Chapter H 30

RESIDENTIAL CARE INSTITUTION

Type I—Residential Care Facility

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H 30.01 Statutory definitions. (1) A "residential care institution" means, without limitation because of enumeration, any building, structure, institution, boarding home or other place for the reception and care of 3 or more unrelated individuals for not less than 72 hours in any week, who by reason of physical or mental disability, including mental retardation and mental illness, are in the opinion of a licensed physician, in need of care but not the care given in a nursing home as defined in section 146.30 (1) (a), Wis. Stat.

History: Cr. Register, November, 1968, No. 155, eff. 12-1-68.

H 30.02 Administrative definitions. (1) Type I. Residential care facility. A Type I residential care institution hereinafter called a residential care facility has the following characteristics:

- (a) It is generally a long-term care institution.
- (b) The residents are at least 18 years of age.
- (c) The residents are aged (generally over 65).
- (d) The residents admitted or retained are at least independently mobile. (When a resident needs assistance in dressing, bathing, eating or ambulation, he is required to be transferred to at least a personal care nursing home.)
- (e) The residents have social service and activity therapy needs as distinguished from nursing needs.
- (2) Type II. Halfway House (See chapter H 31). A Type II residential care institution hereinafter called a halfway house has the following characteristics:
- (a) It is a short-term care institution with the general length of stay less than one year; often less than 6 months.
 - (b) The residents are at least 18 years of age.

- (c) The residents are active younger adults (generally under 65).
- (d) The residents admitted or retained are:
- I. Capable of being employed on a full-time or part-time basis; or
- Involved in work adjustment training, and/or vocational training; or
 - 3. Receiving services for mental or emotional disability.
- (3) RESIDENTS. Residents means individuals cared for in any residential care facility, irrespective of how admitted.
- (4) DEPARTMENT. Department means the state department of health and social services.
- (5) Home for personal care. Home for personal care means a nursing home which is staffed, maintained and equipped for the accommodation of individuals who are not acutely ill and are not in need of hospital care, skilled nursing care or limited nursing care but require personal care.
- (6) Personal care. Personal care in a nursing home shall mean the provision of room, board, laundry and other personal services such as assistance in dressing, bathing, eating and ambulation.
- (7) LICENSEE. Licensee is the "person" to whom the license is issued and shall be responsible for compliance with all the laws, rules and regulations relating to the residential care facility and its operation.
- (8) ADMINISTRATOR. Administrator is the individual, not necessarily the licensee, who is directly responsible for the full-time operations and activities of the facility and the supervision of employes.
- (9) MAXIMUM BED CAPACITY. (a) Maximum bed capacity shall mean the exact number of beds permitted by these standards for accommodation of residents, exclusive of beds in rooms occupied by the licensee and/or administrator, his family and employes.
- (10) Physician. Physician means a person possessing a license to practice medicine and surgery, osteopathy, or osteopathy and surgery in Wisconsin.

History: Cr. Register, November, 1968, No. 155, eff. 12-1-68; r. and recr., Register, June, 1971, No. 186, eff. 7-1-71.

- H 30.03 Procedure for licensure. (1) APPLICATION FOR LICENSE. (a) The application for a license shall be in writing upon forms provided by the division of health and shall contain such information as it requires.
- (2) ISSUANCE OF LICENSE. (a) The division of health shall issue a license:
 - 1. If the applicant is reputable and financially responsible.
- 2. The administrator designated by the applicant to be in charge is fit and qualified.
- 3. If the residential care institution meets the requirements herein established.

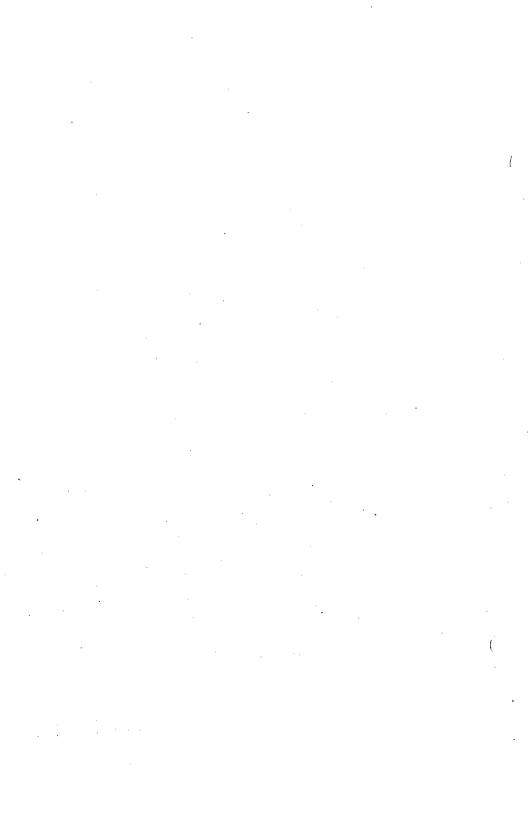
- (3) Administrator to be interviewed. (a) Every administrator shall be interviewed by a designated representative of the division of health to determine fitness and qualifications, including financial plans presumptive to the management of the institution and acceptable supervision of residents.
- (4) LICENSE NONTRANSFERABLE. (a) Each license shall be issued only for the premises and persons named in the application and shall not be transferable or assignable.
- (5) CONTENT OF LICENSE. (a) The license shall state the maximum bed capacity for residents, the name of the person or persons to whom the license is granted, the date the license is granted, and such other information as may be required.
- (6) Posting of License. (a) The license shall be posted in a conspicuous place in the residential care institution.

- H 30.04 Suspension, revocation and denial of license. (1) Denial, suspension or revocation of license; notice. (a) The administration of the division of health after notice to the applicant or licensee is authorized to deny, suspend or revoke a license upon finding of substantial failure to comply with the rules established in this chapter.
- (b) Licenses that are suspended or revoked shall be surrendered to the division of health.
- (c) Any person who considers any part of these standards and any official's interpretation of the standards to be unreasonable may appeal to the administrator of the division of health.

History: Cr. Register, November, 1968, No. 155, eff. 12-1-68.

- H 30.05 Licensee. (1) QUALIFICATIONS. (a) The licensee shall have the ability and willingness to carry out the provision of the rules for residential care institutions.
- (b) The licensee shall have sufficient financial resources to permit operation of the residential care institution upon licensure for a period of 90 days without regard to income from patient fees.
 - (c) The licensee shall be a person of good moral character.
- (2) RESPONSIBILITIES. (a) The licensee shall notify the division of health 30 days in advance before closing the institution and the license shall be returned to the division of health.
- (b) The license shall notify the division of health 30 days in advance of any change of an administrator. In an emergency, imme-

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diate notification shall be sent to the division of health. The new administrator may serve on a temporary basis until his qualifications have been reviewed.

