the services of a design professional may not require approval of the director. 9.1.11. A performance statement shall be obtained by the owner from the building and design professional of a proposed nursing home stating that in constructing the nursing home the builder has followed the plans which are on file with and approved by the director. 9.1.12. All new facilities, additions, and alterations shall be inspected by the director and shall have the director's approval in writing prior to admitting residents. A nursing home shall request in writing a pre-opening inspection no less than 30 days prior to the proposed opening date. 9.1.13. All fees specified in the Department of Health and Human Resources' Legislative Rule, Fees for Services, W. Va. Code R. §§ 64-51-1, et seq., for site inspections of new construction or major renovations, architectural review of drawings and specifications, and inspections of new projects prior to opening are the responsibility of the nursing home or design professional. 9.1.14. Unless substantial construction is started within one year of

the date of approval of final drawings, the owner or architect shall secure written notification from the director that the plan approval for construction is still valid and in compliance with this rule.

9.1.1.

If the director determines that changes necessary for compliance with this section of this rule would create an undue hardship for a nursing home in existence at the time this rule becomes effective, the nursing home may be governed by rules which were in effect prior to the effective date of this rule.

9.1.2.

The standards for construction, renovations, and alterations are the relevant sections of the latest edition of "The Guidelines for Design and Construction of Hospitals and Health Care Facilities," according to Facilities Guidelines Institute (FGI) and published by the American Society for Healthcare Engineering (ASHE) with assistance from the U.S. Department of Health and Human Services which can be located at www.hhs.gov.

9.1.3.

A nursing home shall comply with the most current edition of the National Fire Protection Association (NFPA) of "NFPA 99 Standards for Health Care Facilities" as adopted by the Centers for Medicare and Medicaid Services (CMS).

9.1.4.

A nursing home shall comply with the current edition of the state building code as adopted by the State Fire Marshal.

9.1.5.

A nursing home shall comply with all applicable provisions of the Americans with Disabilities Act (ADA).

9.1.6.

A nursing home shall submit a complete set of architectural, structural, and mechanical

drawings, drawn to scale not less than one-eighth inch equals one foot, and shall be approved by the director before construction begins. This requirement applies to new construction, additions, renovations, or alterations to existing nursing homes.

9.1.7.

The submitted drawings and specifications shall be prepared, signed, and sealed by a person registered to practice architecture in the state of West Virginia. The project shall be inspected during the construction phase by a registered professional architect or his or her representative.

9.1.8.

The requirement for a registered architect may be waived by the director depending on the scope of the project.

9.1.9.

A nursing home shall submit complete architectural drawings and specifications for any alterations, renovations, and equipment modifications or additions which may necessitate changes to the nursing home floor plan, impact on safety, or require the services of a design professional, and shall be approved by the director prior to beginning any construction.

9.1.10.

Minor renovations that do not alter floor plans, impact on safety or require the services of a design professional may not require approval of the director.

9.1.11.

A performance statement shall be obtained by the owner from the building and design professional of a proposed nursing home stating that in constructing the nursing home the builder has followed the plans which are on file with and approved by the director.

9.1.12.

All new facilities, additions, and alterations shall be inspected by the director and shall

have the director's approval in writing prior to admitting residents. A nursing home shall request in writing a pre-opening inspection no less than 30 days prior to the proposed opening date.

9.1.13.

All fees specified in the Department of Health and Human Resources' Legislative Rule, Fees for Services, W. Va. Code R. §§ 64-51-1, et seq., for site inspections of new construction or major renovations, architectural review of drawings and specifications, and inspections of new projects prior to opening are the responsibility of the nursing home or design professional.

9.1.14.

Unless substantial construction is started within one year of the date of approval of final drawings, the owner or architect shall secure written notification from the director that the plan approval for construction is still valid and in compliance with this rule.

9.2.

