

CR 86-34

CERTIFICATE

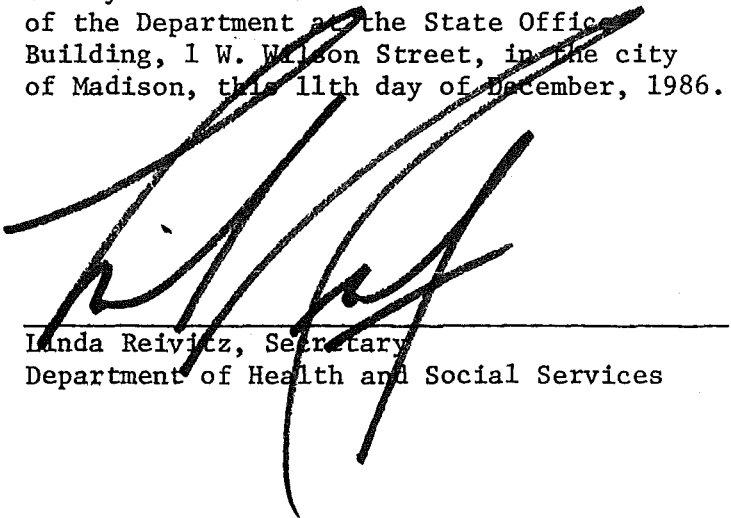
STATE OF WISCONSIN)
) SS
DEPARTMENT OF HEALTH AND SOCIAL SERVICES)

I, Linda Reivitz, Secretary of the Department of Health and Social Services and custodian of the official records of the Department, do hereby certify that the annexed rules relating to nursing homes were duly approved and adopted by this Department on December 11, 1986.

I further certify that this copy has been compared by me with the original on file in the Department and that this copy is a true copy of the original, and of the whole of the original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department at the State Office Building, 1 W. Wilson Street, in the city of Madison, this 11th day of December, 1986.

RECEIVED
✓ DEC 12 1986
3:45 PM
Revisor of Statutes
Bureau



Linda Reivitz, Secretary
Department of Health and Social Services

SEAL:

2-1087

ORDER OF THE
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
REPEALING, RENUMBERING, AMENDING AND CREATING RULES

To repeal HSS 132.62(2)(d), 132.69(2)(d) and (f) and 132.82(4); to renumber HSS 132.31(5), 132.45(4)(a) to (e) and (6)(h), 132.69(2)(e), 132.82(3) and (5) and 132.84(15) and (16); to renumber and amend HSS 132.45(5)(k); to amend HSS 132.21(3)(a)1, 132.33(1)(a) and (2), 132.42(3)(a) and (4), 132.44(3), 132.45(1), (3)(c), (5)(b)1 and 2 d and (f)1 and (6)(g), 132.51(1)(b)1, (2)(e)1 and 2 (intro.), (3)(a) and (b) and (4)(c), 132.52(1) and (2), 132.53(2)(b) and (c) and (3)(b)2 and (c), 132.54, 132.60(1)(d), (2)(d), (3), (5)(a)1 to 3, and (6)(c), 132.62(2)(b)2 and (c), 132.63(2)(a), (4)(a)3, (5)(d) and (f), and (7)(a)4, 132.65(6)(a), (b)6 and (c), 132.66(1)(d), 132.67(3), 132.68(3)(a), (4)(a) and (5)(a), 132.69(2)(a), 132.71(1)(e), (2)(a) and (3), 132.72(2)(b), (c) and (e) and (6)(b) (title) and (c), 132.83(3)(c)1, (4) (title), (5)(e) and (f) (intro.), (6)(b) and (7)(a), (f), (g) and (j)2, and 132.84(3)(b)2 and (13)(c); to repeal and recreate HSS 132.13 and 132.14, 132.31(1)(c), (d), (j) and (m) and (2) to (4), 132.33(3), 132.44(2)(a), 132.51(2)(d), 132.60(1)(b) and (6)(f), 132.65(3)(b), 132.69(2)(c), 132.81(2) and 132.82(1) and (2); and to create HSS 132.31(1)(p) and (5), 132.45(4)(a) and (b), (5)(k) and (6)(h), 132.63(7)(b)2 Note, 132.695, 132.82(3) and (5) and 132.84(15), relating to nursing homes.

Analysis Prepared by the Department of Health and Social Services

The rules for nursing homes, ch. HSS 132, Wis. Adm. Code, are revised to make them consistent with similar proposed rules of the Department for facilities serving persons with developmental disabilities, make new facilities subject to standards set out in the 1981 edition of the Life Safety Code, clarify the intent of certain rules, add to the rights of nursing home residents a right not to be discriminated against in treatment because of the source of financing of their care, and implement recent recommendations of the Legislative Audit Bureau on the custody of the personal funds of nursing home residents.

Chapter HSS 132 became effective on August 1, 1982. Based on the Department's experience in applying these rules, several rules have been rewritten to clarify intent and provide consistent interpretation and application of the rules for all nursing homes.

The recommendations set forth in the Legislative Audit Bureau report of August 31, 1982 (82-15) regarding personal funds of nursing home residents have been incorporated into the rules. The minimum standards for administration of resident accounts are expanded. Among the changes are: (1) a facility is to furnish each resident with at least a quarterly

statement of all funds and property held for the resident and all expenditures made from the resident's account; (2) separate authorizations are to be obtained for holding and spending a resident's funds, with non-routine expenditures and expenditures that exceed a designated spending limit requiring separate authorizations for each individual occurrence; and (3) the facility is to maintain a record of all expenditures, disbursements and deposits made on behalf of a resident.

Pursuant to the authority vested in the Department of Health and Social Services by s. 50.02, Stats., the Department of Health and Social Services hereby repeals, renumbers, amends and creates rules interpreting ss. 50.02 to 50.11, Stats., as follows:

SECTION 1. HSS 132.13 and 132.14 are repealed and recreated to read:

HSS 132.13 DEFINITIONS. In this chapter:

(1) "Abuse" means any single or repeated act of force, violence, harassment, deprivation, neglect or mental pressure which reasonably could cause physical pain or injury, or mental anguish or fear.

(2) "Ambulatory" means able to walk without assistance.

(3) "Department" means the Wisconsin department of health and social services.

(4) "Developmental disability" means mental retardation or a related condition, such as cerebral palsy, epilepsy or autism, but excluding mental illness and infirmities of aging, which is:

(a) Manifested before the individual reaches age 22;

(b) Likely to continue indefinitely; and

(c) Results in substantial functional limitations in 3 or more of the following areas of major life activity:

1. Self-care;

2. Understanding and use of language;

3. Learning;

4. Mobility;

5. Self-direction;

6. Capacity for independent living; and

7. Economic self-sufficiency.

(5) "Dietitian" means a person who either:

(a) Is eligible for registration as a dietitian by the commission on dietetic registration of the American dietetic association under its requirements in effect on January 17, 1982; or

(b) Has a baccalaureate degree with major studies in food and nutrition, dietetics, or food service management, and has one year of supervisory experience in the dietetic service of a health care institution.

(6) "Direct supervision" means supervision of an assistant by a supervisor who is present in the same building as the assistant while the assistant is performing the supervised function.

(7) "Facility" means a nursing home subject to the requirements of this chapter.

(8) "Full-time" means at least 37.5 hours each week devoted to facility business.

(9) "Intermediate care facility" means a nursing home which is licensed by the department as an intermediate care facility to provide intermediate nursing care.