- (c) If the licensee is not the administrator he shall employ an administrator. The administrator shall meet qualifications established.

 History: Cr. Register, November, 1968, No. 155, eff. 12-1-68.
- H 30.06 Administrator. (1) QUALIFICATIONS, (a) The administrator shall have good mental and physical health.
- (b) The administrator shall have the physical and emotional capacity to administer a residential care institution.
- (c) The administrator shall have mature judgment and be emotionally adjusted to the problems encountered in the supervision of individuals needing such care or management due to physical or mental disabilities.
- (d) The administrator shall have the intellectual capacity, general and professional knowledge to operate a residential care institution.

(e) The administrator shall be of good moral character.

- (f) The administrator shall have demonstrated an interest in personal service and the welfare of others.
- (2) ADDITIONAL QUALIFICATIONS. (a) Administrators employed after the effective date of these rules shall be between the ages of 21-70 years. An administrator can not continue to serve as the administrator of an institution after age 75.
- (b) The administrator shall have a high school diploma or equivalent by examination and shall have 1 year's experience in a supervisory or assistant administrative capacity in a patient or residential care institution or shall have a college degree in a related field.
- (3) RESPONSIBILITY. (a) The administrator shall be familiar with these rules and be responsible for maintaining them in the institution.
- (b) The administrator shall be responsible for the total operation of the institution.
- (c) The administrator shall be responsible for seeing that all employees are properly instructed in the discharge of their duties.
- (d) The administrator shall be responsible for familiarizing the employees with these rules and shall have copies of the rules available for their use.
- (e) The administrator is responsible for the action of any employee within the scope of their employment as well as their own actions. No one shall abuse or punish any resident. This includes but not in limitation thereof physical force, verbal abuse, confinement to a room or withholding food and water.
- (f) The administrator shall not leave the premises when residents are present without delegating necessary responsibilities to a competent person over 21 years of age.
- (g) The administrator shall instruct all personnel in the requirements of the law and regulations pertaining to their respective duties.
- (h) The administrator shall be responsible for the completion, keeping and submission of such reports and records as required by the division of health.
- (4) GENERAL ADMINISTRATIVE POLICIES. (a) An in-service training program shall be developed, conducted or arranged to meet the needs of the institution.

- (b) Incoming and outgoing mail belonging to the resident shall not in any way be tampered with except on a written notification of the resident or guardian.
- (c) Resident shall have access to a telephone at a convenient location in the building. At least one telephone, not a pay phone, shall be provided for use in case of emergency.
- (d) The institution shall permit visiting any time during reasonable hours.
- (5) ADMISSION POLICIES. (a) Persons shall not be admitted or retained in a residential care institution who are not independently mobile.
- (b) Maternity patients, children under 18, and persons having or suspected of having a communicable disease endangering other residents shall not be admitted or retained in a residential care institution.
- (c) Only those persons who are independently mobile shall be admitted to the institution and who by reason of physical or mental disability, including mental retardation and mental illness, are in the opinion of a licensed physician in need of residential care but not personal care as provided in a nursing home.
- (d) Denial of admission shall not be based on race, color, or national origin.
- (6) Personnel policies. (a) Personnel. 1. Staff shall be employed primarily for resident supervision and such additional personnel as needed to provide basic services such as food service, housekeeping, laundry, and plant maintenance.
- (b) Employee physical examinations. 1. All employees shall have an annual physical examination by a physician.
- 2. An initial physical examination must be completed within a period of 90 days before employment and must include an x-ray of the chest.
- 3. An x-ray of the chest is not required annually if a negative tuberculin test can be demonstrated at the time of the annual physical examination.
- 4. A physician shall certify that the employes are free of communicable disease, including active tuberculosis.
- 5. These regulations also apply to any members of the family living or working in the institution,
- (c) Communicable disease control. 1. No person who is affected with any disease in a communicable form or is a carrier of such disease shall work in any residential care institution and no institution shall employ any such person or any person suspected of being affected with any disease in a communicable form or has become a carrier of such disease.
- 2. A physician or the local health officer shall determine whether the employee has a communicable disease or is a carrier of such disease. If the local health officer is not a physician he shall make arrangements to employ a physician to aid in making the diagnosis or call upon the division of health for such service. Laboratory examinations as may be indicated may be required by the physician.
- 3. Persons who at any time have had typhoid or paratyphoid fever shall not be employed in the institution until it has been definitely determined by appropriate tests that such persons are not typhoid or paratyphoid carriers.

- (d) Employee's personal belongings. 1. Employees shall not keep wraps, purses and other belongings in the resident areas.
- (e) Employee's age. 1. No employee shall be less than 16 years of age.
- (f) Employee's personnel record. 1. A separate personnel record shall be kept current on each employe. It shall include the following essential information:
 - a. Name and address of employee
 - b. Social security number
 - c. Date of birth
 - d. Date of employment
 - e. Name and address of nearest kin
 - f. Job description
 - g. Hours of work and wages
 - h. Date of physical examination and chest x-ray
 - i. Experience record
 - j. Educational qualifications
 - k. Reference
 - I. Date of discharge and/or resignation
 - m. Reason for discharge and/or resignation
 - n. Name of personal physician
- (g) Time schedule and records. 1. Every institution shall have a weekly time schedule which has been dated and posted in a convenient place for employee's use. This weekly time schedule and payroll records shall be made available for review by authorized persons from the division of health. These shall be kept on file in the institution for 2 years.
- (h) Job description. 1. Job descriptions shall be maintained outlining the duties, responsibilities and qualification requirement of all positions. A copy shall be kept on file in the administrator's office and each employee shall be thoroughly familiar with his duties and responsibilities.

- H 30.07 Social care. (1) SOCIAL CARE. Each institution shall assure social care for each resident. (a) Social service. Each institution shall provide social services staff. The staff time provided shall be equivalent to 3 hours per resident per month exclusive of outside social services.
- 1. Each social worker shall have at least an undergraduate degree in social welfare or an allied field. Those with only an undergraduate degree should have supervision by a graduate of an accredited school of social work.
- (b) Activity therapy. Each institution shall provide an activity therapy staff. The staff time provided shall be equivalent to 3 hours per resident per month.
- 1. The staff member shall be a person with at least an undergraduate degree in a field related to activity therapy such as but not limited to recreational therapy, occupational therapy, physical education or community recreation or a certified occupational therapy assistant under full or part-time supervision of a registered occupational therapist.