Site Characteristics and Accessibility.9.2.1. Sites for all new nursing homes and sites for additions to existing nursing homes shall be inspected by the director prior to site development and the completion of final drawings ad specifications. 9.2.2. The site shall be located in an environment that is free from flooding and excessive noise sources such as railroads, freight yards, traffic arteries, and airports. The site shall not be exposed to excessive smoke, foul odors, or dust. 9.2.3. The site shall have good drainage, approved sewage disposal, an approved potable water supply, electricity, telephone, and other necessary utilities available on or near the site. 9.2.4. The site shall be accessible to physicians, emergency services, and other necessary services. 9.2.5. Accessibility and transportation to the site and the nursing home shall be facilitated by paved, hard surfaced, all weather roads, which are kept passable at all times. 9.2.5.a. The road shall connect directly to a paved

hard surface highway. 9.2.5.b. Grades to all sites shall permit access for emergency vehicles and firefighting equipment in all weather conditions. 9.2.6. Parking areas shall be sufficient according to latest edition of the Guidelines for Design and Construction of Health Care Facilities according to the Facilities Guidelines Institute (FGI) and published by the American Society for Healthcare Engineering (ASHE) which can be located at www.ashe.org. 9.2.7. Hard surface walks, a minimum of 48 inches wide with a slip resistant surface, shall be provided at all entries and exits, and connect into the main walk or parking area. 9.2.8. Soil conditions shall be reviewed as necessary by a qualified soils engineer and if conditions require, earth core boring shall be conducted. The design professional shall supply the director with copies of soil test reports if engineered fill is installed or if other soil tests are conducted. 9.2.9. Local building codes and zoning restrictions shall be followed. The owner, or his or her designee, shall maintain documentation certifying compliance signed by local fire, building, and zoning officials, and this documentation shall be available for review.

9.2.1.

Sites for all new nursing homes and sites for additions to existing nursing homes shall be inspected by the director prior to site development and the completion of final drawings ad specifications.

9.2.2.

The site shall be located in an environment that is free from flooding and excessive noise sources such as railroads, freight yards, traffic arteries, and airports. The site shall not be exposed to excessive smoke, foul odors, or dust.

9.2.3.

The site shall have good drainage, approved sewage disposal, an approved potable water supply, electricity, telephone, and other necessary utilities available on or near

the site.

9.2.4.

The site shall be accessible to physicians, emergency services, and other necessary services.

9.2.5.

Accessibility and transportation to the site and the nursing home shall be facilitated by paved, hard surfaced, all weather roads, which are kept passable at all times. 9.2.5.a. The road shall connect directly to a paved hard surface highway. 9.2.5.b. Grades to all sites shall permit access for emergency vehicles and firefighting equipment in all weather conditions.

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Parking areas shall be sufficient according to latest edition of the Guidelines for Design and Construction of Health Care Facilities according to the Facilities Guidelines Institute (FGI) and published by the American Society for Healthcare Engineering (ASHE) which can be located at www.ashe.org.

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Hard surface walks, a minimum of 48 inches wide with a slip resistant surface, shall be provided at all entries and exits, and connect into the main walk or parking area.

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supply the director with copies of soil test reports if engineered fill is installed or if other soil tests are conducted.

9.2.9.

Local building codes and zoning restrictions shall be followed. The owner, or his or her designee, shall maintain documentation certifying compliance signed by local fire, building, and zoning officials, and this documentation shall be available for review.

9.3.

Increase in Bed Capacity. Bed capacity may be increased after the director has determined that the nursing home physical facilities will support the increase and there is compliance with other requirements including certificate of need requirements.

9.4.

Equipment and Furnishings in Resident Rooms.9.4.1. A nursing home shall provide each resident with a bed that accommodates his or her individual needs. 9.4.2. A nursing home shall provide each resident with a night stand that has a drawer for toilet articles and utensils. 9.4.3. The nursing home shall provide a chair for each resident that accommodates the resident's individual needs. 9.4.4. The nursing home shall provide each resident with reasonable closet and drawer space for clothing and personal items. Shelves and drawers shall be positioned at a height that accommodates the needs of the individual resident. 9.4.5. Nursing home shall provide cubicle curtains or other physical barriers that assure visual privacy for each resident. 9.4.6. A nursing home shall provide window dressings and curtains or draperies, maintained in good condition. 9.4.7. The provisions of this subsection shall be liberally construed to allow the nursing home to provide reasonable accommodations in accordance with the individual needs and preferences of each resident.