(10) "Intermediate nursing care" means basic care consisting of physical, emotional, social and other rehabilitative services under periodic medical supervision. This nursing care requires the skill of a registered nurse for observation and recording of reactions and symptoms, and for supervision of nursing care. Most of the residents have long-term illnesses or disabilities which may have reached a relatively stable plateau. Other residents whose conditions are stabilized may need medical and nursing services to maintain stability. Essential supportive consultant services are provided.

(11) "Licensed practical nurse" means a person licensed as a licensed practical nurse under ch. 441, Stats.

(12) "Limited nursing care" means simple nursing care procedures required by residents with long-term illnesses or disabilities in order to maintain stability and which can be provided safely only by or under the supervision of a person no less skilled than a licensed practical nurse who works under the direction of a registered nurse. Supervision of the physical, emotional, social and rehabilitative needs of the resident is the responsibility of the appropriate health care provider serving under the direction of a physician.

(13) "Mobile nonambulatory" means unable to walk without assistance, but able to move from place to place with the use of a device such as a walker, crutches, a wheel chair or a wheeled platform.

(14) "Nonambulatory" means unable to walk without assistance.

(15) "Nonmobile" means unable to move from place to place.

(16) "Nurse" means a registered nurse or licensed practical nurse.

(17) "Nurse practitioner" means a registered professional nurse who meets the requirements of s. HSS 105.20(2)(b).

(18) "Nursing assistant" means a person who is employed primarily to provide direct care services to residents but is not registered or licensed under ch. 441, Stats.

(19) "Personal care" means personal assistance, supervision and a suitable activities program. In addition:

(a) Provision is made for periodic medical supervision and other medical services as needed. These services are for individuals who do not need nursing care but do need the services provided by this type of facility in meeting their needs. Examples of these individuals are those referred from institutions for the developmentally disabled, those disabled from aging, and the chronically ill whose conditions have become stabilized;

(b) The services provided are chiefly characterized by the fact that they can be provided by personnel other than those trained in medical or allied fields. The services are directed toward personal assistance, supervision, and protection;

(c) The medical service emphasizes a preventive approach of periodic medical supervision by the resident's physician as part of a formal medical program that will provide required consultation services and also cover emergencies; and

(d) The dietary needs of residents are met by the provision of an adequate general diet or by therapeutic, medically prescribed diets.

(20) "Pharmacist" means a person registered as a pharmacist under ch. 450, Stats.

(21) "Physical therapist" means a person licensed to practice physical therapy under ch. 448, Stats.

(22) "Physician" means a person licensed to practice medicine or osteopathy under ch. 448, Stats.

(23) "Physician extender" means a person who is a physician's assistant or a nurse practitioner acting under the general supervision and direction of a physician.

(25) "Physician's assistant" means a person certified under ch. 448, Stats., to perform as a physician's assistant.

(25) "Practitioner" means a physician, dentist, podiatrist or other person permitted by Wisconsin law to distribute, dispense and administer a controlled substance in the course of professional practice.

(26) "Recuperative care" means care anticipated to be provided for a period of 90 days or less for a resident whose physician has certified that

he or she is convalescing or recuperating from an illness or a medical treatment.

(27) "Registered nurse" means a person who holds a certificate of registration as a registered nurse under ch. 441, Stats.

(28) "Resident" means a person cared for or treated in any facility on a 24-hour basis irrespective of how the person has been admitted to the facility.

(29) "Respite care" means care anticipated to be provided for a period of 28 days or less for the purpose of temporarily relieving a family member or other caregiver from his or her daily caregiving duties.

(30) "Short-term care" means recuperative care or respite care.

(31) "Skilled nursing facility" means a nursing home which is licensed by the department to provide skilled nursing services.

(32) (a) "Skilled nursing services" means those services furnished pursuant to a physician's orders which:

1. Require the skills of professional personnel such as registered or licensed practical nurses; and

2. Are provided either directly by or under the supervision of these personnel.

(b) In determining whether a service is skilled, the following criteria shall be used:

1. The service would constitute a skilled service where the inherent complexity of a service prescribed for a resident is such that it can be safely and effectively performed only by or under the supervision of professional personnel;

2. The restoration potential of a resident is not the deciding factor in determining whether a service is to be considered skilled or unskilled. Even where full recovery or medical improvement is not possible, skilled care may be needed to prevent, to the extent possible, deterioration of the condition or to sustain current capacities; and

3. A service that is generally unskilled would be considered skilled where, because of special medical complications, its performance or supervision or the observation of the resident necessitates the use of skilled nursing personnel.

(33) "Specialized consultation" means the provision of professional or technical advice, such as systems analysis, crisis resolution or inservice training, to assist the facility in maximizing service outcomes.

(34) "Supervision" means at least intermittent face-to-face contact between supervisor and assistant, with the supervisor instructing and overseeing the assistant, but does not require the continuous presence of the supervisor in the same building as the assistant.

(35) "Tour of duty" means a portion of the day during which a shift of resident care personnel are on duty.

(36) "Unit dose drug delivery system" means a system for the distribution of medications in which single doses of medications are individually packaged and sealed for distribution to residents.

HSS 132.14 LICENSURE. (1) CATEGORIES. Nursing homes shall elect one of the following categories of licensure:

- (a) Skilled nursing facility; or
- (b) Intermediate care facility.

(2) APPLICATION. Application for a license shall be made on a form provided by the department.

Note: To obtain a copy of the application form for a license to operate a nursing home, write: Bureau of Quality Compliance, Division of Health, P.O. Box 309, Madison, Wisconsin 53701.

(3) REQUIREMENTS FOR LICENSURE. (a) In every application the license applicant shall provide the following information:

1. The identities of all persons or business entities having the authority, directly or indirectly, to direct or cause the direction of the management or policies of the facility;

2. The identities of all persons or business entities having any ownership interest whatsoever in the facility, whether direct or indirect, and whether the interest is in the profits, land or building, including owners of any business entity which owns any part of the land or building;

3. The identities of all creditors holding a security interest in the premises, whether land or building; and

4. In the case of a change of ownership, disclosure of any relationship or connection between the old licensee and the new licensee, and between any owner or operator of the old licensee and the owner or operator of the new licensee, whether direct or indirect.

(b) The applicant shall provide any additional information requested by the department during its review of the license application.

(c) The new licensee shall submit evidence to establish that he or she has sufficient resources to permit operation of the facility for a period of 6 months.

(d) No license may be issued unless and until the applicant has supplied all information requested by the department.

(4) ACTION BY THE DEPARTMENT. (a) After receiving a complete application, the department shall investigate the applicant to determine the applicant's ability to comply with this chapter.

(b) Within 60 days after receiving a complete application for a license, the department shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department shall give the applicant reasons, in writing, for the denial.

(5) TYPES OF LICENSE. (a) Probationary license. If the applicant has not been previously licensed or if the facility is not in operation at the time application is made, the department may issue a probationary license. A probationary license shall be valid for 120 days unless sooner suspended or revoked under s. 50.03(5), Stats. If the applicant is found to be in substantial compliance with this chapter, a regular license shall be issued for a period of one year from the date of issuance of the probationary license.

(b) Regular license. If the applicant has been previously licensed, the department shall issue a regular license if the applicant is found to be in substantial compliance with this chapter. A regular license shall be valid for a period of one year from the date of issuance unless sooner suspended or revoked.

(6) SCOPE OF LICENSE. (a) The license is issued only for the premises and the persons named in the license application, and may not be transferred or assigned by the licensee.

(b) The license shall state any applicable restrictions, including maximum bed capacity and the level of care that may be provided, and any other limitations that the department considers appropriate and necessary taking all facts and circumstances into account.

(c) A licensee shall fully comply with all requirements and restrictions of the license.