2. Adequate space shall be provided for manual activities, social activities, diversional activities, sports, games and homemaking, etc., both indoors and outdoors; and equipment necessary to carry out these activities.

- H 30.08 Medical care. (1) SELECTION OF A PHYSICIAN. Every resident or his family, guardian or the agency responsible for him, shall select a physician of their choice for medical supervision.
- (2) PHYSICAL EXAMINATION OF RESIDENTS. (a) Every resident shall have a physical examination by a licensed physician, including a chest x-ray, within 60 days prior to being admitted. The physician shall complete the history and physical examination record and certify in writing that the resident has been examined and is free of communicable disease. It shall be the duty of the administrator to notify the physician and arrange for the physical examination.
- (b) An annual physical examination by a physician shall be provided for all residents and recorded on the resident's record. If evidence indicates that the resident has been under the recent care of a physician, the annual physical examination will not be required.
- (3) EMERGENCY MEDICAL SERVICES. (a) The administrator of the institution shall arrange for a physician to be available for emergency calls when a resident's personal physician is unavailable.
- (4) PHYSICIAN'S ORDERS; MEDICATIONS AND TREATMENTS. (a) There shall be a written order on a physician's order sheet for any medicines, treatments, physical therapy and special or modified diets.
- (b) Medicines received by prescription or furnished by the physician shall be plainly labeled with the name and dosage of the medicine, resident's name, the date, directions for taking the medicine, pharmacy and/or physician's name. No prescriptions shall be refilled without confirmation of the physician.
- (c) Medicine furnished by the physician or by a pharmacist on prescription shall be delivered to the person in charge.
- (d) Provision shall be made for supervision of medication by the administrator if so ordered by the attending physician.
- History: Cr. Register, November, 1968, No. 155, eff. 12-1-68.
- H 30.09 Dental care. (1) A licensed dentist shall be available to periodically examine all residents and to provide care as needed.

 History: Cr. Register, November, 1968, No. 155, eff. 12-1-68.
- H 30.10 Records. (1) Medical records shall be required for admission. Medical records shall be kept confidential. These shall include a summary of:
- (a) Medical history, social service information, physical examination and diagnosis.
 - (2) Continuing medical records shall include:
 - (a) Medical orders and progress report.
- (b) Records of physician's visit and social observation of residents, charting of medications if indicated, diet and therapeutic programs and dental care.
 - (3) Social care records.
 - (a) A social care and treatment plan.

(b) Progress reports prepared by the social worker and the person in charge of activities.

- H 30.11 Resident care. (1) RESIDENT SUPERVISION. Every resident shall receive supervision based on individual needs. Each resident shall show evidence of good personal hygiene.
 - (a) Baths. 1. Residents shall bathe at least weekly.
- (b) Clean linen and clothing shall be provided.
- (2) Social care Plan. (a) A social care and treatment plan shall be prepared jointly by the social worker and the person in charge of activities for each resident and will be reviewed and up-dated at least semi-annually. It shall include the identification of any outside agencies or resources participating in the resident's social care and a brief description of the services being provided.
- (b) Progress reports shall be prepared by the social worker and the person in charge of activity at least monthly including significant services provided and shall be kept with the resident's record.
- (3) CARE AND TREATMENT. Residents shall receive kind, considerate care and treatment at all times and shall not be abused in any way.
- (4) SAFETY. Every institution shall take necessary precautions to assure safety of residents.
- (5) FIRST AID. Adequate equipment and supplies for first aid shall be readily available at all times.
- (6) UNMANAGEABLE RESIDENT. If a resident becomes unmanageable, a physician shall be called. If the resident does not respond, he shall be removed from the institution.
- (7) ILLNESS; DEATH. In case of acute illness, injury or death, the administrator shall be responsible for notification of next of kin; minister, priest, or rabbi; and apparent deaths shall be reported immediately to the attending physician.
- (8) TRANSFER OF RESIDENT. Residents with acute illness shall be transferred to other institutions capable of providing treatment and next of kin notified.
- (9) Medicines. (a) Supervision of medicines. 1. Unless otherwise ordered by the physician medicines shall be self-administered.
- 2. All medications shall be by physician's prescription, exactly as ordered.
- 3. Care shall be taken to identify the resident for whom medicine has been ordered with the medicine being taken.
- 4. Care shall be taken to verify that the resident has actually taken the medicine.
- 5. All medicine shall remain in the original prescription container as received from the pharmacy or physician.
- 6. When medicines or treatments are to be discontinued or modified, the physician shall so indicate in writing.
- (b) Central storage of medicines. 1. Where medicines are centrally stored the medicine cabinet, closet or storeroom shall be of

¹In general, residents should be capable of handling their own medications. Where specifically ordered by the physician, a resident's medication may be supervised and stored in a medicine cabinet.

sufficient size for the storage of medicines. It shall be conveniently located and provided with illumination adequate for easy reading of labels.

- 2. Medicine cabinets, closets or storerooms shall be kept locked. The key shall be under control of the person on duty.
- 3. Medicines requiring refrigeration shall be kept in a covered locked box, properly labeled in the refrigerator.
- 4. Poisons and medicines marked "for external use only" shall be kept separated from other medicines and shall be kept in a separate locked cabinet.
- 5. Directions for use on labels of medicines may be changed only by a physician or pharmacist acting on instructions from a physician.
- 6. All medicines shall be kept in their original prescription container unless transferred by a licensed physician or pharmacist and properly labeled.
- (c) Destruction of medicine. 1. All medicine provided by a pharmacist on prescripition of a physician shall be destroyed when the physician orders that its use be discontinued or when the resident has been discharged or is deceased. The physician shall write an order if he wishes the medicine to be sent home or transferred with the resident.
- (10) RESIDENT DATA, RECORDS AND REPORTS. (a) Individual record. An individual record shall be kept on each resident and shall contain:
- 1. The admission summary which shall be completed promptly after admission, kept current, and shall contain the following information:
 - a. Resident's full name.
 - b. Home address or last known address.
 - c. Religion, name and telephone number of minister, priest or rabbi.
 - d. Name and address of nearest kin.
 - e. Telephone number of nearest kin.
 - f. Date of birth and social security number.
 - g. Sex of patient.
 - h. Name and telephone number of personal physician.
- i. Date and time of admission, transfer, discharge or death, to be completed when indicated.
 - j. Principal cause of death if known—complete when indicated.
- k. Person to whom body was released on death—complete when indicated.
- 2. The resident's records shall include any physician order for medicines, treatments, and special or modified diets.
- 3. Reports shall be made of all incidents or accidents involving the resident and shall include time, place, details of incident or accident, and action taken.
- 4. The administrator shall notify the personal physician of any resident who has had an accident.
- (c) Other records. 1. Weekly time schedules and work assignment sheets.
- 2. Weekly menus shall be kept on file for a period of one year. Menu records shall include the number of persons served.
 - 3. Employee records.
 - 4. Annual certification of proper condition of sprinkler system.