9.4.1.

A nursing home shall provide each resident with a bed that accommodates his or her individual needs.

9.4.2.

A nursing home shall provide each resident with a night stand that has a drawer for toilet articles and utensils.

9.4.3.

The nursing home shall provide a chair for each resident that accommodates the resident's individual needs.

9.4.4.

The nursing home shall provide each resident with reasonable closet and drawer space for clothing and personal items. Shelves and drawers shall be positioned at a height that accommodates the needs of the individual resident.

9.4.5.

Nursing home shall provide cubicle curtains or other physical barriers that assure visual privacy for each resident.

9.4.6.

A nursing home shall provide window dressings and curtains or draperies, maintained in good condition.

9.4.7.

The provisions of this subsection shall be liberally construed to allow the nursing home to provide reasonable accommodations in accordance with the individual needs and preferences of each resident.

9.5.

Laundry and Linens. 9.5.1. A nursing home shall have written procedures for handling, storing, processing, and transporting linens and other laundered goods in

a manner to prevent the spread of infection. 9.5.2. A nursing home shall provide at least one clean, comfortable pillow for each bed and additional pillows shall be available. 9.5.3. A nursing home shall provide clean waterproof mattress or mattress covers that are nonabsorbent. 9.5.4. Sufficient supplies of linens shall be available to nursing personnel to assure the cleanliness and comfort of each resident. 9.5.5. The nursing home shall provide each resident with individual towels, wash cloths, and blankets. 9.5.6. When electric blankets are used, they shall be UL approved and checked periodically by the nursing home's staff for safety.

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A nursing home shall have written procedures for handling, storing, processing, and transporting linens and other laundered goods in a manner to prevent the spread of infection.

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A nursing home shall provide at least one clean, comfortable pillow for each bed and additional pillows shall be available.

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A nursing home shall provide clean waterproof mattress or mattress covers that are nonabsorbent.

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Sufficient supplies of linens shall be available to nursing personnel to assure the cleanliness and comfort of each resident.

9.5.5.

The nursing home shall provide each resident with individual towels, wash cloths, and blankets.

9.5.6.

When electric blankets are used, they shall be UL approved and checked periodically by the nursing home's staff for safety.

9.6.

Nursing Equipment and Sterile Supplies. 9.6.1. A nursing home shall have the sufficient quantity and type of nursing equipment to meet the individual care needs for each resident. 9.6.2. All electrical resident care equipment shall be maintained, inspected and tested in accordance with the manufacture recommendations, and the applicable sections of the "National Fire Protection Association NFPA 99 Standard for Health Care Facilities". 9.6.3. All non-electrical equipment used for inhalation therapy (oxygen) shall be stored and maintained in accordance with the applicable sections of the "National Fire Protection Association NFPA 99 Standard for Health Care Facilities." 9.6.4. If a nursing home provides electrical life support services, all electrical equipment used to sustain life shall be connected to an emergency generator, through a critical branch electrical system. The generator and all critical branch electrical circuits shall comply with the standards as identified in the "National Fire Protection Association NFPA 99 Standard for Health Care Facilities." 9.6.5. All equipment shall be maintained in accordance with the provisions of this rule. 9.6.6. Clean nursing equipment and sterile supplies shall be stored in a clean work room or storeroom that does not permit resident contact. 9.6.7. Sterile supplies shall not be stored under sink drains, in soiled utility rooms or in areas where contamination may occur. 9.6.8. Sterile supplies shall not be stored nor used beyond their dated shelf life. 9.6.9. Damaged supplies and utensils shall not be used.

9.6.1.

A nursing home shall have the sufficient quantity and type of nursing equipment to meet the individual care needs for each resident.

9.6.2.

All electrical resident care equipment shall be maintained, inspected and tested in accordance with the manufacture recommendations, and the applicable sections of the "National Fire Protection Association NFPA 99 Standard for Health Care Facilities".