SECTION 2. HSS 132.21(3)(a)1. is amended to read:

HSS 132.21(3)(a) Applications. 1. All applications for waiver or variance from the requirements of this chapter shall be made in writing to the department, specifying the following:

- a. The rule from which the waiver or variance is requested;
- b. The time period for which the waiver or variance is requested;
- c. If the request is for a variance, the specific alternative action which the facility proposes;
- d. The reasons for the request; and
- e. Justification that sub. (2) would be satisfied.

SECTION 3. HSS 132.31(1)(c), (d), (j) and (m) are repealed and recreated to read:

HSS 132.31(1)(c) Finances. Manage one's own financial affairs, including any personal allowances under federal or state programs. No resident funds may be held or spent except in accordance with the following requirements:

1. A facility may not hold or spend a resident's funds unless the resident or another person legally responsible for the resident's funds authorizes this action in writing. The facility shall obtain separate authorizations for holding a resident's funds and for spending a resident's funds. The authorization for spending a resident's funds may include a spending limit. Expenditures that exceed the designated spending limit require a separate authorization for each individual occurrence;

2. Any resident funds held or controlled by the facility, and any earnings from them, shall be credited to the resident and may not be commingled with other funds or property except that of other residents;

3. The facility shall furnish a resident, the resident's guardian, or a representative designated by the resident with at least a quarterly statement of all funds and property held by the facility for the resident and all expenditures made from the resident's account, and a similar statement at the time of the resident's permanent discharge. If the resident has authorized discretionary expenditures by the facility and the facility has accepted responsibility for these expenditures, upon written request of the resident, the resident's guardian or a designated representative of the resident, the facility shall issue this statement monthly; and

4. The facility shall maintain a record of all expenditures, disbursements and deposits made on behalf of the resident.

(d) Admission information. Be fully informed in writing, prior to or at the time of admission, of all services and the charges for these services, and be informed in writing, during the resident's stay, of any changes in services available or in charges for services, as follows:

1. No person may be admitted to a facility without that person or that person's guardian or designated representative signing an acknowledgement of having received a statement of information before or on the day of admission which contains at least the following information or, in the case of a person to be admitted for short-term care, the information required under s.HSS 132.70:

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

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

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

d. Terms for refunding advance payments in case of transfer, death or voluntary or involuntary discharge;

e. Terms for holding and charging for a bed during a resident's temporary absence;

f. Conditions for involuntary discharge or transfer, including transfers within the facility;

g. Information about the availability of storage space for personal effects; and

h. A summary of residents' rights recognized and protected by this section and all facility policies and regulations governing resident conduct and responsibilities.

2. No statement of admission information may be in conflict with any part of this chapter.

(j) Transfer or discharge. Be transferred or discharged, and be given reasonable advance notice of any planned transfer or discharge and an explanation of the need for and alternatives to the transfer or discharge except when there is a medical emergency. The facility, agency, program or person to which the resident is transferred shall have accepted the resident for transfer in advance of the transfer, except in a medical emergency.

Note: See s. HSS 132.53.

(m) Choice of provider. Use the licensed, certified or registered provider of health care and pharmacist of the resident's choice.

SECTION 4: HSS 132.31(1)(p) is created to read:

HSS 132.31(1)(p) Nondiscriminatory treatment. Be free from discrimination based on the source from which the facility's charges for the resident's care are paid, as follows:

1. No facility may assign a resident to a particular wing or other distinct area of the facility, whether for sleeping, dining or any other purpose, on the basis of the source or amount of payment, except that a facility only part of which is certified for Medicare reimbursement under 42 USC 1395 is not prohibited from assigning a resident to the certified part of the facility because the source of payment for the resident's care is Medicare.

2. Facilities shall offer and provide an identical package of basic services meeting the requirements of this chapter to all individuals regardless of the sources of a resident's payment or amount of payment. Facilities may offer enhancements of basic services, or enhancements of individual components of basic services, provided that these enhanced services are made available at an identical cost to all residents regardless of the source of a resident's payment. A facility which elects to offer enhancements to basic services to its residents must provide all residents with a detailed explanation of enhanced services and the additional charges for these services pursuant to s. HSS 132.31(1)(d)1b.

3. If a facility offers at extra charge additional services which are not covered by the medical assistance program under ss. 49.43 to 49.497, Stats., and chs. HSS 101 to 108, it shall provide them to any resident willing and able to pay for them, regardless of the source from which the resident pays the facility's charges.

4. No facility may require, offer or provide an identification tag for a resident or any other item which discloses the source from which the facility's charges for that resident's care are paid.

SECTION 5: HSS 132.31(2) to (4) are repealed and recreated to read:

HSS 132.31(2) INCOMPETENCE. If the resident is found incompetent by a court under ch. 880, Stats., and not restored to legal capacity, the rights and responsibilities established under this section which the resident is not competent to exercise shall devolve upon the resident's guardian.

(3) CORRECTIONS CLIENTS. Rights established under this section do not, except as determined by the department, apply to residents in a facility who are in the legal custody of the department for correctional purposes.

(4) NOTIFICATION. (a) Serving notice. Copies of the resident rights provided under this section and the facility's policies and regulations governing resident conduct and responsibilities shall be made available to each prospective resident and his or her guardian, if any, and to each member of the facility's staff. Facility staff shall verbally explain to each new resident and to that person's guardian, if any, prior to or at the time of the person's admission to the facility, these rights and the facility's policies and regulations governing resident conduct and responsibilities.

(b) Amendments. All amendments to the rights provided under this section and all amendments to the facility regulations and policies governing resident conduct and responsibilities require notification of each resident and guardian, if any, at the time the amendment is put into effect. The facility shall provide the resident, guardian, if any, and each member of the facility's staff with a copy of all amendments.

(c) Posting. Copies of the residents' rights provided under this chapter and the facility's policies and regulations governing resident conduct and responsibilities shall be posted in a prominent place in the facility.

SECTION 6. HSS 132.31(5) is renumbered 132.31(6).

SECTION 7. HSS 132.31(5) is created to read:

HSS 132.31(5) ENCOURAGEMENT AND ASSISTANCE. Each facility shall encourage and assist residents to exercise their rights as residents and citizens and shall provide appropriate training for staff awareness so that staff are encouraged to respect the rights of residents established under this section.

SECTION 8. HSS 132.33(1)(a) and (2) are amended to read:

HSS 132.33(1)(a) "Locked unit" means a ward, wing, or ~~other space room in a facility~~ which is designated as a protective environment and is secured in any a manner that prevents a resident from leaving the unit at will. A physical restraint applied to the body is not a locked unit. A facility locked for purposes of security is not a locked unit, provided that residents may exit at will.

(2) RESTRICTION. Except as otherwise provided by this section, no resident may be housed in a locked unit. Physical or chemical restraints or repeated use of emergency restraint under sub. (5) may not be used to circumvent this restriction. Placement in a locked unit shall be based on the determination that this placement is the least restrictive environment consistent with the needs of the person.

SECTION 9. HSS 132.33(3) is repealed and recreated to read:

HSS 132.33(3) PLACEMENT. (a) A resident may be housed in a locked unit under any one of the following conditions:

1. The resident consents under sub. (4) to being housed on a locked unit;
2. The court that protectively placed the resident under s. 55.06, Stats., made a specific finding of the need for a locked unit;
3. The resident has been transferred to a locked unit pursuant to s. 55.06(9)(c), Stats., and the medical record contains documentation of the notice provided to the guardian, the court and the agency designated under s. 55.02, Stats; or
4. In an emergency governed by sub. (5).

(b) A facility may transfer a resident from a locked unit to an unlocked unit without court approval pursuant to s. 55.06(9)(b), Stats., if it determines that the needs of the resident can be met on an unlocked unit. Notice of the transfer shall be provided as required under s. 55.06(9)(b), Stats., and shall be documented in the resident's medical record.