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- 5. Annual certification of proper condition of fire extinguisher.
- 6. Semi-annual certification of fire department inspection.
- (d) Availability of records. 1. Pertinent resident records shall be kept in the institution and be readily available to the person in charge on all shifts. The administrator or his agent shall provide the division of health with any and all information required and shall afford every assistance for examining the records and gathering information from records, employees and residents.

- H 30.12 Furnishings, equipment and supplies. (1) FURNISHINGS. RESIDENT AREAS. (a) Beds. 1. Each resident shall have at least a standard 36 inch wide bed.
- 2. Each bed shall be equipped with good springs and a clean, firm and comfortable mattress.
 - 3. Roll-away beds, day beds and cots shall not be used for residents.
- (b) Pillows. 1. Each resident shall have at least one clean comfortable pillow.
- (c) Chairs. 1. There shall be at least one chair available for each bed in the room.
- 2. A comfortable "easy" chair shall be available in the facility for each resident.
- (d) Reading light. 1. There shall be an adequate reading light provided for all residents who desire to use one.
- (e) Dresser or drawer space. 1. There shall be drawer space available for personal use by each resident.
- (f) Linen and bedding. 1. Mattress cover. A mattress cover shall be provided as necessary to keep mattresses and pillows clean and dry. Mattress pads shall be provided for all beds.
- 2. Sheets and pillowcases. A sufficient supply shall be available so that beds may be changed as often as necessary to keep beds clean, dry and free of odors. At least 2 sheets and a pillowcase shall be furnished each week.
- 3. Blankets. Sufficient lightweight blankets shall be provided to assure warmth for each resident and shall be available and laundered as often as necessary to assure cleanliness and freedom from odors.
- 4. Towels and washcloths. a. Resident shall be provided a washcloth, hand towel and bath towel. Clean towels and washcloths shall be provided as needed.
- b. Common towels shall not be used in washrooms or bathrooms. Provision shall be made for hanging towels and washcloths in the resident room.
- (g) Window coverings. 1. Every window shall be supplied with shades, draw drapes or other devices or material which, when properly used and maintained, shall afford privacy to resident.
- (h) Administrative space. 1. Administrative office space, medicine storage area, therapy rooms, any maintenance rooms and any similar rooms not specifically mentioned elsewhere shall be satisfactorily furnished with desks, chairs, lamps, cabinets, counters, benches or work tables and other furnishings essential to the proper use of the room.

FOOD SERVICE

- H 30.13 General food requirements. (1) Food to meet the nutritional needs of the individual resident shall be provided. The following foods shall form the basis of the general diet:
- (a) Milk—pasteurized fresh milk or its equivalent in buttermilk, evaporated milk, or dry milk solids,
 - (b) Meat-lean meat, poultry, fish, cheese, or eggs.
- (c) Fruits and vegetables—orange, grapefruit, tomato or other vitamin C food; a dark green or dark yellow vegetable; other fruits and vegetables including potatoes.
 - (d) Bread-cereals-whole or enriched.
- (e) Additional foods (from the above groups or other foods)—in amounts to meet caloric needs and to make meals appetizing and satisfying.
 - (f) Iodized salt—as a seasoning.
- (g) Water—adequate drinking water shall be available to all residents at all times.
- (2) There shall be reasonable adjustment to the food likes, habits, customs, condition and appetite of individual residents.

History: Cr. Register, November, 1968, No. 155, eff. 12-1-68.

- H 30.14 Modified or special diets. (1) Modified or special diets and supplemental feedings shall be provided as ordered by the resident's physician.
- (2) Vitamin and mineral supplements shall be given only on the written prescription of the resident's physician.
- (3) Residents continuously rejecting most of their food shall be brought to the attention of the resident's physician.
- · (4) Review modified or special diets with the resident's physician periodically.

History: Cr. Register, November, 1968, No. 155, eff. 12-1-68.

- H 30.15 Menu planning. (1) Menus shall be planned for at least one week in advance. Menus for general or modified diets for the current week shall be posted where readily seen at all times as food is prepared and served.
- (2) Each week's menu as served shall be dated and kept on file for 12 months.

History: Cr. Register, November, 1968, No. 155, eff. 12-1-68.

- H 30.16 Food supply. (1) Supplies of perishable foods for a 24-hour period and of non-perishable foods for at least a 3-day period shall be on the premises.
 - (2) A reasonable variety of food shall be provided. History: Cr. Register, November, 1968, No. 155, eff. 12-1-68.
- H 30.17 Food preparation. (1) Food shall be prepared by accepted methods to conserve maximum food value and to produce palatable meals

History: Cr. Register, November, 1968, No. 155, eff. 12-1-68.

H 30.18 Meal service. (1) At least 3 meals a day shall be provided, 4 to 5 hours apart, with not more than 14 hours between a substantial

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evening meal and the morning meal. There shall be ample time allowed for unhurried meal service. Between-meal food shall be available for residents.

(2) Table service shall be available.

History: Cr. Register, November, 1968, No. 155, eff. 12-1-68.

PHYSICAL PLANT

- H 30.19 Construction requirements for all facilities (see Wis. Adm. Code section H 30.22 for new construction and conversion of existing buildings for additional requirements). (1) ALL FACILITIES. (a) Water supply 1. Where a public water supply is available it shall be used. Where a public water supply is not available, the well or wells shall be approved by the state department of resource development. Water samples from an approved well shall be tested at the state laboratory of hygiene or a state approved laboratory at least annually.
- (b) Sewage disposal. 1. All sewage shall be discharged into a municipal sewerage system where such a system is available; otherwise, the sewage shall be collected, treated, and disposed of by means of an independent sewerage system approved by the division of health.
- (c) Phumbing. 1. The plumbing and drainage for the disposal of excreta, infectious discharge and wastes shall be approved by the section of plumbing of the division of health.
- (d) Heating. 1. The heating system shall be capable of providing a minimum temperature of 75° F. during the day and at least 72° F. during the night in all bedrooms and in all other areas used by residents.
- (e) Ventilation. 1. Kitchen, bathrooms, janitor's closets and soiled linen rooms shall be ventilated.
- (f) Electrical. 1. Artificial lighting. a. Glare-free, artificial lighting shall be provided in all areas of the institution of adequate intensity for the purpose intended. Nothing less than a 15-watt bulb is permitted except for night lights. All lights shall be equipped with shades, globes, grids or glass panels that prevent direct glare to the resident's eyes.
- 2. Flashlights. a. Flashlights shall be provided and distributed so as to be readily available to personnel on duty.
- (g) Incineration. 1. Facilities for the incineration of refuse shall be provided when other methods of disposal are not available.
- (h) *Telephone*. 1. There shall be at least one non-pay telephone on the premises, and such additional telephones as are deemed necessary in an emergency.
- (i) Employees' locker or room. 1. Facilities shall be provided for employees' wraps, purses, and other personal belongings when on duty. These facilities shall not be located in the kitchen.
- (j) Toilet facilities. 1. Indoor toilets. a. Indoor toilet facilities and lavatory for handwashing shall be provided.
- 2. Family and employee toilets a. Family and employee toilet, bath and lavatory facilities shall be separate from resident toilet, bath and lavatory facilities.