9.6.3.

All non-electrical equipment used for inhalation therapy (oxygen) shall be stored and maintained in accordance with the applicable sections of the "National Fire Protection Association NFPA 99 Standard for Health Care Facilities."

9.6.4.

If a nursing home provides electrical life support services, all electrical equipment used to sustain life shall be connected to an emergency generator, through a critical branch electrical system. The generator and all critical branch electrical circuits shall comply with the standards as identified in the "National Fire Protection Association NFPA 99 Standard for Health Care Facilities."

9.6.5.

All equipment shall be maintained in accordance with the provisions of this rule.

9.6.6.

Clean nursing equipment and sterile supplies shall be stored in a clean work room or storeroom that does not permit resident contact.

9.6.7.

Sterile supplies shall not be stored under sink drains, in soiled utility rooms or in areas where contamination may occur.

9.6.8.

Sterile supplies shall not be stored nor used beyond their dated shelf life.

9.6.9.

Damaged supplies and utensils shall not be used.

General Maintenance and Housekeeping.9.7.1. A nursing home shall be constructed, maintained, and equipped to protect the health and safety of residents, personnel, and the public. 9.7.2. All new nursing homes shall establish and maintain the nursing home and equipment in accordance with the most recent edition of the Guidelines for Design and Construction of Hospitals and Health Care Facilities. All new nursing homes shall establish and maintain the nursing home and equipment in accordance with the most recent edition of the Guidelines for Design and Construction of Hospitals and Health Care Facilities. 9.7.3. A nursing home shall establish and implement a maintenance program that assures that: 9.7.3.a. All equipment is operable in a safe working condition; 9.7.3.b. The interior and exterior of the building is safe; and 9.7.3.c. The grounds are maintained in a presentable condition free from rubbish and other health hazards of a similar nature. 9.7.4. A nursing home shall establish and implement a housekeeping program and services that assures a clean, sanitary environment. 9.7.5. A nursing home shall provide a comfortable, home-like environment for residents. 9.7.6. A nursing home shall be kept free of insects, rodents, and vermin by an effective pest control program. 9.7.7. Pesticides shall be applied only by an applicator certified by the West Virginia Department of Agriculture or a registered technician operating under the supervision of a certified applicator. 9.7.8. A nursing home shall have sufficient supplies for housekeeping and maintenance properly stored and conveniently located to permit frequent cleaning of floors, walls, woodwork, windows, and screens, and to facilitate building and grounds maintenance.

9.7.1.

A nursing home shall be constructed, maintained, and equipped to protect the health and safety of residents, personnel, and the public.

9.7.2.

All new nursing homes shall establish and maintain the nursing home and equipment in accordance with the most recent edition of the Guidelines for Design and Construction of Hospitals and Health Care Facilities. All new nursing homes shall establish and maintain the nursing home and equipment in accordance with the most recent edition of the Guidelines for Design and Construction of Hospitals and Health Care Facilities.

9.7.3.

A nursing home shall establish and implement a maintenance program that assures that: 9.7.3.a. All equipment is operable in a safe working condition; 9.7.3.b. The interior and exterior of the building is safe; and 9.7.3.c. The grounds are maintained in a presentable condition free from rubbish and other health hazards of a similar nature.

9.7.3.a.

All equipment is operable in a safe working condition;

9.7.3.b.

The interior and exterior of the building is safe; and

9.7.3.c.

The grounds are maintained in a presentable condition free from rubbish and other health hazards of a similar nature.

9.7.4.

A nursing home shall establish and implement a housekeeping program and services that assures a clean, sanitary environment.

9.7.5.

A nursing home shall provide a comfortable, home-like environment for residents.

9.7.6.

A nursing home shall be kept free of insects, rodents, and vermin by an effective pest control program.

9.7.7.

Pesticides shall be applied only by an applicator certified by the West Virginia

Department of Agriculture or a registered technician operating under the supervision of a certified applicator.

9.7.8.

A nursing home shall have sufficient supplies for housekeeping and maintenance properly stored and conveniently located to permit frequent cleaning of floors, walls, woodwork, windows, and screens, and to facilitate building and grounds maintenance.