SECTION 10. HSS 132.42(3)(a) and (4) are amended to read:

HSS 132.42(3)(a) New employes. Every employe shall be certified in writing by a physician or ~~physician's assistant~~ physician extender as having been screened for tuberculosis infection and being free from clinically apparent communicable disease within 90 days before beginning work.

(4) DISEASE SURVEILLANCE AND CONTROL. Facilities shall develop and implement written policies for control of communicable diseases which ensure that employes and volunteers with symptoms or signs of communicable disease or infected skin lesions are not permitted to work unless authorized to do so by a physician or ~~physician's assistant~~ physician extender.

SECTION 11. HSS 132.44(2)(a) is repealed and recreated to read:

HSS 132.44(2)(a) Nursing inservice. The facility shall require employes who provide direct care to residents to attend educational programs designed to develop and improve the skill and knowledge of the employes with respect to the needs of the facility's residents, including rehabilitative therapy, oral health care, and special programming for developmentally disabled residents if the facility admits developmentally disabled persons. These programs shall be conducted as often as is necessary to enable staff to acquire the skills and techniques necessary to implement the individual program plans for each resident under their care.

SECTION 12: HSS 132.44(3) is amended to read:

(3) MEDICATION ADMINISTRATION. Before persons, other than nurses and practitioners, are authorized under s. HSS 132.60(5)(d)1. to administer medications, they shall be trained in a course approved by the department.

SECTION 13. HSS 132.45(1) and (3)(c) are amended to read:

HSS 132.45(1) GENERAL ~~(a)~~ The administrator or administrator's designee shall provide the department with any information required to document compliance with s. HSS 132 and ch. 50, Stats., and shall provide reasonable means for examining records and gathering ~~such~~ the information.

~~(b) Active medical records including the care plans shall be stored in the facility and available to persons providing care and treatment to residents at all times. Other medical records shall be readily available.~~

(3)(c) Intermediate facilities. In an intermediate care ~~or personal care~~ facility, an employe shall be assigned responsibility for maintaining, completing, and preserving medical records.

SECTION 14. HSS 132.45(4)(a) to (e) are renumbered 132.45(4)(c) to (g).

SECTION 15. HSS 132.45(4)(a) and (b) are created to read:

HSS 132.45(4)(a) Availability of records. Medical records of current residents shall be stored in the facility and shall be easily accessible, at all times, to persons authorized to provide care and treatment. Medical records of both current and past residents shall be readily available to persons designated by statute or authorized by the resident to obtain the release of the medical records.

(b) Organization. The facility shall maintain a systematically organized records system appropriate to the nature and size of the facility for the collection and release of resident information.

SECTION 16. HSS 132.45(5)(b)1 and 2d and (f)1 are amended to read:

HSS 132.45(5)(b)1. Physician documentation. 1. An admission medical evaluation by a physician or physician extender, including:

2.d. ~~Restorative~~ Rehabilitative services as required by s. HSS 132.64(2);

(f) Rehabilitative services. 1. An evaluation of the ~~restorative~~ rehabilitative needs of the resident; and

SECTION 17. HSS 132.45(5)(k) is renumbered 132.45(5)(l).

SECTION 18. HSS 132.45(5)(k) is created to read.

HSS 132.45(5)(k) Authorization or consent. A photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident and any resident consent form required under this chapter, except that if the authorization or consent form exceeds one page in length an accurate summary may be substituted in the resident record and the complete authorization or consent form shall in this case be maintained as required under sub. (6)(i). The summary shall include:

1. The name and address of the guardian or other person having authority to speak or act on behalf of the resident;
2. The date on which the authorization or consent takes effect and the date on which it expires;
3. The express legal nature of the authorization or consent and any limitations on it; and
4. Any other factors reasonably necessary to clarify the scope and extent of the authorization or consent.

SECTION 19. HSS 132.45(5)(l), as renumbered, is amended to read:

HSS 132.45(5)(l) Discharge or transfer information. Documents, prepared upon a resident's discharge or transfer from the facility, summarizing, when appropriate:

1. Current medical findings and conditions;
2. Final diagnoses;
3. Rehabilitation potential;
4. A summary of the course of treatment;
5. Nursing and dietary information;
6. Ambulation status;
7. Administrative and social information; and
8. Needed continued care and instructions ~~;~~ and .
- 9- ~~An accounting of all funds as required by s. HSS 132.31(1)(e)3-~~

SECTION 20. HSS 132.45(6)(g) is amended to read:

HSS 132.45(6)(g) Transfer agreements. Transfer agreements, unless exempt under s. HSS 132.53(4); ~~and~~

SECTION 21. HSS 132.45(6)(h) is renumbered 132.45(6)(i).

SECTION 22. HSS 132.45(6)(h) is created to read:

HSS 132.45(6)(h) Funds and property statement. The statement prepared upon a resident's discharge or transfer from the facility that accounts for all funds and property held by the facility for the resident, as required under s. HSS 132.31(1)(c)3; and

SECTION 23. HSS 132.51(1)(b)1 is amended to read:

HSS 132.51(1)(b) Care levels. 1. No person who requires care greater than that which the facility is licensed to provide ~~shall~~ may be admitted to or retained in the facility.

SECTION 24. HSS 132.51(2)(d) is repealed and recreated to read:

HSS 132.51(2)(d) Developmental disabilities. 1. No person who has a developmental disability may be admitted to a facility unless the facility is certified as an intermediate care facility for the mentally retarded, except that a person who has a developmental disability and who requires skilled nursing care services may be admitted to a skilled nursing facility.

2. No person who has a developmental disability may be admitted to a facility unless the department has approved the facility's program statement required under sub. (3), and the county department under s. 51.42, 51.437 or 46.23, Stats., has recommended the admission.

3. No person who has a developmental disability may be retained in a facility unless the department has approved the facility's program statement required under sub. (3).

SECTION 25. HSS 132.51(2)(e)1 and 2 (intro.), (3)(a) and (b) and (4)(c) are amended to read:

(e) Minors. 1. No person under the age of 18 years ~~shall~~ may be admitted, ~~unless certified~~ approved for admission by the department.

2. (intro.) Requests for ~~certification~~ approval to admit a person under the age of 18 years shall be made in writing, and shall include:

(3)(a) Approval. Each facility ~~proposing to serve~~ serving residents whose ~~primary disabling diagnosis is mental retardation~~ who have a developmental disability shall submit a written program statement to the department for approval.

(b) Contents. The program statement shall detail the following:

1. Services to be provided;
2. Admission policies for ~~mentally retarded~~ developmentally disabled persons;
3. Program goals for ~~mentally retarded~~ developmentally disabled residents;
4. Description of program elements, including relationships, contracted services, and arrangements with other health and social service agencies and programs;
5. A designation of staff assigned to the care of ~~mentally retarded~~ developmentally disabled residents. Staff scheduling shall demonstrate consistency of staff involvement. Staff members shall have demonstrated skill in the management of these residents; and
6. A description of case evaluation procedures for ~~mentally retarded~~ developmentally disabled residents. ~~Such~~ These procedures shall require that case evaluation results be incorporated into the individual resident's care plan and that individual plans of care be reviewed and revised as indicated by resident need.

(4)(c) Provision is made to enable day care ~~residents~~ clients to rest. Beds need not be provided for this purpose, and beds assigned to residents ~~shall~~ may not be provided for this purpose.

Note: For administration of medications to day care clients, see s. HSS 132.60(5)(d)6.; for required records, see s. HSS 132.45(4)~~(a)~~(c).

