Chapter HSS 132

NURSING HOMES

Note: Chapter H 32 as it existed on July 31, 1982 was repealed and a new chapter HSS 132 was created effective August 1, 1982.

SUBCHAPTER I—GENERAL

HSS 132.11 Statutory authority. This chapter is promulgated under the authority of s. 50.02, Stats., to provide conditions of licensure for nursing homes.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.12 Scope of rule. All nursing homes licensed under s. 50.03, Stats., are subject to all the provisions of this chapter, except for those provisions that apply only to particular licensure categories, and except for those nursing homes regulated by ch. H 34 [HSS 134], Wis. Adm. Code. Nursing homes include those owned and operated by the state, counties, municipalities, or other public bodies.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.13 Definitions. As used 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) "Department" means the Wisconsin department of health and social services.

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

(a) Is eligible for registration as a dietitian by the American dietetic association under its requirements in effect on January 17, 1974; 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.

(4) "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.

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

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

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

(8) "Intermediate nursing care" means basic care including physical, emotional, social and other restorative services under periodic medical supervision. This nursing care requires the skill of the registered nurse in administration, including observation and recording of reactions and symptoms, and 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.

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

(10) "Limited nursing care" means a simple nursing care procedure 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 shall be under the direction of a registered nurse. Supervision of the physical, emotional, social, and restorative needs of the resident shall be the responsibility of the appropriate medical and para-medical disciplines serving under the direction of a physician.

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

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

(13) "Personal care" means personal assistance, supervision, and a suitable activities program.

(a) Provisions are made for periodic medical supervision and other medical services as needed. Such services are for individuals who do not need nursing care but do need the services provided by this type of facil-

ity in meeting their needs. Examples of such individuals are those referred from institutions for the mentally handicapped, 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.

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

(e) Activity programs, embracing a wide variety of activities to meet individual needs, receive a major emphasis.

(14) "Personal care facility" means a nursing home which is licensed by the department to provide personal care.

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

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

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

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

(19) "Resident" means a person who has been admitted to a facility.

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

(21) (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 such 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.

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.

(22) "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.

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

(24) "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.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

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

(a) Skilled nursing facility;

(b) Intermediate care facility; or

(c) Personal care facility.

(2) PERSONAL CARE TERMINATION. (a) As of the effective date of this chapter, no new personal care facility licenses shall be issued by the department.

(b) For all personal care facilities licensed as of the effective date of this chapter, the department shall cease to issue license renewals beginning January 1, 1984.

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

(b) The license shall state any applicable restrictions, including but not limited to the following: maximum bed capacity, level of care that may be provided, or any other limitations that the department may consider appropriate and necessary taking all facts and circumstances into account.

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

(4) REQUIREMENTS FOR LICENSURE. (a) In every application submitted, the license applicant shall provide the following types of information:

1. Identity 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. Identity 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. Identity of all creditors holding a security interest in the premises, whether land or building.

4. In the case of a change of ownership, disclosure of any relationship or connection between the old licensee and the new licensee, or 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 for licensure shall also 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 it has sufficient resources to permit operation of the facility for a period of 6 months.

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

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.15 Certification for medical assistance. For requirements for certification under the medical assistance program, see ch. HSS 105.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

SUBCHAPTER II—ENFORCEMENT

HSS 132.21 Waivers and variances. (1) DEFINITIONS. As used in this section:

(a) "Waiver" means the grant of an exemption from a requirement of this chapter.

(b) "Variance" means the granting of an alternate requirement in place of a requirement of this chapter.

(2) REQUIREMENTS FOR WAIVERS OR VARIANCES. A waiver or variance may be granted if the department finds that the waiver or variance will not adversely affect the health, safety, or welfare of any resident and that:

(a) Strict enforcement of a requirement would result in unreasonable hardship on the facility or on a resident; or

(b) An alternative to a rule, including new concepts, methods, procedures, techniques, equipment, personnel qualifications, or the conducting of pilot projects, is in the interests of better care or management.

(3) PROCEDURES. (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;

e. Justification that sub. (2) would be satisfied.

2. Requests for a waiver or variance may be made at any time.

3. The department may require additional information from the facility prior to acting on the request.

(b) *Grants and denials.* 1. The department shall grant or deny each request for waiver or variance in writing. Notice of denials shall contain the reasons for denial. If a notice of denial is not issued within 60 days after the receipt of a complete request, the waiver or variance shall be automatically approved.

2. The terms of a requested variance may be modified upon agreement between the department and a facility.

3. The department may impose such conditions on the granting of a waiver or variance which it deems necessary.

4. The department may limit the duration of any waiver or variance.

(c) *Hearings.* 1. Denials of waivers or variances may be contested by requesting a hearing as provided by ch. 227, Stats.

2. The licensee shall sustain the burden of proving that the denial of a waiver or variance was unreasonable.

(d) *Revocation.* The department may revoke a waiver or variance if:

1. It is determined that the waiver or variance is adversely affecting the health, safety, or welfare of the residents; or

2. The facility has failed to comply with the variance as granted; or

3. The licensee notifies the department in writing that it wishes to relinquish the waiver or variance and be subject to the rule previously waived or varied; or

4. Required by a change in law.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

SUBCHAPTER III—RESIDENTS' RIGHTS AND PROTECTIONS

HSS 132.31 Rights of residents. (1) RESIDENTS' RIGHTS. Every resident shall, except as provided in sub. (4), have the right to:

(a) *Communications.* Have private and unrestricted communications with the resident's family, physician, attorney and any other person, unless medically contraindicated as documented by the resident's physician in the resident's medical record, except that communications with public officials or with the resident's attorney shall not be restricted in any event. The right to private and unrestricted communications shall include, but is not limited to, the right to:

1. Receive, send, and mail sealed, unopened correspondence. No resident's incoming or outgoing correspondence may be opened, delayed, held, or censored, except that a resident or guardian may direct in writing that specified incoming correspondence be opened, delayed, or held.

2. Use a telephone for private communications.

3. Have private visits, pursuant to a reasonable written visitation policy.

(b) *Grievances.* Present grievances on one's own behalf or through others to the facility's staff or administrator, to public officials or to any other person without justifiable fear of reprisal, and join with other residents or individuals within or outside of the facility to work for improvements in resident care.

(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 requirements of this paragraph.

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 such action in writing.

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 promptly furnish a resident or guardian, upon written request, with a statement of all funds and properties held by the facility for the resident and all expenditures made from the resident's account. If the resident has authorized discretionary expenditures by the facility, and the facility has accepted responsibility for such expenditures, the statement required by this subdivision shall be issued monthly.

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

1. 'Terms'. No resident shall be admitted to a facility without a signed acknowledgement of having received a statement of information before or on the day of admission which includes at least the following:

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

b. All additional services offered, and the fees charged for each;

c. Method for notification of change of rates or fees;

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

e. Terms of 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. The availability of storage space for personal effects; and

h. Notification of resident's rights required by this section and all rules and regulations governing resident conduct and responsibilities.

2. 'Consistency with rules'. No statement of admission information may negate any part of this chapter.

(e) *Treatment.* Be treated with courtesy, respect, and full recognition of one's dignity and individuality by all employes of the facility and by all licensed, certified, and registered providers of health care and pharmacists with whom the resident comes in contact.

(f) *Privacy.* Have physical and emotional privacy in treatment, living arrangements, and in caring for personal needs, including, but not limited to:

1. Privacy for visits by spouse. If both spouses are residents of the same facility, they shall be permitted to share a room unless medically contraindicated as documented by the resident's physician in the resident's medical record.

Note: See s. HSS 132.84 (1) (a).

2. Privacy concerning health care. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discreetly. Persons not directly involved in the resident's care shall require the resident's permission to authorize their presence.

3. Confidentiality of health and personal records, and the right to approve or refuse their release to any individual outside the facility, except in the case of the resident's transfer to another facility or as required by law or third-party payment contracts.

(g) *Work.* Not be required to perform work for the facility, but may work for the facility if:

1. The work is included for therapeutic purposes in the resident's plan of care; and

2. The work is ordered by the resident's physician and does not threaten the health, safety, or welfare of the resident or others.

(h) *Outside activities.* Meet with and participate in activities of social, religious, and community groups at the resident's discretion, unless medically contraindicated as documented by the resident's physician in the resident's medical record.

(i) *Personal possessions.* Retain and use personal clothing and effects and to retain, as space permits, other personal possessions in a reasonably secure manner.

(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 such transfer or discharge, except when there is a medical emergency. The facility, agency, program, or person to which the resident is to be transferred must have accepted the resident for transfer, except when the resident is removed for nonpayment of charges pursuant to s. HSS 132.53 (2) (b) 1.

Note: See s. 132.53.

(k) *Abuse and restraints.* Be free from mental and physical abuse, and be free from chemical and physical restraints except as authorized in writing by a physician for a specified and limited period of time and documented in the resident's medical record. Physical restraints may be used in an emergency when necessary to protect the resident from injury to himself or herself or others or to property. However, authorization for continuing use of the physical restraints shall be secured from a physician within 12 hours. Any use of physical restraints shall be noted in the resident's medical records. "Physical restraint" includes, but is not limited to, any article, device, or garment which interferes with the free movement of the resident and which the resident is unable to remove easily, and confinement in a locked room.

Note: See ss. HSS 132.33, 132.43, and 132.60 (6).

(l) *Care.* Receive adequate and appropriate care within the capacity of the facility.

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

(n) *Care planning.* Be fully informed of one's treatment and care and participate in the planning of that treatment and care.

(o) *Religious activity.* Participate in religious activities and services, and meet privately with clergy.