9.8.

Solid Waste and Bio-Hazard Waste Disposal.9.8.1. A nursing home shall have procedures and contracts for disposing of bio-hazardous waste. Chain of custody receipts and forms shall be maintained by the nursing home for one year. 9.8.2. A nursing home shall have procedures for disposing of non-hazardous, medical waste and similar waste that is not considered hazardous in a safe sanitary manner. 9.8.3. Solid waste, including garbage and refuse, shall be removed from the building daily or more often as necessary. 9.8.4. All garbage and refuse shall be stored in durable, covered, leak-proof, and vermin-proof containers or dumpsters. The containers and dumpsters shall be kept clean of all residue accumulation. 9.8.5. All garbage and refuse shall be disposed of in accordance with the applicable provisions of state and local law and rules governing the management of garbage and refuse.

9.8.1.

A nursing home shall have procedures and contracts for disposing of bio-hazardous waste. Chain of custody receipts and forms shall be maintained by the nursing home for one year.

9.8.2.

A nursing home shall have procedures for disposing of non-hazardous, medical waste and similar waste that is not considered hazardous in a safe sanitary manner.

9.8.3.

Solid waste, including garbage and refuse, shall be removed from the building daily or more often as necessary.

9.8.4.

All garbage and refuse shall be stored in durable, covered, leak-proof, and vermin-proof containers or dumpsters. The containers and dumpsters shall be kept clean of all residue accumulation.

9.8.5.

All garbage and refuse shall be disposed of in accordance with the applicable provisions of state and local law and rules governing the management of garbage and refuse.

9.9.

Water Supply. 9.9.1. A nursing home shall have a water supply that is safe and of sufficient capacity to meet the residents' needs and the requirements of the sprinkler system. 9.9.2. A nursing home shall have as its source of water a public water system that complies with West Virginia Department of Health and Human Resources' Legislative Rule, Public Water Systems, W. Va. Code R. §§ 64-3-1-, et seq., or a water well that complies with West Virginia Department of Health and Human Resources' Legislative Rules, Water Well Regulations, W. Va. Code R. §§ 64-19-1, et seq., and Water Well Design Standards, W. Va. Code R. §§ 64-46-1, et seq. 9.9.3. A nursing home shall have hot and cold running water in sufficient supply to meet the needs of the residents. 9.9.4. Hot water distribution systems serving resident care areas shall be recirculating to provide continuous hot water at each hot water outlet. The temperatures shall be appropriate for comfortable use but shall not exceed 110 degrees. 9.9.5. A nursing home shall have written

agreements with water suppliers to deliver water when there is a loss of the normal supply.

9.9.1.

A nursing home shall have a water supply that is safe and of sufficient capacity to meet the residents' needs and the requirements of the sprinkler system.

9.9.2.

A nursing home shall have as its source of water a public water system that complies with West Virginia Department of Health and Human Resources' Legislative Rule, Public Water Systems, W. Va. Code R. §§ 64-3-1-, et seq., or a water well that complies with West Virginia Department of Health and Human Resources' Legislative Rules, Water Well Regulations, W. Va. Code R. §§ 64-19-1, et seq., and Water Well Design Standards, W. Va. Code R. §§ 64-46-1, et seq.

9.9.3.

A nursing home shall have hot and cold running water in sufficient supply to meet the needs of the residents.

9.9.4.

Hot water distribution systems serving resident care areas shall be recirculating to provide continuous hot water at each hot water outlet. The temperatures shall be appropriate for comfortable use but shall not exceed 110 degrees.

9.9.5.

A nursing home shall have written agreements with water suppliers to deliver water when there is a loss of the normal supply.

9.10.

Sewage Disposal.9.10.1. Sewage disposal shall be in accordance with West Virginia Department of Health and Human Resources' Legislative Rules, Sewage Systems, Sewage Treatment Systems, and Sewage Tank Cleaners, W. Va. Code R. §§ 64-9-1,

et seq., and Sewage Treatment and Collection System Design Standards, W. Va. Code R. §§ 64-47-1, et seq. 9.10.2. The sewage system shall be adequate to meet the nursing home's needs. 9.10.3. Sewage systems shall be kept in good working order and shall be properly operated and maintained.