SECTION 26. HSS 132.52(2) and (3) are amended to read:

HSS 132.52(2) PHYSICIAN'S ORDERS. No person may be admitted as a resident except upon:

- (a) Order of a physician; ~~and~~
- (b) Receipt of information from a physician, before or on the day of admission, about the person's current medical condition and diagnosis, and receipt of a physician's initial plan of care and orders from a physician for immediate care of the resident; and
- (c) Receipt of certification in writing from a physician that the person is free of communicable tuberculosis and clinically apparent communicable disease, or an order for procedures to treat any disease the person may be found to have.

(3) MEDICAL EXAMINATION AND EVALUATION. (a) Examination. Each resident shall have a physical examination by a physician or physician extender within 48 hours following admission, unless ~~such an~~ an examination was performed ~~at least~~ within 15 days before admission.

(b) Evaluation. Within 48 hours ~~of~~ after admission the physician or physician extender shall complete the resident's medical history and physical examination record, ~~and certify in writing that the resident has been examined and is free of communicable tuberculosis and clinically apparent communicable disease, or order procedures for treating any such disease.~~

Note: For admission of residents with communicable disease, see s. HSS 132.51(2)(b).

SECTION 27. HSS 132.53(2)(b) and (c) and (3)(b)2 and (c) are amended to read:

HSS 132.53(2)(b) Involuntary removal. 1. For nonpayment of charges, following reasonable opportunity to pay any deficiency;

2. If the resident requires care other than that which the facility is licensed to provide;

3. If the resident requires care which the facility does not provide and is not required to provide under this chapter;

4. For medical reasons as ordered by a physician;

5. In case of a medical emergency or disaster;

6. For the resident's welfare or the welfare of other residents; ~~or~~

7. If the resident does not need nursing home care; ;

8. If the short-term care period for which the resident was admitted has expired; ; ~~or~~

9. As otherwise permitted by law.

(c) Alternate placement. Except for removals under ~~sub. (2)(b)1~~ par. (b)5, no resident may be involuntarily removed, unless an appropriate alternative placement is arranged for ~~the admission of~~ the resident, pursuant to s. HSS 132.31(1)(j).

(3)(b)2. Unless the resident is receiving respite care or unless precluded by circumstances posing a danger to the health, safety, or welfare of a resident, prior to any involuntary removal under sub. (2) (b), a planning conference shall be held at least 14 days before removal with the resident, guardian, if any, any appropriate county agency, and others

designated by the resident, including the resident's physician, to review the need for relocation, assess the effect of relocation on the resident, discuss alternative placements, and develop a relocation plan which includes at least those activities listed in subd. 3.

Note: The discharge planning conference requirement for a resident receiving recuperative care is found in s. HSS 132.70(6).

(c) Discharge records. Upon removal of a resident, the documents, ~~as~~ required by s. HSS 132.45(5)~~(k)~~(1) and (6)(h) shall be prepared and provided to ~~any~~ the facility admitting the resident, along with any other necessary information about the resident needed by the admitting facility.

SECTION 28. HSS 132.54 is amended to read:

HSS 132.54 TRANSFER WITHIN THE FACILITY. Prior to any transfer of a resident between rooms or beds within a facility, the resident or guardian, if any, and ~~other persons~~ any other person designated by the resident, shall be given reasonable notice and an explanation of the reasons for transfer. Transfer of a resident between rooms or beds within a facility may be made only for medical reasons or for the resident's welfare or the welfare of other residents or as permitted under s. HSS 132.31(1)(p)1.

SECTION 29. HSS 132.60(1)(b) is repealed and recreated to read:

HSS 132.60(1)(b) Decubiti prevention. Nursing personnel shall employ appropriate nursing management techniques to promote the maintenance of skin integrity and to prevent development of decubiti (bedsores). These techniques may include periodic position change, massage therapy and regular monitoring of skin integrity.

SECTION 30. HSS 132.60(1)(d), (2)(d), (3), (5)(a)1 to 3, and (6)(c) are amended to read:

HSS 132.60(1)(d) Rehabilitative measures. Residents shall be assisted in carrying out ~~restorative rehabilitative~~ rehabilitative measures initiated by ~~restorative therapists~~ a rehabilitative therapist or ordered by ~~physicians~~ a physician, including assistance with adjusting to any disabilities and using any prosthetic devices.

(2)(d) Food and fluid intake and diet acceptance. ~~Residents' A~~ resident's food and fluid intake and acceptance of diet shall be observed, and significant deviations from normal eating patterns shall be reported to the nurse and either the resident's physician or dietitian as needed as appropriate.

(3)(a) Changes in condition. A resident's physician, guardian, if any, and any other responsible persons ~~person~~ designated in writing by the resident or guardian to be notified shall be notified promptly of any significant accident, injury, or adverse change in the resident's condition.

(b) Changes in status. A resident's guardian, ~~if any,~~ and any other ~~persons~~ person designated in writing by the resident or guardian shall be notified promptly of any significant non-medical change in the resident's status, including financial situation, ~~plans for any plan to discharge the resident,~~ or plans for any plan to transfer the resident within the facility or to another facility.

(5)(a)1. Orders. 1. Restriction. Medications, treatments, and ~~restorative~~ rehabilitative therapies shall be administered as ordered by a physician or dentist subject to the resident's right to refuse them. No medication, treatment or changes ~~thereof~~ in medication or treatment shall may be administered to a resident without a ~~written~~ written physician's or dentist's written order which shall be filed in the resident resident's clinical record, except as provided in subd. 2.

2. Oral orders. Oral orders from physicians or dentists may be accepted by a nurse or pharmacist, or, in the case of oral orders for ~~restorative~~ rehabilitative therapy, by a therapist. Oral orders shall be immediately written, signed, and dated by the nurse, pharmacist or therapist on a physician's or dentist's order sheet, and shall be countersigned by the physician or dentist within 72 hours, and filed in the resident's clinical record within 10 days of the order.

3. Oral orders without nurses. If the home facility does not have nurse coverage, an oral order for medications shall be telephoned to a registered pharmacist by the physician or dentist. ~~When the medication is received by the home, the administrator or designee shall copy into the resident's clinical record the information from the prescription label, sign, and date the entry, which shall be countersigned and dated by the physician within 10 days of the order. The nursing home may not administer the medication until it has received a transcript of the oral order from the pharmacist. The order shall be countersigned and filed as required under subd.2.~~

(6)(c) Emergencies. ~~In an emergency, a~~ A physical restraint may be applied temporarily without an order ~~when if~~ if necessary to protect the resident or ~~others~~ another person from injury or to ~~protect property~~ prevent physical harm to the resident or another person resulting from the destruction of property, provided that the physician is notified immediately and authorization for continued use is obtained from the physician within 12 hours.

SECTION 31. HSS 132.60(6)(f) is repealed and recreated to read:

HSS 132.60(6)(f) Periodic care. Nursing personnel shall check a physically restrained resident as necessary, but at least every 2 hours, to see that the resident's personal needs are met and to change the resident's position.

SECTION 32. HSS 132.62(2)(b)2 and (c) are amended to read:

HSS 132.62(2)(b)2. 'Qualifications.' Unless otherwise required by ~~sub (3)~~ under this paragraph, the charge nurses shall be registered nurses or licensed practical nurses, and shall have had specialized training, or be acquiring specialized training, or have had experience in areas such as nursing service administration, restorative nursing, psychiatric nursing or geriatric nursing.

(c) Nurses in intermediate care facilities. 1. An intermediate care facility with fewer than 60 residents shall have at least one registered nurse, ~~who may be the director of nursing services~~ or one licensed practical nurse on duty during every daytime tour of duty. The registered nurse may be the director of nursing services in accordance with par. (a).