(2) INCOMPETENCE. If the resident is adjudged to be incompetent 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) NOTIFICATION OF RIGHTS. Each facility shall make available a copy of the rights and responsibilities established under this section and the facility's rules to each prospective resident and to that person's guardian, if any, at or before the time of admission to the facility, and to each member of the facility's staff. The rights, responsibilities, and rules shall be posted in a prominent place in each facility. Each facility shall encourage and assist residents to exercise their rights as residents and citizens and shall provide appropriate staff training to implement each resident's rights established under this section.

(4) CORRECTIONS CLIENTS. Rights established under this section shall not, except as determined by the department, be applicable to residents in such facilities if the resident is in the legal custody of the department and is a correctional client in such facility.

(5) COMPLAINTS. (a) *Filing complaints.* Any person may file a complaint with a licensee or the department regarding the operation of a facility. Complaints may be made orally or in writing.

(b) *Reviewing complaints.* Each facility shall establish a system of reviewing complaints and allegations of violations of residents' rights established under this section. The facility shall designate a specific individual who, for the purpose of effectuating this section, shall report to the administrator.

(c) *Reporting complaints.* Allegations that residents' rights have been violated by persons licensed, certified or registered under chs. 441, 446 to 450, 455, and 456, Stats., shall be promptly reported by the facil-

ity to the appropriate licensing or examining board and to the person against whom the allegation has been made. Any employe of the facility and any person licensed, certified, or registered under chs. 441, 446 to 450, 455 or 456, Stats., may also report such allegations to the board.

(d) *Liability.* No person who files a report as required in par. (c) or who participates, in good faith, in the review system established under par. (b) shall be liable for civil damages for such acts, in accordance with s. 50.09 (6) (c), Stats.

(e) *Summary of complaints.* The facility shall attach a statement which summarizes complaints or allegations of violations of rights established under this section to an application for a new license or a renewal of its license. Such statement shall contain the date of the complaint or allegation, the names of the persons involved, the disposition of the matter, and the date of disposition. The department shall consider the statement in reviewing the application.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.32 Community organization access. (1) ACCESS. (a) In this section, "access" means the right to:

1. Enter any facility;

2. Seek a resident's agreement to communicate privately and without restriction with the resident;

3. Communicate privately and without restriction with any resident who does not object to communication; and

4. Inspect the health care and other records of a resident under ss. 146.81 through 146.83, Stats. Access does not include the right to examine the business records of the facility without the consent of the administrator or designee.

(b) Any employe, agent, or designated representative of a community legal services program or community service organization who meets the requirements of sub. (2) shall be permitted access to any facility whenever visitors are permitted by the written visitation policy referred to in s. HSS 132.31 (1) (a) 3., but not before 8:00 a.m., nor after 9:00 p.m.

(2) CONDITIONS. (a) The employe, agent, or designated representative shall, upon request of the facility's administrator or administrator's designee, present valid and current identification signed by the principal officer of the agency, program, or organization represented, and evidence of compliance with par. (b).

(b) Access shall be granted for visits which are consistent with an express purpose of an organization which is currently registered with the state board on aging and long term care or purpose of which is to:

1. Visit, talk with, or offer personal, social, and legal services to any resident; or obtain information from the resident about the facility and its operations;

2. Inform residents of their rights and entitlements and their corresponding obligations under federal and state law, by means of educational materials and discussions in groups or with individual residents;

3. Assist any resident in asserting legal rights regarding claims for public assistance, medical assistance and social security benefits, and in all other matters in which a resident may be aggrieved; or

4. Engage in any other method of advising and representing residents so as to assure them full enjoyment of their rights.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.33 Housing residents in locked units. (1) DEFINITIONS. As used in this section:

(a) "Locked unit" means a ward, wing, or other space in a facility which is secured in any 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.

(b) "Consent" means a written, signed request given without duress by a resident capable of understanding the nature of the locked unit, the circumstances of one's condition, and the meaning of the consent to be given.

(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.

Note: For requirements relating to the use of physical and chemical restraints, including locked rooms, see s. HSS 132.60 (6).

(3) COURT PLACEMENT. (a) If a resident does not give consent, a resident may be housed in a locked unit only pursuant to a court order, except in an emergency governed by sub. (5).

(b) All placements in locked units shall be consistent with the court orders.

(4) CONSENT. (a) A resident may give consent to reside in a locked unit.

(b) The consent of par. (a) shall be effective only for 90 days from the date of the consent, unless revoked pursuant to par. (c). Consent may be renewed for 90-day periods pursuant to this subsection.

(c) The consent of par. (a) may be revoked by the resident at any time. The resident shall be transferred to an unlocked unit promptly following revocation.

(5) EMERGENCIES. In an emergency, a resident may be confined in a locked unit if necessary to protect the resident or others from injury or to protect property, provided the facility immediately attempts to notify the physician for instructions. A physician's order for the confinement

must be obtained within 12 hours. No resident may be confined for more than an additional 72 hours under order of the physician.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

SUBCHAPTER IV—MANAGEMENT

HSS 132.41 Administrator. (1) STATUTORY REFERENCE. Section 50.04 (2), Stats., requires that a nursing home be supervised by an administrator licensed under ch. 456, Stats. Supervision shall include, but not be limited to, taking all reasonable steps to provide qualified personnel to assure the health, safety, and rights of the residents.

(2) FULL-TIME ADMINISTRATOR. Every nursing home shall be supervised full-time by an administrator licensed under ch. 456, Stats., except:

(a) *Multiple facilities.* If more than one nursing home or other licensed health care facility is located on the same or contiguous property, one full-time administrator may serve all the facilities;

(b) *Small homes.* A facility licensed for 50 beds or less shall employ an administrator for at least 4 hours per day on each of 5 days per week. No such administrator shall be employed in more than 2 nursing homes or other health care facilities.

(3) ABSENCE OF ADMINISTRATOR. A person present in and competent to supervise the facility shall be designated to be in charge whenever there is not an administrator in the facility, and shall be identified to all staff.

(4) CHANGE OF ADMINISTRATOR. (a) *Termination of administrator.* Except as provided in par. (b), no administrator shall be terminated unless recruitment procedures are begun immediately.

(b) *Replacement of administrator.* If it is necessary immediately to terminate an administrator, or if the licensee loses an administrator for other reasons, a replacement shall be employed or designated as soon as possible within 120 days of the vacancy.

(c) *Temporary replacement.* During any vacancy in the position of administrator, the licensee shall employ or designate a person competent to fulfill the functions of an administrator.

(d) *Notice of change of administrator.* When the licensee loses an administrator, the licensee shall notify the department within 2 working days of such loss and provide written notification to the department of the name and qualifications of the person in charge of the facility during the vacancy; and the name and qualifications of the replacement administrator, when known.

Note: See s. 50.04 (2), Stats.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.42 Employes. (1) DEFINITION. In this section, "employe" means anyone directly employed by the facility on other than a consulting or contractual basis.

(2) QUALIFICATIONS AND RESTRICTIONS. No person under 16 years of age shall be employed to provide direct care to residents. An employe

less than 18 years of age who provides direct care to residents must work under the direct supervision of a nurse.

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

(b) *Continuing employes.* Employes shall be retested for tuberculosis infection based on the prevalence of tuberculosis in the community and the likelihood of exposure to tuberculosis in the facility.

(c) *Non-employes.* Persons who reside in the facility but are not residents or employes, such as relatives of the facility's owners, shall obtain physician certifications as required of employes.

(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.

(5) VOLUNTEERS. Facilities may use volunteers provided that the volunteers receive the orientation and supervision necessary to assure resident health, safety, and welfare.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.43 Abuse of residents. (1) CONSIDERATE CARE AND TREATMENT. Residents shall receive considerate care and treatment at all times consistent with s. 50.09 (1) (e), Stats.

(2) RESIDENT ABUSE. No one may abuse a resident.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.44 Employe development. (1) NEW EMPLOYES. (a) *Orientation for all employes.* Except in an emergency, before performing any duties, each new employe, including temporary help, shall receive appropriate orientation to the facility and its policies, including, but not limited to, policies relating to fire prevention, accident prevention, and emergency procedures. All employes shall be oriented to residents' rights under s. HSS 132.31 and to their position and duties by the time they have worked 30 days.

(b) *Training.* Except for nurses, all employes who provide direct care to residents shall be trained through:

1. A training program given by a registered nurse;

2. A program offered by a hospital or health agency;

3. A course of study in a vocational school;

4. The American Red Cross course for nursing assistants in nursing homes; or

5. A program approved by the department.

(c) *Assignments.* Employes shall be assigned only to resident care duties consistent with their training.

(2) CONTINUING EDUCATION. (a) *Nursing inservice.* Educational programs shall be held for, or offered to, all employes who provide direct care to residents. These programs shall be designed to develop and improve the skills 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 mentally retarded residents, if any.

(b) *Dietary inservice.* Educational programs shall be held periodically for dietary staff, and shall include instruction in the proper handling of food, personal hygiene and grooming, and nutrition and modified diet patterns served by the facility.

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

Note: For recordkeeping requirements for all orientation and inservice programs, see s. HSS 132.45 (6) (f).

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

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

(2) PERSONNEL RECORDS. A separate record of each employe shall be maintained, be kept current, and contain sufficient information to support assignment to the employe's current position and duties.

(3) MEDICAL RECORDS—STAFF. (a) *Timeliness.* Duties relating to medical records shall be completed in a timely manner.

(b) *Skilled care facilities.* 1. Each skilled care facility shall designate a full-time employe of the facility as the person responsible for the medical record service, who:

a. Is a graduate of a school of medical record science that is accredited jointly by the council on medical education of the American medical association and the American medical record association; or

b. Receives regular consultation as appropriate from a person qualified under subd. 1.a. Such consultation shall not be substituted for the routine duties of staff maintaining records.