9.10.1.

Sewage disposal shall be in accordance with West Virginia Department of Health and Human Resources' Legislative Rules, Sewage Systems, Sewage Treatment Systems, and Sewage Tank Cleaners, W. Va. Code R. §§ 64-9-1, et seq., and Sewage Treatment and Collection System Design Standards, W. Va. Code R. §§ 64-47-1, et seq.

9.10.2.

The sewage system shall be adequate to meet the nursing home's needs.

9.10.3.

Sewage systems shall be kept in good working order and shall be properly operated and maintained.

9.11.

Fire Safety, Disaster, and Emergency Preparedness.9.11.1. A nursing home shall provide evidence of compliance with applicable rules of the State Fire Commission. Any variation to compliance with the fire code shall be coordinated with the department and approved in writing by the State Fire Marshal. 9.11.2. A nursing home shall have a written internal and external disaster and emergency preparedness plan approved by the director that sets forth procedures to be followed in the event of an internal or external disaster or emergency that could severely affect the operation of the nursing home. 9.11.3. The disaster and emergency preparedness plan shall have procedures to be followed in the event of the following: fire, missing resident, high winds, tornadoes, bomb threats, utility failure, flood, and severe winter weather. 9.11.4. The disaster and emergency

preparedness plan shall include at least an alternate shelter agreement, an emergency transportation policy, and an emergency food supply list and menu that will provide nutrition for all persons residing in the nursing home for a minimum of 72 hours. 9.11.5. The disaster and emergency preparedness plan shall be developed and maintained with the assistance of qualified fire safety and other emergency response teams. 9.11.6. There shall be copies of the disaster and emergency preparedness plan at all staff stations or emergency control stations. The disaster and emergency preparedness plan shall be located in an area that allows visual contact at all times. The nursing home staff shall know the location of the plan at all times. 9.11.7. The local fire department shall be provided with a floor and disaster plan and be given opportunities to become familiar with the nursing home. 9.11.8. A nursing home shall have a written plan and procedures for transferring casualties and uninjured residents. These procedures shall include the transfer of pertinent resident records including identification information, diagnoses, allergies, advance directives, medications and treatments, and other records needed to ensure continuity of care. 9.11.9. A nursing home shall have written instructions regarding the location and use of alarm systems, signals, and firefighting equipment. 9.11.10. A nursing home shall have information regarding methods of fire containment. 9.11.11. A nursing home shall have written instructions regarding accessibility for evacuation routes. 9.11.12. The disaster and emergency preparedness plan shall be reviewed and updated by the administrator or his or her designee on an annual basis and signed and dated by the administrator or his or her designee to verify the plan was reviewed. 9.11.13. Emergency call information shall be conspicuously posted near each telephone in the nursing home, exclusive of telephones in resident rooms. This information shall include at least the following:9.11.13.a. The telephone numbers of the fire

department, the police, ambulance service, and other appropriate emergency services; and 9.11.13.b. Key personnel telephone numbers, including at least the following: 9.11.13.b.1. The administrator; 9.11.13.b.2. The director of nursing or nurse on call; 9.11.13.b.3. The maintenance director or safety director; 9.11.13.b.4. The physician on call; and 9.11.13.b.5. Other appropriate personnel. 9.11.14. A nursing home shall have at least one non-coin operated telephone or one extension on each resident occupied unit and additional telephones and extensions if needed to summon help in case of an emergency. 9.11.15. A nursing home shall provide an area of sufficient space too hold the congregate population of the nursing home with a heat source that is supplied with emergency electrical power from the emergency power source.

9.11.1.

A nursing home shall provide evidence of compliance with applicable rules of the State Fire Commission. Any variation to compliance with the fire code shall be coordinated with the department and approved in writing by the State Fire Marshal.

9.11.2.