2. An intermediate care facility with 60 or more residents shall have at least one registered nurse, ~~who may be the director of nursing services~~ on duty during every daytime tour of duty. The registered nurse may be the director of nursing services in accordance with par. (a).

SECTION 33. HSS 132.62(2)(d) is repealed.

SECTION 34. HSS 132.63(2)(a), (4)(a)3, (5)(d) and (f), and (7)(a)4 are amended to read:

HSS 132.63(2)(a) Full or part-time supervisor. The dietary service shall be supervised by a full-time supervisor, except that an intermediate ~~or personal~~ care facility with fewer than 50 residents may employ a person to work as supervisor part-time.

(4)(a)3. Food sufficient to meet the needs of each ~~patient~~ resident shall be planned, prepared and served ~~or planned~~ for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value.

(5)(d) Re-service. Food served to a resident in an unopened manufacturer's package ~~shall may~~ not be re-served unless the package remains unopened and maintained at a proper temperature.

(f) Snacks. If not prohibited by the resident's diet or condition, ~~between meal and bedtime~~ nourishments shall be offered routinely to all residents between the evening meal and bedtime.

(7)(a)4. Single-service utensils shall be stored in the original, unopened wrapper until used, shall may not be made of toxic material, and shall may not be reused ~~unless packaged to prevent contamination and unopened-~~ or redistributed if the original wrapper has been opened.

SECTION 35. HSS 132.63(7)(b)2 Note is created to read:

Note: See ch. HSS 145 for the requirements for reporting incidents of suspected disease transmitted by food.

SECTION 36. HSS 132.65(3)(b) is repealed and recreated to read:

HSS 132.65(3)(b) Medication consultant. 1. Each skilled nursing facility shall retain a registered pharmacist who shall visit the facility at least monthly to review the drug regimen of each resident and medication practices. The pharmacist shall submit a written report of findings at least quarterly to the facility's pharmaceutical services committee.

2. Each intermediate care facility shall retain a registered pharmacist who shall visit the facility at least monthly to review medication practices and at least quarterly to review the drug regimen of each resident. The pharmacist shall submit a written report of findings at least quarterly to the facility's pharmaceutical services committee. A registered nurse or a registered pharmacist shall review the drug regimens of each resident at least monthly.

SECTION 37. HSS 132.65(6)(a), (b)6 and (c) are amended to read:

HSS 132.65(6)(a) Obtaining new medications. 1. When medications are needed which are not stocked, ~~an order shall be telephoned~~ by a registered nurse or designee shall telephone an order to the pharmacist who shall fill the order and release the medication in return for a copy of the physician's written order.

2. When new medications are needed which are stocked, a copy of the resident's new medication order shall be sent to the pharmacist filling medication orders for the resident.

(b)6. 'External use of medications.' Poisons and medications for external use only shall be kept in a locked cabinet and separate from other medications, except that time-released transdermal drug delivery systems, including nitroglycerin ointments, may be kept with internal medications.

(c) Destruction of medications. 1. 'Time limit.' Unless otherwise ordered by a physician, a resident's ~~non unit packaged~~ medication not returned to the pharmacy for credit shall be destroyed within 72 hours of a physician's order discontinuing its use, the resident's discharge, ~~or~~ the resident's death or passage of its expiration date. No resident's medication ~~shall~~ may be held in the facility for more than 30 days, unless an order is written every 30 days to hold the medication.

~~2. 'Unit doses.'~~ Unit dose packaged medications may be returned to the issuing pharmacy for credit.

~~3-2.~~ 'Procedure.' Records shall be kept of all medications returned for credit. The destruction shall occur Any medication not returned for credit shall be destroyed in the facility and a record

of the destruction shall be witnessed, signed, and dated by 2 or more licensed personnel licensed or registered in the health field, and records of this destruction shall be kept .

4. 3. 'Remaining controlled substances.' ~~In addition,~~ Any controlled substance not returned for credit and remaining after the discontinuance of a physician's orders, or the discharge or death of the resident shall be inventoried on the appropriate U.S. drug enforcement agency form. One copy shall be sent to the U.S. drug enforcement agency and one copy shall be kept on file in the facility.

SECTION 38. HSS 132.66(1)(d) is amended to read:

HSS 132.66(1)(d) Physician's order. No services under this subsection may be provided without an order of a physician, except that services provided to intermediate nurse care residents may be provided under the order of a physician or physician extender.

SECTION 39. HSS 132.67(3) is amended to read:

HSS 132.67(3) DENTAL EXAMINATION OF RESIDENTS. Every resident shall have ~~an oral health assessment~~ a dental examination by a licensed dentist within 6 months after admission unless an oral dental examination has been performed within 6 months before admission. Subsequent oral dental health care shall be provided or arranged for the resident as needed.

SECTION 40. HSS 132.68(3)(a), (4)(a) and (5)(a) are amended to read:

HSS 132.68(3) ADMISSIONS. (a) Interviews. Before or at the time of admission, each resident ~~, with family members, and guardian, if any, or and any other persons~~ person designated by the resident or guardian, shall be interviewed.

(4) CARE PLANNING. (a) ~~Each resident shall receive~~ Within ~~two~~ 2 weeks after admission, an evaluation of ~~the resident's~~ social needs and potential for discharge shall be completed for each resident;

(5)(a) Referrals. If necessary, referrals for guardianship proceedings, or to appropriate agencies in cases of financial, psychiatric, restorative rehabilitative, or social problems which the facility cannot serve;

SECTION 41. HSS 132.69(2)(a) is amended to read:

HSS 132.69(2) STAFF. (a) Definition. "Qualified activities coordinator" means a person who :

1. In a skilled nursing facility, a person who:

1- a. Has a bachelor's degree with an emphasis in therapeutic recreation in recreation therapy and is eligible for registration as a therapeutic recreation specialist with the national therapeutic recreation society; or

2- b. Has 2 years of experience in a social or recreational program within the last 5 years, one year of which was full-time in a patient activities program in a health care setting; or

3- c. Is an occupational therapist or occupational therapy assistant who meets the requirements for certification by the American occupational therapy association; and

2. In an intermediate care facility, a staff member who is qualified by experience or training in directing group activity.

SECTION 42. HSS 132.69(2)(c) is repealed and recreated to read:

(c) Program staffing hours. Except as provided in par. (e), activities staff shall be employed to provide at least .46 total hours of activities staff time per resident each week.

Note: The required hours are the total time that activities staff must be on duty serving residents each week, not the time directed towards each resident.

SECTION 43. HSS 132.69(2)(e) is renumbered 132.69(2)(d).

SECTION 44. HSS 132.69(2)(d) and (f) are repealed.

SECTION 45. HSS 132.695 is created to read:

HSS 132.695 SPECIAL REQUIREMENTS FOR FACILITIES SERVING PERSONS WHO ARE DEVELOPMENTALLY DISABLED (1) SCOPE. The requirements in this section apply to all facilities that serve persons who are developmentally disabled.

(2) DEFINITIONS. In this section: (a) "Active treatment" means an ongoing, organized effort to help each resident attain his or her developmental capacity through the resident's regular participation, in accordance with an individualized plan, in a program of activities designed to enable the resident to attain the optimal physical, intellectual, social and vocational levels of functioning of which he or she is capable.

(b) "Interdisciplinary team" means the group of persons who are responsible for planning the program and delivering the services relevant to a developmentally disabled resident's care needs.