- 3. Running water a. The lavatory shall have both hot and cold running water. The water closet shall be of an approved flushing type. Open front toilet seats shall be provided.
- 4. Separate toilets. a. Separate toilet facilities shall be provided for male and female residents. The minimum ratios shall be as follows:
 - 1 toilet and 1 lavatory for every 8 female residents.
 - 1 toilet and 1 lavatory for every 8 male residents.
- 5. Bathing facilities a. 1 bathtub or shower with hot and cold running water shall be provided for every 20 residents.
- (k) Resident rooms for residential care institutions in operation prior to January 23, 1968. (Effective date of section 146.32, Wis. Stat.) 1. Room size. a. The minimum floor area per bed shall be 60 square feet per bed, arrangement permitting.

b. The beds shall be so arranged that the heads of the beds shall be a minimum of 3 feet apart and a clear aisle space of 3 feet between

beds shall be provided.

- c. No more than 5 residents per room shall be permitted.
- d. The ceiling height shall be a minimum of 7 feet 6 inches.
- e. All resident rooms shall be numbered. The number on or near the door need not be conspicuous,
- 2. No room shall be approved for resident occupancy that opens directly to the kitchen or laundry, or that requires any person to pass through the resident's room to gain access to a bathroom, kitchen, laundry, or to another part of the institution.
- 3. No room shall be licensed for resident use unless the walls are of rigid construction. A rigid hinged door must be provided.
- 4. Sexes shall be separated by means of separate wings, floors or rooms, except in case of husband and wife.
- 5. A closet or locker shall be provided. Closets or lockers shall afford at least a space of not less than 15 inches wide by 18 inches deep by 5 feet in height for each resident.
- 6. Trailers, cabins and cottages shall not be approved for use as residential care institution or parts thereof.
- (1) Kitchen. 1. The kitchen shall be located on the premises, or a satisfactory sanitary method of transportation of food shall be provided.
- 2. Kitchen or food preparation areas shall not open into resident rooms, toilet rooms or laundry.
- 3. Adequate and convenient handwashing facilities shall be provided in the kitchen for use by food handlers, including hot and cold running water, soap, and approved sanitary towels. Use of a common towel is prohibited.
- 4. A 2-compartment sink shall be provided in kitchens or dishwashing areas.
- (m) Laundry facilities. 1. A laundry room shall be provided unless commercial laundry facilities are used.
- 2. Food preparation, serving and food storage areas shall not be used for transporting, washing or rinsing soiled linen. Drying or storing clean linen and clothes is also prohibited in the kitchen.
- 3. All soiled linen unless immediately washed shall be placed in nonabsorbent closed containers.

- 4. Where commercial laundries are used, a room for sorting, processing and storing soiled linen shall be provided.
- (n) Office. 1. Each institution shall provide an office which shall be utilized for resident's records and charts. A file cabinet, desk, resident record storage and medicine storage shall be considered as minimum equipment.
- (o) Dining area. 1. Every institution shall have at least one furnished dining room for the use of residents. Under no circumstances shall the dining room be used as a bedroom.
- (p) Lounge-multipurpose area. 1. Every institution shall have at least one furnished lounge-multipurpose room for use by the residents. These areas shall provide a minimum of 10 square feet per resident, exclusive of traffic areas.
- (q) Activity therapy area. 1. Every institution shall have at least one activity therapy room for use by the residents. This room shall be adequate in size to meet the needs of the institution and in addition to (p) above.
- (r) Fire protection effective January 1, 1970. 1. All residential care institutions of nonfire-resistive construction shall be protected by a complete automatic sprinkler system. Nonfire-resistive construction is defined as that construction which does not meet the definition of fire-resistive construction as follows:
- a. A building is of fire-resistive construction if all the walls, partitions, piers, columns, floors, ceilings, roof and stairs are built of noncombustible material and if all metallic structural members are protected by a noncombustible fire-resistive covering.
- 2. Plans shall be submitted to the division of health for review and approval before installation.
- 3. A certification that the sprinkler system is in proper operating condition shall be obtained annually. A copy of the certification shall be kept on file in the institution.

- H 30.20 Resident safety. (1) FIRE PROTECTION CONTRACT. (a) Where the residential care institution is located in a city, village or township that does not have an officially established fire department, the licensee shall obtain and maintain a continuing contract for fire protection service with the nearest municipality providing such service. A certification of the existence of such contract shall be forwarded by the licensee to the division of health.
- (2) EVACUATION OF RESIDENTS. (a) The administrator shall develop and periodically review with his staff a prearranged written plan for the orderly evacuation of residents in case of an emergency and post said plan near the telephone and in conspicuous locations in the corridors on all floors. Practical application of this plan shall be exercised at the option of the local fire department.
- (3) FIRE INSPECTION. (a) The person in charge of the institution shall arrange for:
- 1. At least semi-annual inspection of the institution by the local fire authorities.
- (b) Certification by the local fire authority as to the adequacy of a written fire plan for orderly evacuation of residents, as well as the fire safety of the institution.