2. The records consultant under subd. 1.b. shall evaluate the records and records service, identify problem areas, and submit written recommendations for change to the administrator.

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

(4) MEDICAL RECORDS—GENERAL. (a) *Unit record.* A unit-record shall be maintained for each resident and day care client.

(b) *Indexes.* 1. A master resident index shall be maintained.

2. A disease index shall be maintained which indexes medical records at least by final diagnosis.

(c) *Maintenance.* The facility shall safeguard medical records against loss, destruction, or unauthorized use, and shall provide adequate space and equipment to efficiently review, index, file, and promptly retrieve the medical records.

(d) *Retention and destruction.* 1. The medical record shall be completed and stored within 60 days following a resident's discharge or death.

2. An original medical record and legible copy or copies of court orders or other documents, if any, authorizing another person to speak or act on behalf of this resident shall be retained for a period of at least 5 years following a resident's discharge or death. All other records required by this chapter shall be retained for a period of at least 2 years.

3. Medical records no longer required to be retained under subd. 2. may be destroyed, provided:

a. The confidentiality of the information is maintained; and

b. The facility permanently retains at least identification of the resident, final diagnosis, physician, and dates of admission and discharge. This may be achieved by way of the indexes required by par. (b).

4. A facility shall arrange for the storage and safekeeping of records for the periods and under the conditions required by this paragraph in the event the facility closes.

5. If the ownership of a facility changes, the medical records and indexes shall remain with the facility.

(e) *Records documentation.* 1. All entries in medical records shall be legible, permanently recorded, dated, and authenticated with the name and title of the person making the entry.

2. A rubber stamp reproduction of a person's signature may be used instead of a handwritten signature, if:

a. The stamp is used only by the person whose signature the stamp replicates; and

b. The facility possesses a statement signed by the person, certifying that only that person shall possess and use the stamp.

3. Symbols and abbreviations may be used in medical records if approved by a written facility policy which defines the symbols and abbreviations and which controls their use.

(5) MEDICAL RECORDS—CONTENT. Each resident's medical record shall contain:

(a) *Identification and summary sheet.*

(b) *Physician's documentation.* 1. An admission medical evaluation by a physician, including:

a. A summary of prior treatment;

b. Current medical findings;

c. Diagnoses at the time of admission to the facility;

d. The resident's rehabilitation potential;

e. The results of the physical examination required by s. HSS 132.52 (2); and

f. Level of care;

2. All physician's orders including, when applicable, orders concerning:

a. Admission to the facility as required by s. HSS 132.52 (1) (a);

b. Medications and treatments as specified by s. HSS 132.60 (5);

c. Diets as required by s. HSS 132.63 (4);

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

e. Limitations on activities;

f. Restraint orders as required by s. HSS 132.60 (6); and

g. Discharge or transfer as required by s. HSS 132.53;

3. Physician progress notes following each visit as required by s. HSS 132.61 (2) (b) 5;

4. Annual physical examination, if required; and

5. Alternate visit schedule, and justification for such alternate visits as described in s. HSS 132.61 (2) (b).

(c) *Nursing service documentation.* 1. A history and assessment of the resident's nursing needs as required by s. HSS 132.52 (4);

2. Initial care plan as required by s. HSS 132.52 (3), and the care plan required by s. HSS 132.60 (8);

3. Nursing notes are required as follows:

a. For residents requiring skilled care, a narrative nursing note shall be required as often as needed to document the resident's condition, but at least weekly; and

b. For residents not requiring skilled care, a narrative nursing note shall be required as often as needed to document the resident's condition, but at least every other week;

4. In addition to subds. 1., 2., and 3., nursing documentation describing:

a. The general physical and mental condition of the resident, including any unusual symptoms or actions;

b. All incidents or accidents including time, place, details of incident or accident, action taken, and follow-up care;

c. The administration of all medications (see s. HSS 132.60 (5) (d)), the need for PRN medications and the resident's response, refusal to

take medication, omission of medications, errors in the administration of medications, and drug reactions;

d. Food and fluid intake, when the monitoring of intake is necessary;

e. Any unusual occurrences of appetite or refusal or reluctance to accept diets;

f. Summary of restorative nursing measures which are provided;

g. Summary of the use of physical and chemical restraints as required by s. HSS 132.60 (6) (g);

h. Other non-routine nursing care given;

i. The condition of a resident upon discharge; and

j. The time of death, the physician called, and the person to whom the body was released.

(d) *Social service records.* 1. A social history of the resident as required by s. HSS 132.52 (5); and

2. Notes regarding pertinent social data and action taken.

(e) *Activities records.* Documentation of activities programming, a history and assessment as required by s. HSS 132.52 (5), a summary of attendance, and quarterly progress notes.

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

2. Progress notes detailing treatment given, evaluation, and progress.

(g) *Dietary assessment.* Record of the dietary assessment required by s. HSS 132.52 (5).

(h) *Dental services.* Records of all dental services.

(i) *Diagnostic services.* Records of all diagnostic tests performed during the resident's stay in the facility.

(j) *Plan of care.* Plan of care required by s. HSS 132.60 (8).

(k) *Discharge or transfer information.* Documents, prepared upon a resident's discharge or transfer from the facility, summarizing, when appropriate:

1. Current medical findings and condition;

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;

8. Needed continued care and instructions; and

9. An accounting of all funds as required by s. HSS 132.31 (1) (c) 3.

(6) OTHER RECORDS. The facility shall retain:

(a) *Dietary records.* All menus and therapeutic diets;

(b) *Staffing records.* Records of staff work schedules and time worked;

(c) *Safety tests.* Records of tests of fire detection, alarm, and extinguishment equipment;

(d) *Resident census.* At least a weekly census of all residents, indicating numbers of residents requiring each level of care;

(e) *Professional consultations.* Documentation of professional consultations by:

1. A dietitian, if required by s. HSS 132.63 (2) (b);

2. A registered nurse, if required by s. HSS 132.62 (2) (d); and

3. Others, as may be used by the facility;

(f) *Inservice and orientation programs.* Subject matter, instructors and attendance records of all inservice and orientation programs;

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

(h) *Court orders.* Copies of court orders or other documents, if any, authorizing another person to speak or act on behalf of the resident.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

SUBCHAPTER V—ADMISSIONS, RETENTIONS AND REMOVALS

HSS 132.51 Limitations on admissions and programs. (1) LICENSE LIMITATIONS. (a) *Bed capacity.* No facility may house more residents than the maximum bed capacity for which it is licensed. Persons participating in a day care program are not residents for purposes of this chapter.

(b) *Care levels.* 1. No person who requires care greater than that which the facility is licensed to provide shall be admitted to the facility.

2. No resident whose condition changes to require care greater than that which the facility is licensed to provide shall be retained.

(c) *Other conditions.* The facility shall comply with all other conditions of the license.

(2) OTHER LIMITATIONS ON ADMISSIONS. (a) *Persons requiring unavailable services.* Persons who require services which the facility does not provide or make available shall not be admitted or retained.

(b) *Communicable diseases.* 1. 'Restriction.' No person suspected of having a disease in a communicable state shall be admitted, unless the facility has the means to manage the condition as provided by subd. 2.

2. 'Isolation techniques.' Persons suspected of having a disease in a communicable state shall be managed substantially according to *Isola-*

tion Techniques for Use in Hospitals, published by the U.S. department of health and human services, public health services, center for disease control, or with comparable methods.

3. 'Reportable diseases.' Suspected diseases reportable by law shall be reported to the local public health agency and the division of health, bureau of community health and prevention.

Note: For a copy of a list of communicable diseases requiring reports or for references regarding manuals for infection control, write the bureau of community health and prevention, P.O. Box 309, Madison, WI 53701.

(c) *Destructive residents.* Residents who are known to be destructive of property, self-destructive, disturbing or abusive to other residents, or suicidal, shall not be admitted or retained, unless the facility has and uses sufficient resources to appropriately manage and care for them.

(d) *Mental retardation.* 1. Persons whose primary disabling diagnosis is mental retardation shall be admitted only on the order of a physician and, if a resident of this state, on the recommendation of the community board established under s. 51.42, Stats., the community developmental disabilities services board established under s. 51.437, Stats., or human services board established under s. 46.23, Stats., whichever is responsible for the resident.

2. No person whose primary disabling diagnosis is mental retardation shall be admitted unless the department has approved the program statement required by sub. (3).

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

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

a. A statement from the referring physician stating the medical, nursing, rehabilitation, and special services required by the minor;

b. A statement from the administrator certifying that the required services can be provided;

c. A statement from the attending physician certifying that the physician will be providing medical care; and

d. A statement from the persons or agencies assuming financial responsibility.

(f) *Admissions 7 days a week.* No facility may refuse to admit new residents solely because of the day of the week.

(3) PROGRAM STATEMENT FOR MENTALLY RETARDED RESIDENTS. (a) *Approval.* Each facility proposing to serve residents whose primary disabling diagnosis is mental retardation 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 persons;

3. Program goals for mentally retarded 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 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 residents. Such 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) DAY CARE SERVICES. A facility may provide day care services to persons not housed by the facility, provided that:

(a) Day care services do not interfere with the services for residents;

(b) Each day care client is served upon the certification by a physician or physician's assistant that the client is free from tuberculosis infection; and

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

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.52 Procedures for admission of residents. (1) PHYSICIAN'S ORDERS. No person may be admitted as a resident except upon:

(a) Order of a physician; and

(b) Receipt of information, before or on the day of admission, about the person's current medical condition and diagnoses, and receipt of a physician's initial plan of care and orders from a physician for immediate care of the resident.

Note: See s. 50.04 (2m), Stats., for the requirement of a physician's plan of care.

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

Note: See s. HSS 132.45 (5) (c) 1. for record requirements.

(b) *Evaluation.* Within 48 hours of admission the physician shall complete the 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).