(c) "Qualified mental retardation professional" or "QMRP" means a person who has specialized training in mental retardation or at least one

year of experience in treating or working with mentally retarded persons and is one of the following:

1. A psychologist licensed under ch. 455, Stats.;
2. A physician;
3. A social worker with a bachelor's degree in social work from a program accredited by the council on social work education or a bachelor's degree in a field other than social work, and at least 3 years of social work experience under the supervision of a qualified social worker;
4. A physical or occupational therapist who meets the requirements of s. HSS 105.27 or 105.28;
5. A speech pathologist or audiologist who meets the requirements of s. HSS 105.30 or 105.31;
6. A registered nurse;
7. A therapeutic recreation specialist who is a graduate of an accredited program or who has a bachelor's degree in a specialty area such as art, dance, music, physical education or recreation therapy; or
8. A human services professional who has a bachelor's degree in a human services field other than a field under subd. 1 to 7, such as rehabilitation counseling, special education or sociology.

(3) ACTIVE TREATMENT PROGRAMMING. (a) All residents who are developmentally disabled shall receive active treatment. Active treatment shall include the following:

1. The resident's regular participation, in accordance with the total plan of care, in professionally developed and supervised activities, experiences and therapies which are directed toward:
 - a. The acquisition of developmental, behavioral, and social skills necessary for the client's maximum possible individual independence; or
 - b. For dependent clients where no further positive growth is demonstrable, the prevention of regression or loss of current optimal functional status; and
2. An individual post-institutionalization plan, as part of the total plan of care, developed before discharge by a qualified mental retardation professional and other appropriate professionals. This shall include provision for appropriate services, protective supervision and other follow-up services in the resident's new environment.

(b) Active treatment does not include the maintenance of generally independent residents who are able to function with little supervision or who require few if any of the significant active treatment services described in these standards.

(4) RESIDENT CARE PLANNING. (a) Interdisciplinary team. 1. The interdisciplinary team shall develop the individual resident's total plan of care.

2. Membership on the team may vary based on the resident's needs as determined by the preadmission evaluation, but shall include a qualified mental retardation professional, a nurse, a social worker, a psychologist, one or more staff members directly involved in the individual's care and, when appropriate, a physician and dentist.

3. The resident and family or guardian shall be encouraged to participate as members of the team, unless the resident objects to the participation by family members.

(b) Development and content of the total plan of care. 1. Within 30 days following the date of admission, the interdisciplinary team, with the participation of the personnel providing resident care, shall review the preadmission evaluation and physician's plan of care and develop a total plan of care based on the resident's history and the evaluation and assessment of resident needs by all relevant disciplines, including any physician's evaluations or orders.

2. Resident and family or guardian participation shall be encouraged unless the family's participation is objected to by the resident.

3. The total plan of care shall include:

a. A list of realistic measurable goals with specific priority listing and time limits for attainment;

b. Behavioral objectives for each goal which must be attained before the goal is considered attained;

c. A written statement of the methods or strategies for delivering care, for use by the staff providing care and by the professional and special services staff and other individuals involved in the resident's care, and of the methods and strategies for assisting the resident to attain new skills, with documentation of which professional disciplines or which personnel providing resident care are responsible for the needed care or services;

d. Evaluation procedures for determining whether the methods or strategies are accomplishing the care objectives; and

e. A written interpretation of the evaluation in terms of any specific supportive actions, if appropriate, to be undertaken by the resident's family or legal guardian and by appropriate community resources.

(c) Evaluation of care. 1. Special and professional services review.

a. The care provided by staff from each of the disciplines involved in the resident's treatment shall be reviewed by the professional responsible for monitoring delivery of the specific service.

b. Individual care plans shall be evaluated and updated at least quarterly by the interdisciplinary team, with more frequent updates if an individual's needs warrant it, and at least every 30 days by the QMRP to review goals.

c. Evaluation results and other necessary information obtained through the specialists' assessments shall be disseminated to other resident care staff as part of the total plan of care.

d. Documentation of the evaluation results, treatment objectives, plans and procedures, and continuing treatment progress reports shall be recorded in the resident's record.

2. Annual interdisciplinary review. The interdisciplinary team, personnel providing resident care and other relevant personnel shall review the total care plan and status of the resident annually and make program recommendations as indicated by developmental progress. The review shall consider at least the following:

a. The appropriateness of the individualized plan of care and the individual's progress toward meeting the plan objectives.

b. The advisability of continued residence, and recommendations for alternative programs and services; and

c. The advisability of guardianship and a plan for assisting the resident in the exercise of his or her rights.

3. Individual evaluation. Individual evaluations of residents shall:

a. Make use of tests and measurements uniformly accepted within the given profession, whenever these instruments are available;

b. Provide the basis for prescribing an appropriate program of training experiences for the resident;

c. Provide written training and habilitation objectives for each resident that are based upon complete and relevant diagnostic and prognostic data and that are stated in terms that permit the progress of each resident to be assessed; and

d. Provide evidence of services designed to meet the training and habilitation objectives for each resident.

(d) Implementation. Progress notes shall reflect the treatment and services provided to meet the goals stated in the plan of care.

SECTION 46. HSS 132.71(1)(e), (2)(a) and (3) are amended to read:

HSS 132.71(1)(e) Window coverings. Every window shall be supplied with flame-retardant shades, draw drapes or other ~~devices or~~ covering material or devices which, when properly used and maintained, shall afford privacy and light control for the resident.

(2)(a) Each resident. ~~If required by the resident's~~ When a resident because of his or her condition needs a each resident shall be provided individual mouthwash ~~cup~~ cup, a wash basin, ~~a soap dishes dish~~, a bedpan, an emesis basin, ~~and~~ or a standard urinal and cover, that item shall be provided to the resident. ~~Such equipment~~ This equipment shall ~~may not be~~ interchanged between residents until it is effectively washed and sanitized.

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

SECTION 47. HSS 132.72(2)(b), (c) and (e) and (6)(b) (title) and (c) are amended to read:

HSS 132.72(2)(b) Floors. Floors and carpeting shall be kept clean. Polishes on floors shall provide a nonslip finish. Carpeting or any other material covering the floors that is are worn, damaged, contaminated, or badly soiled shall be replaced.

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

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

(6)(b) (title) Provision of services.

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

SECTION 48. HSS 132.81(2) is repealed and recreated to read:

HSS 132.81(2) DEFINITIONS. The definitions in the applicable life safety code required under s. HSS 132.82 apply to this subchapter. In addition, in this subchapter:

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

(b) "Period A facility" means a facility or a portion of a facility which, before July 1, 1964, was either licensed as a nursing home or had the plans approved by the department; a county home or county mental hospital approved under former ch. PW 1 or ch. PW 2 before July 1, 1964, which is to be converted to nursing home use; a hospital approved under ch. H 24 [HSS 124] before July 1, 1964, which is to be converted to nursing home use; or any other recognized inpatient care facility in operation before July 1, 1964, to be converted to nursing home use.

(c) "Period B facility" means a facility or a portion of a facility the plans for which were approved by the department on or after July 1, 1964, but no later than December 1, 1974; a county home or county mental hospital approved under former ch. PW 1 or ch. PW 2, on or after July 1, 1964 but no later than December 1, 1974, which is to be converted for nursing home use; a hospital formerly approved under ch. H 24 [HSS 124] on or after July 1, 1964, but no later than December 1, 1974, which is to be converted to nursing home use; or any other recognized inpatient care facility in operation on or after July 1, 1964, but no later than December 1, 1974, which is to be converted to nursing home use.

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

SECTION 49. HSS 132.82(1) and (2) are repealed and recreated to read:

HSS 132.82 LIFE SAFETY CODE. (1) 1967 CODE. Facilities with construction plans first approved by the department prior to June 1, 1976, shall meet the applicable provisions of either the 21st edition (1967) or 23rd edition (1973) of the Life Safety Code. (See Table 132.82).