- (4) SMOKING. (a) Smoking regulations shall be covered by house regulations.
 - (5) LIGHTS. (a) Open-flame lights shall not be permitted.
- (6) SCATTER RUGS AND SLIPPERY FLOORS. (a) Scatter rugs and highly polished, slippery floors are prohibited.
- (7) ROADS AND SIDEWALKS. (a) The institution shall be accessible to good roads kept passable and open at all times of the year. Sidewalks, fire escapes and entrances shall be kept free of ice and snow.
- (8) Door locks. (a) If locks are installed on resident room doors, they shall be of the type which permits locking only from the corridor side of the door and permits opening of the door from within the resident's room at all times without the use of a key. All locks shall be master keyed and a master key shall be provided for the attendant on duty.
- (9) FIRE EQUIPMENT. (a) All fire protection equipment shall be maintained in readily usable endition and inspected annually. An additional fire extinguisher suitable for grease fires shall be provided in or adjacent to the kitchen. Each extinguisher shall be provided with a tag for the date of inspection.
- (10) EXTINGUISHER MOUNTING. (a) Extinguishers shall be mounted on a wall or a post where they are clearly visible and at a convenient height. They shall not be tied down or locked in a cabinet, nor is it an accepted practice to place them in a closet or on the floor.

- H 30.21 Sanitation and plant maintenance. (1) GENERAL SANITATION. (a) Common drinking glasses or cups. 1. Common drinking glasses or cups shall not be used.
- (b) Insect and rodent control. 1. The safest effective pesticide available shall be used in the elimination of rodents, flies, bedbugs, fleas, lice and other insects. Control measures shall not include the use of any residual spray in food preparation or storage areas.
- (c) Labeling poisonous compounds. 1. All poisonous compounds shall be so labeled as to be easily identified.
- (d) Storage of poisonous compounds. 1. Poisonous compounds (including domestic poisons) shall be stored independently under lock and key and separately from food and kitchenware, drugs and medicine.
- (e) Clean rooms. 1. Rooms shall be kept clean, well-ventilated and tidy at all times. The administrator shall be responsible for the sanitary maintenance of the home. All ceilings, floors and walls shall be kept clean and in good repair.
- (f) Screens. 1. All outside openings shall be provided with wire screening of not less than number 16 mesh or its equivalent and shall be properly maintained.
- a. Screens for windows shall cover at least one-third of the window area.
- b. Screen doors shall be self-closing.
- c. Screens shall be completely installed prior to June 1 of each year.

- (g) Garbage and rubbish disposal. 1. All garbage and rubbish shall be stored in leakproof, nonabsorbent containers with close-fitting covers and shall be disposed of in a manner that will not permit transmission of disease, create a nuisance, or provide a breeding place for flies. The use of paperboard containers for temporary storage of garbage, rubbish or waste is not permitted.
- (2) FOOD SERVICE SANITATION. (a) Food service personnel. 1. Food service personnel shall wear clean garments and clean caps or hair nets.
- 2. Employees shall maintain a high degree of personal cleanliness; keeping hands clean at all times while engaged in handling food, drink, utensils, or equipment.
- 3. Employees shall maintain clean safe work habits in the food service area.
- 4. Employees shall refrain from using tobacco while on duty in food preparation or storage rooms or while serving food.
- 5. Persons working in the food service areas shall be temporarily relieved of their duties if they show signs of illness, colds, fever, rash, boils, open cuts, burns or lesions.
- (b) Physical facilities. 1. Equipment. a. All cases, counters, shelves, tables, cutting blocks, refrigerating equipment, sinks, cooking and baking equipment, mechanical dishwashing equipment and other equipment used in the preparation, storage or serving of food shall be so constructed as to be easily cleaned and shall be kept in good repair.
- b. All multi-use utensils, cutlery, glassware, dishes, and silverware shall be so constructed as to be easily cleaned. Single service metal food containers shall not be reused.
- c. Utensils shall be stored in a clean, dry place protected from contamination and wherever practicable, utensils shall be covered or inverted.
- 2. Rooms. a. Floors. The floors of all rooms in which food or drink is stored, prepared or served, or in which utensils are washed, and the floors of toilet rooms shall be of such construction as to be easily cleaned, shall be smooth and shall be kept in good repair.

 Walls and ceilings. Walls and ceilings of all rooms where food is prepared or utensils are washed shall have a smooth, nonabsorbent,

light-colored, washable surface.

c. Doors and windows. All room openings to the outer air shall be effectively screened and doors shall be self-closing.

- d. Lighting. All rooms in which food or drink is stored or prepared or in which utensils are washed shall be well lighted.
- e. Ventilation. All rooms in which food is stored, prepared, or served, or in which utensils are washed, shall be well ventilated. Refrigerated storage rooms need not be ventilated.
- (c) Maintenance. 1. Cleanliness of rooms. a. The floors, walls and ceilings of all rooms in which food or drink is stored, prepared or served, or in which utensils are washed, and all toilet rooms and layatories shall be maintained in a clean and sanitary condition.
- 2. Cleanliness of equipment. a. All equipment, including furniture, display cases, counters, shelves, tables, cutting blocks, refrigeration equipment, sinks, cooking and baking equipment, mechanical dishwashing equipment and other equipment used in connection with the

operation of an institution shall be maintained in a clean and sanitary condition. Grease filters and other grease extraction equipment shall be kept clean at all times.

- 3. Condition of utensils a. All multi-use utensils, cutlery, glass-ware, dishes and silverware shall be maintained in a clean and sanitary condition. Cracked or chipped utensils or those with open seams shall be discarded.
- 4. Linens. a. All linens, napkins, tablecloths, and underpads shall be clean. Soiled linens shall be kept in containers used for such purpose exclusively.
- 5. Washing aids. a. All washing aids, such as brushes, dish mops, dishcloths, and other hand aids used in dishwashing shall be effectively washed and maintained in a clean condition.
- 6. Room furnishings. a. All drapes, curtains, rugs and upholstered furniture shall be kept clean and free from odor.
- (d) Handling and refrigeration of foods. 1. All readily perishable food and drink except when being prepared or served shall be kept in a refrigerator which shall have a temperature maintained at or below 40° F. This shall include all custard-filled and cream-filled pastries; milk and milk products; meat, fish, shellfish, gravy, poultry, stuffing and sauces; dressings; salads containing meat, fish, eggs, milk or milk products; and any other food or food products liable to food spoilage. All ice used for cooling drinks or food by direct contact shall be made from water from a public water supply or from water safe and free from contamination.
- (e) Disposal of waste. 1. Kitchen garbage and refuse. a. All garbage while in the kitchen shall be kept in watertight containers and removed daily. All garbage and kitchen refuse which is not disposed of through a garbage disposal unit connected with the sewerage system must be kept in separate watertight metal cans, provided with close-fitting metal covers unless otherwise protected from flies and insects, and the contents must be removed as often as necessary to prevent decomposition and overflow. Garbage cans shall be washed each time emptied. The use of wooden containers for garbage is prohibited either in the kitchen or on the premises. No waste water, including dishwater, shall be discharged on or near the premises so as to create a nuisance. Separate fly-tight containers must be provided for cans, bottles and similar rubbish.
- 2. Drainage of refrigerators. a. Connection of drains from refrigerators must be approved by the section of plumbing of the division of health. Where a building drain is not available, a drain pipe must be provided and wastes disposed of in such a manner as to avoid a nuisance.
- (f) Miscellaneous. 1. Single service utensils. a. Single service utensils, such as paper plates, shall be stored in the original wrapper until used. When straws are used, they shall be furnished to the resident in the original individual wrapper, unopened.
- 2. Harboring of animals. a. The harboring of birds, cats, dogs, or other animals is not permitted in rooms in which food is prepared, served or stored or where utensils are washed or stored.
- 3. Restriction on use. Rooms in which food is prepared or stored, or dishes are washed, shall not be used for sleeping purposes.
- 4. Handling, preparation and serving of food. a. All foods shall be handled, prepared and served under clean and sanitary conditions.