(3) INITIAL CARE PLAN. Upon admission, a plan of care for nursing services shall be prepared and implemented, pending development of the plan of care required by s. HSS 132.60 (8).

(4) RESIDENT HISTORY AND ASSESSMENT. Within 72 hours of a resident's admission, a registered nurse shall supervise the preparation of a written history and assessment summarizing the resident's prior health care, patterns of activities of daily living, needs, capabilities, and disabilities.

(5) SPECIALTY ASSESSMENTS. Within 2 weeks following admission, each service discipline appropriate to the resident's care, but in all cases dietetics, activities, and social services, shall prepare a history and assessment of the resident's prior health and care in the respective discipline.

Note: For care planning requirements, see s. HSS 132.60 (8).

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.53 Removals from the facility. (1) SCOPE. The provisions of this section shall apply to all resident removals, but in the event of conflict with s. 50.03, Stats., the statutory requirements shall apply.

(2) CONDITIONS. No resident may be temporarily or permanently removed from the facility, except:

(a) *Voluntary removal.* Upon the request or with the informed consent of the resident or guardian;

(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.

(c) *Alternate placement.* Except for removals under sub. (2) (b) 1., 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) PERMANENT REMOVALS. (a) *Notice.* The facility shall provide a resident, the resident's physician, and guardian, relative, or other responsible person, at least 30 days notice of removal under sub. (2) (b), unless the continued presence of the resident endangers the health, safety, or welfare of the resident or other residents.

(b) *Removal procedures.* 1. Unless circumstances posing a danger to the health, safety, or welfare of a resident require otherwise, at least 7 days before the planning conference required by subd. 2., the resident, guardian, if any, any appropriate county agency, and others designated by the resident, including the resident's physician, shall be given a notice containing the time and place of the conference; a statement informing the resident that any persons of the resident's choice may attend the conference; and the procedure for submitting a complaint to the department.

2. 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 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.

3. Removal activities shall include:

a. Counseling regarding the impending removal;

b. The opportunity for the resident to make at least one visit to the potential alternative placement, if any, including a meeting with that facility's admissions staff, unless medically contraindicated or waived by the resident;

c. Assistance in moving the resident and the resident's belongings and funds to the new facility or quarters; and

d. Provisions for needed medications and treatments during relocation.

4. A resident who is removed at the resident's request shall be advised of the assistance required by subd. 3. and provided such assistance upon request.

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

(4) TRANSFER AGREEMENTS. (a) *Requirement.* Each facility shall have in effect a transfer agreement with one or more hospitals under which inpatient hospital care or other hospital services are available promptly to the facility's residents when needed. Each intermediate care facility shall also have in effect a transfer agreement with one or more skilled care facilities.

(b) *Transfer of residents.* A hospital and a facility shall be considered to have a transfer agreement in effect if there is a written agreement between them or, when the 2 institutions are under common control, if there is a written statement by the person or body which controls them, which gives reasonable assurance that:

1. Transfer of residents will take place between the hospital and the facility ensuring timely admission, whenever such transfer is medically appropriate as determined by the attending physician; and

2. There shall be interchange of medical and other information necessary for the care and treatment of individuals transferred between the institutions, or for determining whether such individuals can be adequately cared for somewhere other than in either of the institutions.

(c) *Exemption.* A facility which does not have a resident transfer agreement in effect, but which is found by the department to have attempted in good faith to enter into such an agreement with a hospital sufficiently close to the facility to make feasible the transfer between them of residents and the information referred to in par. (b) 2., shall be

considered to have such an agreement in effect if and for so long as the department finds that to do so is in the public interest and essential to ensuring skilled nursing facility services in the community.

(5) BEDHOLD. (a) *Bedhold.* A resident who is on leave or temporarily discharged, as to a hospital for surgery or treatment, and has expressed an intention to return to the facility under the terms of the admission statement for bedhold, shall not be denied readmission unless, at the time readmission is requested, a condition of sub. (2) (b) has been satisfied.

(b) *Limitation.* The facility shall hold a resident's bed under par. (a) until the resident returns, until the resident waives his or her right to have the bed held, or up to 15 days following the temporary leave or discharge, whichever is earlier.

Note: See ch. HSS 107, Wis. Adm. Code, for medical assistance bedhold rules.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

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 designated by the resident, shall be given reasonable notice and an explanation of the reasons for transfer.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

SUBCHAPTER VI—SERVICES

HSS 132.60 Resident care. (1) INDIVIDUAL CARE. Unless it is in conflict with the plan of care, each resident shall receive care based upon individual needs.

(a) *Hygiene.* 1. Each resident shall be kept comfortably clean and well-groomed.

2. Beds shall be made daily, with a complete change of linen to be provided as often as necessary, but at least once each week.

3. Residents shall have clean clothing as needed to present a neat appearance and to be free of odors. Residents who are not bedfast shall be dressed each day, in their own clothing if available, as appropriate to their activities, preferences, and comforts.

(b) *Decubiti prevention and position change.* Nursing personnel shall encourage and assist bedfast residents to change positions at least every 2 hours day and night to stimulate circulation and shall provide additional decubiti (bedsores) prevention measures as necessary.

(c) *Basic nursing care.* 1. Nursing care initiated in the hospital shall be continued immediately upon admission to the nursing home unless ordered otherwise by the admitting physician.

2. Nursing personnel shall provide care designed to maintain current functioning and to improve the resident's ability to carry out activities of daily living, including assistance with maintaining good body alignment and proper positioning to prevent deformities.

3. Each resident shall be encouraged to be up and out of bed as much as possible, unless otherwise ordered by a physician.

4. Any significant changes in the condition of any resident shall be reported to the nurse in charge or on call, who shall take appropriate action including the notice provided for in sub. (3).

(d) *Restorative measures.* Residents shall be assisted in carrying out restorative measures initiated by restorative therapists or ordered by physicians, including assistance with adjusting to any disabilities and using any prosthetic devices.

(e) *Tuberculosis retesting.* Residents shall be retested for tuberculosis infection based on the prevalence of tuberculosis in the community and the likelihood of exposure to tuberculosis in the facility.

Note: See s. HSS 132.60 (5) (a) 1. for treatments and orders.

(2) NOURISHMENT. (a) *Diets.* Residents shall be served diets as prescribed.

(b) *Adaptive devices.* Adaptive self-help devices, including dentures if available, shall be provided to residents, and residents shall be trained in their use to contribute to independence in eating.

(c) *Assistance.* Residents who require assistance with food or fluid intake shall be helped as necessary.

(d) *Food and fluid intake and diet acceptance.* Residents' 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 the resident's physician as needed.

Note: For other dietary requirements, see s. HSS 132.63.

(3) NOTIFICATION OF CHANGES IN CONDITION OR STATUS OF RESIDENT. (a) *Changes in condition.* A resident's physician, guardian, if any, and other responsible persons designated in writing by the resident 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 other persons designated in writing by the resident shall be notified promptly of any significant non-medical change in the resident's status, including financial situation, plans for discharge, or plans for transfer within the facility or to another facility.

Note: For responses to changes in medical condition, see s. HSS 132.60 (1) (c) 4; for records, see s. HSS 132.45 (5) (c) (4).

(4) EMERGENCIES. In case of a medical emergency, the facility shall provide or arrange for appropriate emergency services.

(5) TREATMENT AND ORDERS. (a) *Orders.* 1. 'Restriction.' Medications, treatments, and restorative 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 shall be administered to a resident without a written physician's or dentist's order filed in the resident 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 therapy, by a therapist. Oral orders shall be immediately written, signed, and dated by the nurse 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 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.

4. 'Review of medications.' Each resident's medication shall be reviewed by a registered nurse at the time of the review of the plan of care.

(b) *Stop orders.* 1. 'Compliance with stop order policies.' Medications not specifically limited as to time or number of doses when ordered shall be automatically stopped in accordance with the stop order policy required by s. HSS 132.65 (3) (a) 3. b.

2. 'Notice to physicians or dentists.' Each resident's attending physician or dentist shall be notified of stop order policies and contacted promptly for renewal of orders which are subject to automatic termination.

(c) *Release of medications to residents.* Medications shall be released to residents who are on leave or have been discharged only on order of the physician or dentist.

(d) *Administration of medications.* 1. 'Personnel who may administer medications.' In a nursing home which is licensed only as an intermediate care facility, medication may be administered only by a nurse, a practitioner, as defined in s. 450.07 (1) (d), Stats., or a person who has completed training in a drug administration course approved by the department. In all other nursing homes, medication may be administered only by a nurse or a practitioner, as defined in s. 450.07 (1) (d), Stats., or, if a registered nurse is present in the nursing home when the medication is administered, by a person who has completed training in a drug administration course approved by the department.

Note: On March 1, 1983, s. HSS 132.60 (5) (d) 1. will be repealed and recreated to read: In a nursing home, medication may be administered only by a nurse, a practitioner, as defined in s. 450.07 (1) (d), Stats., or a person who has completed training in a drug administration course approved by the department.

2. 'Responsibility for administration.' Policies and procedures designed to provide safe and accurate administration of medications shall be developed by the facility and shall be followed by personnel assigned to prepare and administer medications and to record their administration. The same person shall prepare, administer, and immediately record in the resident's clinical record the administration of medications, except when a single unit dose package distribution system is used.

3. 'Omitted doses in unit dose system.' If, for any reason, a medication is not administered as ordered in a unit dose system, an "unadministered dose slip" with an explanation of the omission shall be placed in the resident's medication container and a notation shall be made in the clinical record.

4. 'Self-administration.' Self-administration of medications by residents shall be permitted on order of the resident's physician or dentist or in a predischarge program under the supervision of a registered nurse or designee.