(2) 1973 CODE. Facilities with construction plans first approved by the department on or after June 1, 1976, but before November 26, 1982, shall meet the applicable provisions of the 23rd edition (1973) of the Life Safety Code. (See Table 132.82).

SECTION 50. HSS 132.82(3) is renumbered 132.82(4).

SECTION 51. HSS 132.82(3) is created to read:

HSS 132.82(3) 1981 CODE. Facilities with construction plans first approved by the department on or after November 26, 1982, shall meet the applicable provisions of the 25th edition (1981) of the Life Safety Code. (See Table 132.82).

SECTION 52. HSS 132.82(4) is repealed.

SECTION 53. HSS 132.82(5) is renumbered 132.82(6).

SECTION 54. HSS 132.82(5) is created to read:

HSS 132.82(5) APPLICABLE CODES. The applicable provisions of the life safety codes required by subs. (1), (2) and (3) shall apply to facilities as follows:

TABLE 132.82
LIFE SAFETY CODE REQUIREMENTS

Facility Type and Age	1967 NFPA 101 Life Safety Code		1973 NFPA 101 Life Safety Code		1981 NFPA 101 Life Safety Code	
	(Existing)	(New)	(Existing)	(New)	(Existing)	(New)
<u>Skilled Care</u>						
Plans approved prior to October 28, 1971	X		0		0	
Plans approved on or after Oct. 28, 1971, but prior to June 1, 1976		X	0		0	
Plans approved on or after June 1, 1976, but prior to Nov. 26, 1982				X	0	
Plans approved on or after November 26, 1982						X
<u>Intermediate Care</u>						
Plans approved prior to March 17, 1974	X		0		0	
Plans approved on or after March 17, 1974, but prior to June 1, 1976		X	0		0	
Plans approved on or after June 1, 1976, but prior to Nov. 26, 1982		X		0	0	
Plans approved on or after November 26, 1982						X

X = Standard requirements apply.

0 = Alternate requirements which may be substituted for standard requirements at the option of the facility.

SECTION 55. HSS 132.83(3)(c)1, (4) (title), (5)(e) and (f) (intro.), (6)(b), and (7)(a), (f), (g) and (j)2 are amended to read:

HSS 132.83(3)(c) Locks. 1. Exit doors from the building and from nursing areas and wards ~~shall~~ may not be hooked or locked to prevent exit from the inside, unless this is authorized by under s. HSS 132.33.

Note: Written approval to lock exits must also be obtained from the department of industry, labor and human relations in accordance with ss. ILHR 51.15(3) and 58.20.

(4) (title) EMERGENCY POWER.

(5)(e) Vertical exit stairways. ~~All required exit stairways~~ At least one interior exit stairway shall provide be provided so that an enclosed protected path of at least one-hour fire-resistive construction is available for occupants to proceed with safety to the exterior of the facility.

(f) Fire escapes. (intro.) In period A and period B facilities, outside fire escapes are permitted as one of the ~~required~~ means of egress if they meet all of the following requirements:

(6)(b) Period C. All period C facilities shall have automatic sprinkler protection throughout all buildings. In the event of an addition to, or remodeling of, a period A or B facility, the entire facility shall have automatic sprinkler protection throughout ~~the building~~ unless there is a ~~two-hour~~ 2-hour fire-rated partition wall between the old and new construction, in which case only the new or remodeled area shall be sprinklered.

(7) MECHANICAL SYSTEMS. (a) Water supply. 1. A potable water supply shall be maintained at all times. If a public water supply is available, it shall be used. If a public water supply is not available, the well or wells shall comply with ~~applicable state law~~ ch. NR 112.

2. An adequate supply of hot water shall be available at all times. The temperature of hot water at plumbing fixtures used by residents shall be automatically regulated by control valves and shall may not exceed 110° F. (43° C.) and shall be automatically regulated by control valves or by another approved device.

(f) Telephone. There shall be at least one operational non-pay telephone on the premises and ~~such~~ as many additional telephones as are deemed necessary in an emergency or required by s. HSS 132.84(3).

(g) General lighting. 1. Adequate lighting ~~without high brightness, glare, and reflecting surfaces that produce discomfort~~ shall be provided in all areas of the facility. Lighting shall be of a type that does not

produce discomfort due to high brightness, glare or reflecting surfaces.
No candles, oil lanterns, and or other open flame methods method of
illumination shall not may be used.

(j)2. In period B and C facilities:

a. At least one duplex-type outlet shall be provided for every resident's bed; and

b. Silent-type wall switches shall be provided.

SECTION 56. HSS 132.84(3)(b)2 and (13)(c) are amended to read:

HSS 132.84(3)(b)2 ~~Except for facilities licensed only for personal care, each~~ Each period A facility shall have a well-illuminated medication preparation area, equipped with a sink and hot and cold running water.

(13)(c) ~~Rooms for rehabilitative services. If the home provides restorative services, rooms~~ Rooms for rehabilitative services shall be of sufficient size to accommodate necessary equipment and facilitate the movement of disabled residents. Lavatories and toilets designed for use by wheelchair residents shall be provided in ~~examination~~ these rooms.

SECTION 57. HSS 132.84(15) and (16) are renumbered 132.84(16) and (17).

SECTION 58. HSS 132.84(15) is created to read:

HSS 132.84(15) MIXED OCCUPANCY. Rooms or areas within the facility may be used for occupancy by individuals other than residents and facility staff if the following conditions are met:

(a) The use of these rooms does not interfere with the services provided to the residents; and

(b) The administrator takes reasonable steps to ensure that the health, safety and rights of the residents are protected.

2157/127

The repeals and rules contained in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, as provided in s. 227.22(2), Stats.

Wisconsin Department of Health and
Social Services

Dated: December 11, 1986

By: 

Linda Reivitz
Secretary

SEAL:



State of Wisconsin \ DEPARTMENT OF HEALTH AND SOCIAL SERVICES
1 West Wilson Street, Madison, Wisconsin 53702

Anthony S. Earl
Governor

Linda Reivitz
Secretary

December 11, 1986

Mailing Address:
Post Office Box 7850
Madison, WI 53707

Mr. Orlan Prestegard
Revisor of Statutes
9th Floor - 30 on the Square
Madison, Wisconsin 54702

Dear Mr. Prestegard:

As provided in s. 227.20, Stats., there is hereby submitted a certified copy of HSS 132, administrative rules relating to nursing homes.

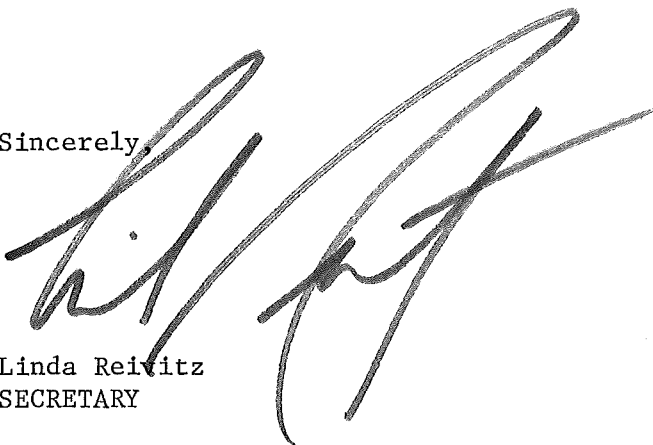
These rules are also being submitted to the Secretary of State as required by s. 227.20, Stats.

RECEIVED

DEC 12 1986

Revisor of Statutes
Bureau

Sincerely,


Linda Reivitz
SECRETARY

Enclosure