The use of tainted or spoiled foods is prohibited. All foods, including vegetables served raw shall be thoroughly washed in clean water from an approved source.

- 5. Milk. a. Whenever available, only grade A milk shall be served or used. All milk shall be kept in the original containers in which delivered and under refrigeration until served or used. Dipping of milk or milk products is not permitted. Bulk milk dispensers which have been approved by the division of health as to design and construction may be used provided that: 1) No surfaces with which milk comes in contact, other than the delivery orifice, shall be accessible to manual contact, droplets, dust or flies; and, 2) The milk dispensing device shall be cleaned, sanitized, filled and sealed only at a grade A milk plant.
- 6. Cream a. Cream shall be kept in the original container in which delivered and under refrigeration until served or used. It should be served, whenever practical, from the original container.
- 7. Displayed foods. a. All foods when displayed must be protected from flies, insects, rodents, dust, sneeze or cough spray, and from handling by the public.
- 8. Food storage a. Foods shall not be stored in any basement or room or receptacle that is subject to sewage or waste water back flow, or to contamination by condensation or leakage, nor in any place where rodents or vermin may gain access. Food shall be stored at least 12 inches above the floor.
- 9. Processed foods. a. If foods are canned, frozen or otherwise preserved at the home, they shall be processed under controlled sanitary conditions. All meat, poultry, and nonacid vegetables shall be canned by pressure cooker methods.
- 10. Donated foods. a. Donations of home-canned foods, salad mixtures, custards, cream-filled pastries, and other potentially hazardous foods shall not be accepted.
- 11. Delivery vehicles. a. Vehicles used in the transportation of a meal or lunch shall be equipped with clean containers or cabinets to store the food while in transit. The container or cabinet shall be so constructed as to prevent food contamination by dust, insects, animals, vermin or infection. If the meal or lunch is readily perishable, the container or cabinet shall be capable of maintaining a temperature at or below 40° F. or a temperature at or above 150° F. until the food is delivered to the person placing the order.
- (3) Washing and sanitization of dishes. (a) Pre-wash. 1. The term "pre-wash" is applied to the process of water scraping of utensils prior to washing. Better washing and sanitizing can be accomplished, either manual or mechanical, if pre-washing is practiced. It is recommended that pre-washing be made an integral part of both manual and mechanical utensil washing operation.
- (b) Manual cleaning. 1. Sinks for hand dishwashing. a. A 2-compartment sink shall be provided for all establishments and it is recommended that a 3-compartment sink be provided in all new installations.
- 2. Hand dishwashing a The utensils shall be washed in hot water at a temperature of 110° to 120° F., containing an adequate amount of an effective soap or detergent. Water shall be kept clean by changing it frequently.

- 3. Sanitizing of hand-washed dishes. a. Following hand washing, all utensils shall be sanitized by either of the following two methods: 1) First method. Submerge all utensils for 30 seconds in clean water maintained at a temperature of 170° F. or more; and, 2) Second method. All utensils should be submerged or rinsed following the washing operation in hot water at a minimum temperature of 110° F. to remove soap or detergent, and then be submerged for at least 2 minutes in a hypochlorite solution. The solution shall be made up with a chlorine concentration of at least 100 parts per million and shall be discarded when the chlorine concentration goes below 50 parts per million. All hypochlorite solutions shall be prepared fresh at least 3 times each day prior to its use in sanitizing the dishes used at each main meal period, and at least twice each day if only glassware is sanitized. Soaps, water softeners, washing compounds and detergents shall not be added to hypochlorite solutions. Utensils should be racked in baskets so that all surfaces will be reached by the chemical solution while submerged. Other chemical sanitizing solutions may be approved for use by the state health officer in which case the concentration will be specified.
- 4. Thermometer. a. A suitable thermometer shall be provided for frequent determination of the temperature of the water used for sanitizing, washing and rinsing utensils.
- (c) Mechanical cleaning. 1. Racking of utensils. a. Utensils shall be stacked in racks or trays so as to avoid overcrowding and in such manner as to assure complete washing contact with all surfaces of each article.
- 2. Wash water—mechanical dishwashing. a. The wash water temperature of the utensil washing machine shall be held at from 130° to 150° F. The utensils shall be in the washing section for at least 20 seconds.
- 3. Detergent. a. A detergent shall be used in all utensil washing machines and it is recommended that they be equipped with automatic detergent dispensers so that the maximum efficiency of the machines can be obtained.
- 4. Sanitizing—mechanical. a. For sanitizing in a spray-type machine, dishes shall be subjected to a rinse period of 10 seconds or more at a temperature in the line of at least 180° F. For sanitizing in an emersion tank-type machine, dishes shall be submerged for 30 seconds or more with water at a temperature of 170° F. or more. There shall be a constant change of water through the inlet and overflow.
- 5. Dishwasher thermometers a. Thermometers shall be located in both the wash compartment and rinse water line at the machine so as to be readily visible. Thermostatic control of the temperature of the wash and rinse water shall be provided in the new equipment and is recommended for existing equipment.
- 6. Dishwasher water pressure a. The pressure of the water used in spray washing and rinsing shall be 15 to 25 pounds per square inch at the machine nozzles.
- 7. Glass washer. a. Automatic cold water glass washers, approved as provided under Wis. Adm. Code section H 96.13 (4), may be used when operated with a sanitizer approved by the state health officer for the specific purpose.
- (d) Drying of utensils. 1. Drying cloths, if used, shall be clean and shall be used for no other purpose. It is recommended that utensils be allowed to drain and air dry in racks or baskets.