5. 'Errors and reactions.' Medication errors and suspected or apparent drug reactions shall be reported to the nurse in charge or on call as soon as discovered and and an entry made in the resident's clinical record. The nurse shall take appropriate action.

6. 'Day care.' The handling and administration of medications for day care clients shall comply with the requirements of this subsection.

(e) *Reference sources.* Up-to-date medication reference texts and sources of information shall be available to the nurse in charge or on call.

Note: See s. HSS 132.65, pharmaceutical services, for additional requirements.

(6) PHYSICAL AND CHEMICAL RESTRAINTS. (a) *Definitions.* As used in this subsection, the following definitions apply:

1. "Physical restraint" means any article, device, or garment which is used primarily to modify resident behavior by interfering with the free movement of the resident, and which the resident is unable to remove easily, or confinement in a locked room. Mechanical supports shall not be considered physical restraints.

Note: For rules governing locked units, see s. HSS 132.33.

2. "Mechanical support" means any article, device, or garment which is used only to achieve the proper position or balance of the resident, which may include but is not limited to a geri chair, posey belt, jacket, or a bedside rail.

3. "Chemical restraint" means a medication used primarily to modify behavior by interfering with the resident's freedom of movement or mental alertness.

(b) *Orders required.* Physical or chemical restraints shall be applied or administered only on the written order of a physician which shall indicate the resident's name, the reason for restraint, and the period during which the restraint is to be applied.

(c) *Emergencies.* In an emergency, a physical restraint may be applied temporarily without an order when necessary to protect the resident or others from injury or to protect property, provided the physician is notified immediately and authorization for continued use is obtained from the physician within 12 hours.

(d) *Restriction.* If the mobility of a resident is required to be restrained and can be appropriately restrained either by a physical or chemical restraint or by a locked unit, the provisions of s. HSS 132.33 shall apply.

(e) *Type of restraints.* Physical restraints shall be of a type which can be removed promptly in an emergency, and shall be the least restrictive type appropriate to the resident.

(f) *Periodic care.* While physically restrained, residents shall have their positions changed and personal needs met as necessary, but at least every 2 hours.

(g) *Records.* Any use of restraints shall be noted, dated, and signed in the resident's clinical record on each tour of duty during which the restraints are in use.

Note: See s. HSS 132.45 (5) (c) 4. g., records.

(7) USE OF OXYGEN. (a) *Orders for oxygen.* Except in an emergency, oxygen shall be administered only on order of a physician.

(b) *Person administering.* Oxygen shall be administered to residents only by a capable person trained in its administration and use.

(c) *Signs.* "No smoking" signs shall be posted in the room and at the entrance of the room in which oxygen is in use.

(d) *Flammable goods.* Prior to administering oxygen, all matches and other smoking material shall be removed from the room.

(8) RESIDENT CARE PLANNING. (a) *Development and content of care plans.* Within 4 weeks following admission a written care plan shall be developed, based on the resident's history and assessments from all appropriate disciplines and the physician's evaluation and orders, as required by s. HSS 132.52, and shall include:

1. Realistic goals, with specific time limits for attainment; and

2. The methods for delivering needed care, and indication of which professional disciplines are responsible for delivering such care.

Note: For requirements upon admission, see s. HSS 132.52.

(b) *Evaluations and updates.* The care of each resident shall be reviewed by each of the services involved in the resident's care and the care plan evaluated and updated as needed.

Note: For concurrent review of medications, see sub. (5) (a) 4.

(c) *Implementation.* The care plans shall be substantially followed.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.61 Medical services. (1) MEDICAL DIRECTION IN SKILLED CARE FACILITIES. (a) *Medical director.* Every skilled care facility shall retain, pursuant to a written agreement, a physician to serve as medical director on a part-time or full-time basis as is appropriate for the needs of the residents and the facility. If the facility has an organized medical staff, the medical director shall be designated by the medical staff with approval of the licensee.

(b) *Coordination of medical care.* Medical direction and coordination of medical care in the facility shall be provided by the medical director. The medical director shall develop written rules and regulations which shall be approved by the licensee and include delineation of the responsibilities of attending physicians. If there is an organized medical staff, by-laws also shall be developed by the medical director and approved by the licensee. Coordination of medical care shall include liaison with attending physicians to provide that physicians' orders are written promptly upon admission of a resident, that periodic evaluations of the adequacy and appropriateness of health professional and supportive staff and services are conducted, and that the medical needs of the residents are met.

(c) *Responsibilities to the facility.* The medical director shall monitor the health status of the facility's employes. Incidents and accidents that occur on the premises shall be reviewed by the medical director to identify hazards to health and safety.

(2) PHYSICIAN SERVICES IN ALL FACILITIES. The facility shall assure that the following services are provided:

(a) *Attending physicians.* Each resident shall be under the supervision of a physician of the resident's or guardian's choice who evaluates and monitors the resident's immediate and long-term needs and prescribes measures necessary for the health, safety, and welfare of the resident. Each attending physician shall make arrangements for the medical care of a physician's residents in the physician's absence.

Note: For medical examinations and assessments required for admission, see s. HSS 132.52.

(b) *Physicians' visits.* Every resident shall be seen by his or her attending physician at least annually, subject to the following:

1. 'Residents requiring skilled care.' Residents requiring skilled nursing care shall be seen by a physician at least every 30 days, unless the physician specifies and justifies in writing an alternate schedule of visits.

2. 'Residents not requiring skilled care.' Residents not requiring skilled nursing care shall be seen by a physician at least every 90 days, unless the physician specifies and justifies in writing an alternate schedule of visits.

3. 'Physician's plan of care.' The physician shall review the plan of care required by s. HSS 132.52 (1) (b) at the time of each visit.

4. 'Review of medications and other orders.' A resident's medications and other orders shall be reviewed by the physician at least at the time of each visit.

Note: For review by an RN, see s. HSS 132.60 (5) (a) 4.

5. 'Progress notes.' A progress note shall be written, dated, and signed by the physician at the time of each visit.

(c) *Availability of physicians for emergency patient care.* The facility shall have written procedures, available at each nurse's station, for procuring a physician to furnish necessary medical care in emergencies and for providing care pending arrival of a physician. The names and telephone numbers of the physicians or medical service personnel available for emergency calls shall be posted at each nursing station.

Note: For reporting requirements, see s. HSS 132.45 (5) (c) 4; for requirements to notify others, see s. HSS 132.60 (3) (a).

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.62 Nursing services. (1) DEFINITIONS. (a) "Nursing personnel" means nurses, nurse aides, nursing assistants, and orderlies.

(b) "Ward clerk" means an employe who performs clerical duties of the nursing personnel.

(2) NURSING ADMINISTRATION. (a) *Director of nursing services in skilled care and intermediate care facilities.* 1. 'Staffing requirement.'

Every skilled care facility and every intermediate care facility shall employ a full-time director of nursing services who may also serve as a charge nurse in accordance with par. (b). The director of nursing services shall work only on the day shift except as required for the proper supervision of nursing personnel.

2. 'Qualifications.' The director of nursing services shall:

a. Be a registered nurse; and

b. Be trained or experienced in areas such as nursing service administration, restorative nursing, psychiatric nursing, or geriatric nursing.

3. 'Duties.' The director of nursing services shall be responsible for:

a. Supervising the functions, activities and training of the nursing personnel;

b. Developing and maintaining standard nursing practice, nursing policy and procedure manuals, and written job descriptions for each level of nursing personnel;

c. Coordinating nursing services with other resident services;

d. Designating the charge nurses provided for by this section;

e. Being on call at all times, or designating another registered nurse to be on call, when no registered nurse is on duty in the facility; and

f. Ensuring that the duties of nursing personnel shall be clearly defined and assigned to staff members consistent with the level of education, preparation, experience, and licensing of each.

(b) *Charge nurses in skilled care facilities and intermediate care facilities.* 1. 'Staffing requirement.' A skilled nursing facility shall have at least one charge nurse on duty at all times, and:

a. A facility with fewer than 60 residents in need of skilled nursing care shall have at least one registered nurse, who may be the director of nursing services, on duty as charge nurse during every daytime tour of duty;

b. A facility with 60 to 74 residents in need of skilled nursing care shall, in addition to the director of nursing services, have at least one registered nurse on duty as charge nurse during every daytime tour of duty;

c. A facility with 75 to 99 residents in need of skilled nursing care shall have, in addition to the director of nursing services, at least one registered nurse on duty as charge nurse during every daytime tour of duty. In addition, the facility shall have at least one registered nurse on duty as charge nurse every day on at least one other non-daytime tour of duty.

d. A facility with 100 or more residents in need of skilled nursing care shall have, in addition to the director of nursing services, at least one registered nurse on duty as charge nurse at all times.

e. An intermediate care facility shall have a charge nurse during every daytime tour of duty, who may be the director of nursing.

2. 'Qualifications.' Unless otherwise required by sub. (3), 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.

3. 'Duties.' a. The charge nurse, if a registered nurse, shall supervise the nursing care of all assigned residents, and delegate the duty to provide for the direct care of specific residents, including administration of medications, to nursing personnel based upon individual resident needs, the facility's physical arrangement, and the staff capability.

b. The charge nurse, if a licensed practical nurse, shall manage and direct the nursing and other activities of other licensed practical nurses and less skilled assistants and shall arrange for the provision of direct care to specific residents, including administration of medications, by nursing personnel based upon individual resident needs, the facility's physical arrangement, and the staff capability. A licensed practical nurse who serves as a charge nurse shall be under the supervision and direction of a registered nurse who is either in the facility or on call.

(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.

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.

(d) *Health services supervisor in personal care facilities.* 1. 'Staffing requirements.' Every personal care facility shall employ, on the daytime tour of duty, 7 days a week, a health services supervisor.