A nursing home shall have a written internal and external disaster and emergency preparedness plan approved by the director that sets forth procedures to be followed in the event of an internal or external disaster or emergency that could severely affect the operation of the nursing home.

9.11.3.

The disaster and emergency preparedness plan shall have procedures to be followed in the event of the following: fire, missing resident, high winds, tornadoes, bomb threats, utility failure, flood, and severe winter weather.

9.11.4.

The disaster and emergency preparedness plan shall include at least an alternate

shelter agreement, an emergency transportation policy, and an emergency food supply list and menu that will provide nutrition for all persons residing in the nursing home for a minimum of 72 hours.

9.11.5.

The disaster and emergency preparedness plan shall be developed and maintained with the assistance of qualified fire safety and other emergency response teams.

9.11.6.

There shall be copies of the disaster and emergency preparedness plan at all staff stations or emergency control stations. The disaster and emergency preparedness plan shall be located in an area that allows visual contact at all times. The nursing home staff shall know the location of the plan at all times.

9.11.7.

The local fire department shall be provided with a floor and disaster plan and be given opportunities to become familiar with the nursing home.

9.11.8.

A nursing home shall have a written plan and procedures for transferring casualties and uninjured residents. These procedures shall include the transfer of pertinent resident records including identification information, diagnoses, allergies, advance directives, medications and treatments, and other records needed to ensure continuity of care.

9.11.9.

A nursing home shall have written instructions regarding the location and use of alarm systems, signals, and firefighting equipment.

9.11.10.

A nursing home shall have information regarding methods of fire containment.

9.11.11.

A nursing home shall have written instructions regarding accessibility for evacuation

routes.

9.11.12.

The disaster and emergency preparedness plan shall be reviewed and updated by the administrator or his or her designee on an annual basis and signed and dated by the administrator or his or her designee to verify the plan was reviewed.

9.11.13.

Emergency call information shall be conspicuously posted near each telephone in the nursing home, exclusive of telephones in resident rooms. This information shall include at least the following:9.11.13.a. The telephone numbers of the fire department, the police, ambulance service, and other appropriate emergency services; and 9.11.13.b. Key personnel telephone numbers, including at least the following: 9.11.13.b.1. The administrator; 9.11.13.b.2. The director of nursing or nurse on call; 9.11.13.b.3. The maintenance director or safety director; 9.11.13.b.4. The physician on call; and 9.11.13.b.5. Other appropriate personnel.

9.11.13.a.

The telephone numbers of the fire department, the police, ambulance service, and other appropriate emergency services; and

9.11.13.b.

Key personnel telephone numbers, including at least the following: 9.11.13.b.1. The administrator; 9.11.13.b.2. The director of nursing or nurse on call; 9.11.13.b.3. The maintenance director or safety director; 9.11.13.b.4. The physician on call; and 9.11.13.b.5. Other appropriate personnel.

9.11.13.b.1.

The administrator;

9.11.13.b.2.

The director of nursing or nurse on call;

9.11.13.b.3.

The maintenance director or safety director;

9.11.13.b.4.

The physician on call; and

9.11.13.b.5.

Other appropriate personnel.

9.11.14.

A nursing home shall have at least one non-coin operated telephone or one extension on each resident occupied unit and additional telephones and extensions if needed to summon help in case of an emergency.

9.11.15.

A nursing home shall provide an area of sufficient space too hold the congregate population of the nursing home with a heat source that is supplied with emergency electrical power from the emergency power source.

9.12.

Disaster Training. 9.12.1. A nursing home shall operate an internal disaster preparedness program that includes orientation and ongoing training and drills in procedures and specific assignments. 9.12.2. The internal disaster plan shall be rehearsed at least annually. 9.12.3. Fire drills shall be held at least quarterly for each shift. 9.12.4. Disaster Rehearsal and Fire Drill Reports. A nursing home shall keep on file for at least two years, a dated written report and an evaluation of each disaster rehearsal and fire drill conducted on the premises.

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9.13.

Animals. Any nursing home where animals visit or are boarded shall have policies that assure the general well-being of residents as approved by the director. The policies shall comply with local health ordinances.