- (4) PLANT MAINTENANCE. (a) The building shall be maintained in good repair and free of hazards such as cracks in floors, walls or ceilings; warped or loose boards; warped, broken, loose or cracked floor covering such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any similar hazard.
- (b) All electrical, mechanical, water supply, fire protection and sewage disposal system shall be maintained in a safe and functioning condition. Electrical cords and appliances shall be maintained in a safe condition. Frayed wires, cracked or damaged switches, plugs and electric fixtures shall be repaired or replaced. No electrical cords shall be strung under carpets or rugs or attached to light fixtures.
- (c) All plumbing fixtures shall be in good repair, properly functioning and satisfactorily provided with protection to prevent contamination from entering the water supply piping.

(d) The heating system shall be maintained in a safe and prop-

erly functioning condition,

(e) The interior and exterior of the building shall be painted as needed to protect the surfaces. Loose, cracked or peeling wallpaper or paint shall be promptly replaced or repaired.

(f) All furniture and furnishings shall be maintained in good

repair.

- (g) Storage areas shall be maintained in a safe and orderly condition; attics and basements shall be free of accumulations of garbage, refuse, discarded furniture, old newspapers, boxes, discarded equipment and similar items.
- (h) The grounds, yards and sidewalks shall be maintained in a neat, orderly and safe condition.

- H 30.22 Additional requirements for new construction, additions to existing institutions and institutions to be converted to residential care (not operating as a residential care institution prior to January 23, 1968, the effective date of section 146.32, Wis. Stat.). (1) New construction, additions to existing institutions and institutions to be converted to residential care (not operating as a residential care institution prior to January 23, 1968, the effective date of section 146.32, Wis. Stat.).
- (a) Submission of plans for residential care institutions. 1. Plans covering the construction of new buildings, additions to existing buildings, conversion of existing buildings to a residential care institution, or for major remodeling or alterations of existing buildings shall be submitted to and approved by the division of health before construction or conversion is begun. These plans shall show the general arrangement of the buildings, including a room schedule and fixed equipment for each room and a listing of room numbers, together with other pertinent information.
 - 2. Plans shall be drawn to scale.
- (b) Location. 1. The site shall adhere to local zoning regulations; be free from environmental nuisances, such as noise, odors, etc.; be

¹Where new construction for residential care institution or remodeling is contemplated, consideration should be given to the Wisconsin Administrative Code for nursing homes should future conversion to a nursing home be desirable. Such items as 5 foot corridors, 3 foot room doors would preclude the eventual use of a residential care institution for nursing home purposes. See page 94 through 97 Wisconsin Administrative Code Nursing Home Rules.

easily accessible for employees and visitors. The institution shall be so located as to promote at all times the health, treatment, comfort, safety, and well being of persons accommodated. The site shall be so located that it can be assured of fire protection by an organized fire department.

- (c) Fire protection for newly constructed residential care institutions, additions and existing buildings converted for residential care purposes. 1. All newly constructed residential care institutions or additions and buildings to be converted to residential care institutions shall meet one of the following fire protective requirements, either a. or b.:
- a. Completely fire-resistive construction. Fire-resistive construction is defined as follows: A building is of fire-resistive construction if all the walls, partitions, piers, columns, floors, ceilings, roof and stairs are built of noncombustible material and if all metallic structural members are protected by a noncombustible fire-resistive covering.
 - b. Automatic sprinkler protection throughout if the building is less than fully fire-resistive, effective January 1, 1970.
- 2. Where a residential care addition is contemplated, the entire building after the completion of the addition shall meet all of the above criteria under (c).
- (d) Room size for institutions not in existence prior to January 23, 1968. 1. The minimum floor area in rooms housing more than one patient shall be 80 square feet per bed.
 - 2. Rooms for one resident shall have a minimum of 100 square feet.
- 3. A room for a husband and wife shall be not less than 120 square feet.
 - 4. The ceiling shall not be less than 7 feet 6 inches in height.
- (e) *Electrical*. 1. At least one duplex type wall outlet shall be provided for every resident bed.
- (f) Ventilation. 1. Where mechanical ventilation is provided, the resident area corridors, lounge, dining, therapy and recreation areas shall be under positive pressure.
- 2. Transoms, louvers or grills are not permitted in or above the resident room door exiting to the corridor.
- 3. Vertical shafts including stairwells. a. In new construction all vertical shafts shall be of at least 2-hour fire-resistive construction with fusible link self-closing class B fire doors at each floor. No vertical shafts except elevators and stairwells may open directly to a corridor.
- b. In new construction the room in which the chute terminates shall also be of 2-hour fire-resistive construction with a class B fire door.
- c. Sprinkler heads shall be provided at the top of each linen or trash chute and also in the rooms in which the chute terminates.
- (g) Windows. 1. In new construction only the bottom sill of windows in residents' rooms shall be 3 feet or less from the floor.
- (h) Doors. 1. In new construction resident room doors shall not be less than 3 feet.
- 2. In new construction toilet room doors shall not be less than 2 feet 6 inches and shall not swing into the toilet room or shall be provided with two-way hardware.

- (i) Corridor width. 1. In new construction all corridors in resident areas shall be at least 5 feet wide. In existing buildings to be converted to a residential care institution the minimum corridor width may be less than 5 feet but not less than 4 feet.
- 2. No more than 150 feet of corridor without a barrier against the lateral passage of smoke shall be permitted.
- (j) Storage facilities. 1. A central storage space shall be provided for the storing of bulky possessions, such as trunks, luggage and off-seasonal clothing.
- 2. The storage space required shall be a minimum of 50 cubic feet per resident bed.
 - 3. A linen closet or cabinet shall be provided for each floor or wing.
- (k) Janitor's facilities. 1. A janitor's closet shall be provided on each floor and shall be equipped with hot and cold running water and a service sink or receptor.
 - 2. The janitor's closets shall be ventilated.
- (l) Food service facilities. 1. Only traffic incidental to the receiving, preparation and serving of food and drink shall be permitted.
- 2. A food day-storage space shall be provided adjacent to the kitchen.
 - 3. An employes' locker room shall be provided.
- (m) Bath facilities. 1. Separate bath facilities shall be provided for male and female residents:
 - 1 tub or shower for every 10 female.
 - 1 tub or shower for every 10 male.
- 2. Every tub, shower or toilet shall be separated in such a manner that they can be used independently and afford privacy to the residents.
- (n) Acoustical tile. 1. Acoustical tile shall be of a type that is noncombustible.

H 30.23 Variance procedure (1) If the residential care facility meets the requirements herein established, the department may approve variances in the requirements of this chapter when such variances or alternatives are demonstrated, to the satisfaction of the department, to enhance quality care of the residents affected. Variances are not permitted without approval from the department.

History: Cr. Register, February, 1977, No. 254, eff. 3-1-77.