2. 'Qualifications.' The health services supervisor required by subd. 1. shall be:

a. A registered nurse; or

b. A licensed practical nurse who receives at least 8 hours of consultation per week from a registered nurse under contract with the facility, except in facilities with 50 or fewer residents, where the licensed practical nurse receives at least 4 hours of consultation each week.

3. 'Duties.' The health services supervisor shall coordinate the health services in the personal care facility. If a registered nurse, the supervisor shall fulfill the duties required of a director of nursing by sub. (2) (a) 3. If the supervisor is not a registered nurse, those duties in sub. (2) (a) 3. which constitute the practice of professional nursing, as defined by s. 441.11 (1), Stats., shall be fulfilled by the consultant registered nurse.

(3) NURSE STAFFING. In addition to the requirements of sub. (2), the following conditions shall be met:

(a) *Total staffing.* Every facility shall provide at least the following hours of service by nursing personnel, computed on a seven-day week.

1. For each resident in need of skilled nursing care, 2.25 hours per day; for each resident in need of intermediate nursing care, 2.00 hours per day; and for each resident in need of limited nursing care, 1.25 hours per day of nursing personnel; of which a minimum of 20% shall be provided by nurses.

2. For each resident in need of personal care, .50 hours of patient care personnel per day.

(b) *Assignments.* There shall be adequate nursing service personnel assigned to care for the specific needs of each resident on each tour of duty. Those personnel shall be briefed on the condition and appropriate care of each resident.

(c) *Relief personnel.* Facilities shall obtain qualified relief personnel.

(d) *Records; weekly schedules.* Weekly time schedules shall be planned at least one week in advance, shall be posted and dated, shall indicate the names and classifications of nursing personnel and relief personnel assigned on each nursing unit for each tour of duty, and shall be updated as changes occur.

Note: See s. HSS 132.45 (6) (b) for records.

(e) *Staff meetings.* Meetings shall be held at least quarterly for the nursing personnel to brief them on new developments, raise issues relevant to the service, and for such other purposes as are pertinent. These meetings may be held in conjunction with those required by s. HSS 132.44.

(f) *Twenty-four hour coverage.* All facilities shall have at least one nursing staff person on duty at all times.

(g) *Staffing patterns.* The assignment of the nursing personnel required by this subsection to each tour of duty shall be consistent with the needs of the residents in the facility.

(h) *Computing hours.* 1. Only staff time related to the nursing service shall be counted to satisfy the requirements of this section.

2. When determining staff time to count toward satisfaction of the minimum nursing service hours in this section, the following duties of non-nursing personnel, including ward clerks, may be included:

a. Direct resident care, if the personnel have been appropriately trained to perform direct resident care duties;

b. Routine completion of medical records and census reports, including copying, transcribing, and filing;

c. Processing requests for diagnostic and consultative services, and arranging appointments with professional services;

d. Ordering routine diets and nourishments; and

e. Notifying staff and services of pending discharges.

3. No services provided by volunteers may be counted toward satisfaction of this requirement.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.63 Dietary service. (1) DIETARY SERVICE. The facility shall provide a dietary service or contract for a dietary service which meets the requirements of this section.

(2) STAFF. (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.

(b) *Qualifications.* The dietary service supervisor shall be either:

1. A dietitian; or

2. Shall receive necessary consultation from a dietitian and shall either:

a. Have completed a course of study in food service supervision at a vocational, technical, and adult education school or equivalent, or presently be enrolled in such a course of study; or

b. Hold an associate degree as a dietetic technician.

Note: See s. HSS 132.45 (6) (e) 1., for records of consultations.

(c) *Staff.* There shall be dietary service personnel on duty at least 12 hours daily who may include the supervisor.

(3) HYGIENE OF STAFF. Dietary staff and other personnel who participate in dietary service shall be in good health and practice hygienic food handling techniques.

Note: For inservice training requirements, see s. HSS 132.44 (2) (b).

(4) MENUS. (a) *General.* 1. Menus shall be planned and written at least 2 weeks in advance of their use, and shall be adjusted for seasonal availability of foods.

2. Menus shall be in accordance with physicians' orders and, to the extent medically possible, in accordance with the "recommended daily dietary allowances," of the food and nutrition board of the national research council, national academy of sciences as contained in Appendix A of this chapter.

Note: For more information about nutritional needs of residents, write the Bureau of Community Health and Prevention, P.O. Box 309, Madison, WI 53701.

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

4. The facility shall make reasonable adjustments to accomodate each resident's preferences, habits, customs, appetite, and physical condition.

5. A file of tested recipes shall be maintained.

6. A variety of protein foods, fruits, vegetables, dairy products, breads, and cereals shall be provided.

(b) *Therapeutic diets.* 1. Therapeutic diets shall be served only on order of the physician, and shall be consistent with such orders.

2. Therapeutic menus shall be planned as provided in par. (a) 1., with supervision or consultation from a qualified dietitian.

3. Vitamin and mineral supplements shall be given only on order of the physician.

(5) MEAL SERVICE. (a) *Schedule.* At least 3 meals or their equivalent shall be offered to each resident daily, not more than 6 hours apart, with not more than a 15-hour span between a substantial evening meal and the following breakfast.

(b) *Identification of trays.* Trays, if used, shall be identified with the resident's name and type of diet.

(c) *Table service.* Table service shall be provided for all residents who can and want to eat at a table.

(d) *Re-service.* Food served to a resident in an unopened manufacturer's package shall not be re-served unless the package remains unopened.

(e) *Temperature.* Food shall be served at proper temperatures.

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

(g) *Drinking water.* When a resident is confined to bed, a covered pitcher of drinking water and a glass shall be provided on a bedside stand. The water shall be changed frequently during the day, and pitchers and glasses shall be sanitized daily. Single-service disposable pitchers and glasses may be used. Common drinking utensils shall not be used.

(6) FOOD SUPPLIES AND PREPARATION. (a) *Supplies.* Food shall be purchased or procured from approved sources or sources meeting federal, state, and local standards or laws.

(b) *Preparation.* Food shall be cleaned and prepared by methods that conserve nutritive value, flavor and appearance. Food shall be cut, chopped, or ground as needed for individual residents.

(c) *Milk.* Only pasteurized fluid milk which is certified Grade A shall be used for beverages. Powdered milk may be used for cooking if it meets Grade A standards or is heated to a temperature of 165° F. (74° C.) during cooking.

(7) SANITATION. (a) *Equipment and utensils.* 1. All equipment, appliances, and utensils used in preparation or serving of food shall be maintained in a functional, sanitary, and safe condition. Replacement equipment shall meet criteria established in "Listing of Food Service Equipment" by the national sanitation foundation.

2. The floors, walls, and ceilings of all rooms in which food or drink is stored or prepared or in which utensils are washed shall be kept clean, smooth, and in good repair.

3. All furnishings, table linens, drapes, and furniture shall be maintained in a clean and sanitary condition.

4. Single-service utensils shall be stored in the original wrapper until used, shall not be made of toxic material, and shall not be re-used unless packaged to prevent contamination and unopened.

Note: Copies of the National Sanitation Foundation's "Listing of Food Service Equipment" are kept on file and may be consulted in the department and in the offices of the secretary of state and the revisor of statutes.

(b) *Storage and handling of food.* 1. Food shall be stored, prepared, distributed, and served under sanitary conditions which prevent contamination.

2. 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. (4° C.).

(c) *Animals.* Animals shall not be allowed where food is prepared, served or stored, or where utensils are washed or stored.

(8) DISHWASHING. Whether washed by hand or mechanical means, all dishes, plates, cups, glasses, pots, pans, and utensils shall be cleaned in accordance with accepted procedures which shall include separate steps for pre-washing, washing, rinsing, and sanitizing by means of hot water or chemicals or a combination approved by the department.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.64 Rehabilitative services. (1) PROVISION OF SERVICES. Each facility shall either provide or arrange for, under written agreement, specialized rehabilitative services as needed by residents to improve and maintain functioning.

(2) SERVICE PLANS AND RESTRICTIONS. (a) *Conformity with orders and plan.* Rehabilitative services shall be administered as ordered by the physician and substantially in conformance with the plan of care required by s. HSS 132.60 (8).

(b) *Report to physician.* Within 2 weeks of the initiation of rehabilitative treatment, a report of the resident's progress shall be made to the physician.

(c) *Review of plan.* Rehabilitative services shall be re-evaluated at least quarterly by the physician and therapists, and the plan of care updated as necessary.

(3) SPECIALIZED SERVICES—QUALIFICATIONS. (a) *Physical therapy.* Physical therapy shall be given or supervised only by a physical therapist.

(b) *Speech and hearing therapy.* Speech and hearing therapy shall be given or supervised only by a therapist who:

1. Meets the standards for a certificate of clinical competence granted by the American speech and hearing association, or

2. Meets the educational standards, and is in the process of acquiring the supervised experience required for the certification of subd. 1.

(c) *Occupational therapy.* Occupational therapy shall be given or supervised only by a therapist who meets the standards for registration as an occupational therapist of the American occupational therapy association.

(d) *Equipment.* Equipment necessary for the provision of therapies required by the residents shall be available and used as needed.

Note: For record requirement, see s. HSS 132.45.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.65 Pharmaceutical services. (1) DEFINITIONS. As used in this section:

(a) "Medication" has the same meaning as the term "drug" defined in s. 450.06, Stats.

(b) "Prescription medication" has the same meaning as the term "prescription drug" defined in s. 450.07, Stats.

(c) "Schedule II drug" means any medication listed in s. 161.16, Stats.

(2) SERVICES. Each facility shall provide for obtaining medications for the residents from licensed pharmacies.

(3) SUPERVISION. (a) *Pharmaceutical services committee.* 1. The facility shall have a pharmaceutical services committee consisting of at least the consulting or staff pharmacist, the director of nursing services or consulting registered nurse, the administrator and a physician.

2. The committee shall meet at least quarterly and document its activities, findings and recommendations.

3. The committee shall establish, maintain, and supervise such policies and procedures as are necessary to comply with this chapter and assure that resident needs are met, including but not limited to the following:

a. In facilities maintaining a bulk supply of non-prescription medications, the procedures for handling, administering, and maintaining records of receipt and disposition of bulk supplies;

b. The automatic termination of medication orders which are not limited as to time or dosages;

c. Review of medication errors;

d. The maintenance of an emergency medication kit under sub. (4); and

e. The maintenance of a contingency supply of medications, if any, as permitted by sub. (5).

(b) *Medication consultant.* Each facility shall retain a registered pharmacist or, in a personal care home, a registered nurse who shall visit the facility at least monthly to review drug regimens and medication practices, and who shall submit a written report of findings at least quarterly.

(4) EMERGENCY MEDICATION KIT. (a) A facility may have one or more emergency medication kits. All emergency medication kits shall be under the control of a pharmacist.

(b) The emergency kit shall be sealed and stored in a locked area.

(5) CONTINGENCY SUPPLY OF MEDICATIONS. (a) *Maintenance.* A facility may have a contingency supply of medications not to exceed 10 units of any medication. Any contingency supply of medications must be under the control of a pharmacist.

(b) *Storage.* Contingency drugs shall be stored at a nursing unit, except that those medications requiring refrigeration shall be stored in a refrigerator.

(c) *Single units.* Contingency medications shall be stored in single unit containers, a unit being a single capsule, tablet, ampule, tubex, or suppository.

(d) *Committee authorization.* The pharmaceutical services committee shall determine which medications and strengths of medications are to be stocked in the contingency storage unit and the procedures for use and re-stocking of the medications.

(e) *Control.* Unless controlled by a "proof-of-use" system, as provided by par. (6) (e), a copy of the pharmacy communication order shall be placed in the contingency storage unit when any medication is removed.

(6) REQUIREMENTS FOR ALL MEDICATION SYSTEMS. (a) *Obtaining new medications.* When medications are needed which are not stocked, an order shall be telephoned by a registered nurse or designee to the pharmacist who shall fill the order and release the medication in return for a copy of the physician's written order.

(b) *Storing and labeling medications.* Unless exempted under par. (f), all medications shall be handled in accordance with the following provisions:

1. 'Storage.' Medications shall be stored near nurses stations, in locked cabinets, closets or rooms, conveniently located, well lighted, and kept at a temperature of no more than 85° F. (29° C.).

2. 'Transfer between containers.' Medications shall be stored in their original containers, and not transferred between containers, except by a physician or pharmacist.

3. 'Controlled substances.' Separately locked and securely fastened boxes or drawers, or permanently affixed compartments, within the locked medication area shall be provided for storage of schedule II drugs, subject to 21 U.S.C. ch. 13, and Wisconsin's uniform controlled substance act, ch. 161, Stats.

4. 'Separation of medications.' Medications packaged for individual residents shall be kept physically separated.

5. 'Refrigeration.' Medications requiring refrigeration shall be kept in a separate covered container and locked, unless the refrigeration is available in a locked drug room.

6. 'External use of medications.' Poisons and medications for "external use only" shall be kept in a locked cabinet and separate from other medications.

7. 'Accessibility to drugs.' Medications shall be accessible only to the registered nurse or designee. In facilities where no registered nurse is required, the medications shall be accessible only to the administrator or designee. The key shall be in the possession of the person who is on duty and assigned to administer the medications.

8. 'Labeling medications.' Prescription medications shall be labeled with the expiration date and as required by s. 450.07 (4), Stats. Nonprescription medications shall be labeled with the name of the medication, directions for use, expiration date, and the name of the resident taking the medication.

(c) *Destruction of medications.* 1. 'Time limit.' Unless otherwise ordered by a physician, a resident's non-unit dose packaged medication shall be destroyed within 72 hours of a physician's order discontinuing its use, the resident's discharge, or the resident's death. No medication shall 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. 'Procedure.' The destruction shall occur in the facility and shall be witnessed, signed, and dated by 2 or more licensed personnel in the health field, and records of this destruction shall be kept.

4. 'Remaining controlled substances.' In addition, any controlled substance remaining after the discontinuance of physician's orders, 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 drug enforcement agency and one copy kept on file in the facility.

(d) *Control of medications.* 1. 'Receipt of medications.' The administrator or a physician, nurse, pharmacist, or the designee of any of these may be an agent of the resident for the receipt of medications in accordance with s. Phar. 1.19(5), Wis. Adm. Code.

2. 'Signatures.' When the medication is received by the facility, the person completing the control record shall sign the record indicating the amount received.

3. 'Discontinuance of schedule II drugs.' The use of schedule II drugs shall be discontinued after 72 hours unless the original order specifies a greater period of time not to exceed 60 days.

(e) *Proof-of-use record.* 1. For schedule II drugs, a proof-of-use record shall be maintained which lists, on separate proof-of-use sheets for each type and strength of schedule II drug, the date and time administered, resident's name, physician's name, dose, signature of the person administering dose, and balance.

2. Proof-of-use records shall be audited daily by the registered nurse or designee, except that in facilities in which a registered nurse is not required, the administrator or designee shall perform the audit of proof-of-use records daily.

(f) *Resident control and use of medications.* 1. Residents may have medications in their possession or stored at their bedside on the order of a physician.

2. Medications which, if ingested or brought into contact with the nasal or eye mucosa, would produce toxic or irritant effects shall be stored and used only in accordance with the health, safety, and welfare of all residents.

Note: See s. HSS 132.60 (5) (d) 4. for permission for self-administration of medications.

(7) ADDITIONAL REQUIREMENTS FOR UNIT DOSE SYSTEMS. (a) *Scope.* When a unit dose drug delivery system is used, the requirements of this subsection shall apply in addition to those of sub. (6).

(b) *General procedures.* 1. The individual medication shall be labeled with the drug name, strength, expiration date, and lot or control number.

2. A resident's medication tray or drawer shall be labeled with the resident's name and room number.

3. Each medication shall be dispensed separately in single unit dose packaging exactly as ordered by the physician, and in a manner to ensure the stability of the medication.

4. An individual resident's supply of drugs shall be placed in a separate, individually labeled container and transferred to the nursing station and placed in a locked cabinet or cart. This supply shall not exceed 4 days for any one resident.

5. If not delivered from the pharmacy to the facility by the pharmacist, the pharmacist's agent shall transport unit dose drugs in locked containers.

6. The individual medication shall remain in the identifiable unit dose package until directly administered to the resident. Transferring between containers is prohibited.

7. Unit dose carts or cassettes shall be kept in a locked area when not in use.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.66 Laboratory, radiologic, and blood services. (1) DIAGNOSTIC SERVICES. (a) *Requirement of services.* The facility shall provide for promptly obtaining required laboratory, x-ray, and other diagnostic services.

(b) *Facility-provided services.* Any laboratory and x-ray services provided by the facility shall meet the applicable requirements for hospitals provided in ch. H 24 [HSS 124], Wis. Adm. Code.

(c) *Outside services.* If the facility does not provide these services, arrangements shall be made for obtaining the services from a physician's office, hospital, nursing facility, portable x-ray supplier, or independent laboratory.

(d) *Physician's order.* No services under this subsection may be provided without an order of a physician.

(e) *Notice of findings.* The attending physician shall be notified promptly of the findings of all tests provided under this subsection.

(f) *Transportation.* The facility shall assist the resident, if necessary, in arranging for transportation to and from the provider of service.

Note: For record requirements, see s. HSS 132.45.

(2) BLOOD AND BLOOD PRODUCTS. Any blood-handling and storage facilities shall be safe, adequate, and properly supervised. If the facility provides for maintaining and transferring blood and blood products, it shall meet the appropriate requirements for hospitals under ch. H 24 [HSS 124], Wis. Adm. Code. If the facility only provides transfusion

services, it shall meet the requirements of s. H 24.09 (1) (j) 1., 3., 4., 6., and 9., Wis. Adm. Code.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.67 Dental services. (1) ADVISORY DENTIST. The facility shall retain an advisory dentist to participate in the staff development program for nursing and other appropriate personnel and to recommend oral hygiene policies and practices for the care of residents.

(2) ATTENDING DENTISTS. (a) *Arrangements for dental care.* The facility shall make arrangements for dental care for residents who do not have a private dentist.

(b) *Transportation.* The facility shall assist the resident, if necessary, in arranging for transportation to and from the dentist's office.

(3) ORAL EXAMINATION OF RESIDENTS. Every resident shall have an oral health assessment within 6 months after admission unless an oral examination has been performed within 6 months before admission. Subsequent oral health care shall be provided or arranged for the resident as needed.

(4) EMERGENCY DENTAL CARE. The facility shall arrange for emergency dental care when a resident's attending dentist is unavailable.

Note: For record requirements, see s. HSS 132.45; for dentists' orders, see s. HSS 132.60 (5); for staff development programs about dental practices, see s. HSS 132.44 (2).

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.68 Social services. (1) PROVISION OF SERVICES. Each facility shall provide for social services in conformance with this section.

(2) STAFF. (a) *Social worker.* Each facility shall employ or retain a person full-time or part-time to coordinate the social services, to review the social needs of residents, and to make referrals.

(b) *Qualifications.* The person required by par. (a) shall:

1. Have a bachelor's degree in social work, sociology, or psychology; meet the national association of social workers' standards of membership; and have one year of social work experience in a health care setting; or

2. Have a master's degree in social work from a graduate school of social work accredited by the council on social work education; or

3. Shall receive at least monthly consultation from a social worker who meets the standards of subd. 1 or 2.

(3) ADMISSIONS. (a) *Interviews.* Before or at the time of admission, each resident, with family members, guardian, or other persons designated by the resident or guardian, shall be interviewed.

(b) *Admission history.* A social history of each resident shall be prepared.

(4) CARE PLANNING. (a) Each resident shall receive, within two weeks after admisison, an evaluation of the resident's social needs and potential for discharge;

(b) A social services component of the plan of care, including preparation for discharge, if appropriate, shall be developed and included in the plan of care required by s. HSS 132.60 (8) (a); and

(c) Social services care and plans shall be evaluated in accordance with s. HSS 132.60 (8) (b).

(5) SERVICES. Social services staff shall provide the following:

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

(b) *Adjustment assistance.* Assistance with adjustment to the facility, and continuing assistance to and communication with the resident, guardian, family, or other responsible persons;

(c) *Discharge planning.* Assistance to other facility staff and the resident in discharge planning at the time of admission and prior to removal under this chapter; and

(d) *Training.* Participation in inservice training for direct care staff on the emotional and social problems and needs of the aged and ill and on methods for fulfilling these needs.

Note: For record requirements, see s. HSS 132.45 (5) (d).

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.69 Activities. (1) PROGRAM. (a) Every facility shall provide an activities program which meets the requirements of this section. The program may consist of any combination of activities provided by the facility and those provided by other community resources.

(b) The activities program shall be planned for group and individual activities, and shall be designed to meet the needs and interests of each resident and to be consistent with each resident's plan of care.

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

1. Has a bachelor's degree with an emphasis in therapeutic recreation; or

2. 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. Is an occupational therapist or occupational therapy assistant who meets the requirements for certification by the American occupational therapy association.

(b) *Supervision.* The activity program shall be supervised by:

1. A qualified activities coordinator; or

2. An employe who receives at least monthly consultation from a qualified activities coordinator.

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

1. For each resident with a primary disabling diagnosis of mental retardation who needs skilled, intermediate, or limited nursing care, 3.5 hours; and

2. For each resident with a primary disabling diagnosis of mental retardation who needs personal care, 7 hours; and

3. All other residents, 0.46 hours.

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.

(d) *Staff qualifications for mentally retarded residents.* Staff conducting the recreation program for mentally retarded residents shall have:

1. A bachelor's degree in recreation or in a specialty area such as art, music, or physical education; or

2. An associate degree in recreation and one year of experience in recreation; or

3. A high school diploma or an equivalency certificate and 2 years of experience in recreation; or

4. A high school diploma or equivalency certificate and one year of experience in recreation, plus completion of comprehenive inservice training in recreation; or

5. Demonstrated proficiency and experience in conducting activities in one or more recreational program areas.

(e) *Community activities.* The length of time for which residents are involved in community activities may be included in computing the staff time provided under this subsection.

(f) *Programming for mentally retarded residents.* An activity schedule shall be developed and substantially followed for each resident who has a primary diagnosis of mental retardation. Unless otherwise precluded by the resident's condition, the schedule:

1. Shall not allow periods of unscheduled activity to extend longer than 3 continuous hours unless precluded by the resident's condition or personal preference;

2. Shall include free time for individual or group activities using appropriate materials; and

3. Shall include planned outdoor periods throughout the year, as weather permits.

Note: For record requirements, see s. HSS 132.45 (5).

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

SUBCHAPTER VII—PHYSICAL ENVIRONMENT

HSS 132.71 Furniture, equipment, and supplies. (1) FURNITURE IN RESIDENT CARE AREAS. (a) *Beds.* 1. Each resident shall be provided a bed which is at least 36 inches wide, is equipped with a headboard of sturdy construction and is in good repair. Roll-away beds, day beds, cots, or double or folding beds shall not be used.

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

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

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

2. Each bed shall have a mattress pad.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) RESIDENT CARE EQUIPMENT. (a) *Each resident.* If required by the resident's condition, each resident shall be provided individual mouthwash cups, a wash basin, soap dishes, a bedpan, an emesis basin, and a standard urinal and cover. Such equipmment shall not be interchanged between residents until it is effectively washed and sanitized.

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

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

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

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

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

(a) Use of an autoclave;

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

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

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

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

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

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

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

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

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

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

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

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

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

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

(b) *Floors.* Floors and carpeting shall be kept clean. Polishes on floors shall provide a nonslip finish. Carpeting that is worn, 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 as needed to protect the surfaces. Loose, cracked, or peeling wallpaper or paint shall be replaced or repaired.

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

(e) *Storage areas, combustibles.* Storage areas, attics, and cellars shall be kept safe and free from dangerous accumulations of extraneous materials. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers.

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

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

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

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

(5) LINEN AND TOWELS. Linens shall be handled, stored, processed, and transported in such a manner as to prevent the spread of infection. Soiled linen shall not be sorted, rinsed, or stored in bathrooms, res-

idents' rooms, kitchens, food storage areas, nursing units, or common hallways.

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

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

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

(c) *Screening of windows and doors.* All windows and doors used for ventilation purposes shall be provided with wire screening of not less than number 16 mesh or its equivalent and shall be properly installed and maintained to prevent entry of insects. Airflow curtains, properly installed, may be used in lieu of screens.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

SUBCHAPTER VIII—LIFE SAFETY, DESIGN AND CONSTRUCTION

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

(2) DEFINITIONS. As used in this subchapter:

(a) "Period A facility" means 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 chs. PW 1 and 2, Wis. Adm. Code, before July 1, 1964, which is to be converted to nursing home use; a general hospital approved under ch. H 24, Wis. Adm. Code, 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.

(b) "Period B facility" means 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 chs. PW 1 and 2, Wis. Adm. Code, approved on or after July 1, 1964, but no later than December 1, 1974, which is to be converted for nursing home use; a general hospital formerly approved under ch. H 24, Wis. Adm. Code, 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.

(c) "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.

(d) The definitions of the applicable life safety code required by s. HSS 132.82 shall apply.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

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 23d edition (1973) of the Life Safety Code of the National Fire Protection Association (standard 101). (See the chart in sub. (4)).

(2) 1973 CODE. Facilities with construction plans first approved by the department on or after June 1, 1976, shall meet such provisions of the Life Safety Code of the National Fire Protection Association (standard 101, 23d edition, 1973) as are applicable to nursing homes. (See the chart in sub. (4)).

(3) FIRE SAFETY EVALUATION SYSTEM. A proposed or existing facility not meeting all requirements of the applicable life safety code shall be considered in compliance if it achieves a passing score on the Fire Safety Evaluation System (FSES), developed by the United States department of commerce, national bureau of standards, to establish safety equivalencies under the life safety code.

Note: See par. 1-3118, 1973 Life Safety Code. The FSES has been adopted for purposes of certification under the Medicaid program. See the July 28, 1980, Federal Register (45 FR 50264).

Note: Copies of the 1967 and 1973 Life Safety Codes and related codes can be obtained from the National Fire Protection Association, Batterymarch Park, Quincy, MA 02269. Copies are kept on file in the offices of the bureau of quality compliance, the secretary of state, and the revisor of statutes.

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

TABLE 132.82
Life Safety Code Requirements

FACILITY TYPE AND AGE	1967 NFPA 101 LIFE SAFETY CODE (Existing)	1967 NFPA 101 LIFE SAFETY CODE (New)	1973 NFPA 101 LIFE SAFETY CODE (Existing)	1973 NFPA 101 LIFE SAFETY CODE (New)
Skilled Care				
Plans approved prior to October 28, 1971	X		0	
Plans approved on or after Oct. 28, 1971, but prior to June 1, 1976		X	0	
Plans approved on or after June 1, 1976				X
Intermediate Care				
Plans approved prior to March 17, 1974	X		0	
Plans approved on or after March 17, 1974, but prior to June 1, 1976		X	0	
Plans approved on or after June 1, 1976				X

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

(5) RESIDENT SAFETY AND DISASTER PLAN. (a) *Disaster plan.* 1. Each facility shall have a written procedure which shall be followed in case of fire or other disasters, and which shall specify persons to be notified, locations of alarm signals and fire extinguishers, evacuation routes, procedures for evacuating helpless residents, frequency of fire drills, and assignment of specific tasks and responsibilities to the personnel of each shift and each discipline.

2. The plan shall be developed with the assistance of qualified fire and safety experts, including the local fire authority.

3. All employes shall be oriented to this plan and trained to perform assigned tasks.

4. The plan shall be available at each nursing station.

5. The plan shall include a diagram of the immediate floor area showing the exits, fire alarm stations, evacuation routes, and locations of fire extinguishers. The diagram shall be posted in conspicuous locations in the corridor throughout the facility.

(b) *Drills.* Fire drills shall be held at irregular intervals at least 4 times a year on each shift and the plan shall be reviewed and modified as necessary. Records of drills and dates of drills shall be maintained.

(c) *Fire inspections.* The administrator of the facility shall arrange for fire protection as follows:

1. At least semiannual inspection of the facility shall be made by the local fire inspection authorities. Signed certificates of such inspections shall be kept on file in the facility.

2. Certification by the local fire authority as to the fire safety of the facility and to the adequacy of a written fire plan for orderly evacuation of residents shall be obtained and kept on file in the facility.

3. Where the facility is located in a city, village, or township that does not have an official 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 kept on file in the facility.

(d) *Fire equipment.* All fire protection equipment shall be maintained in readily usable condition and inspected annually. In addition to any other equipment, a 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.

Note: See NFPA 10, 1973 edition.

(e) *Fire report.* All incidents of fire in a facility shall be reported to the department within 72 hours.

(f) *Smoking.* Smoking by residents shall be permitted only in designated areas supervised in accordance with the conditions, needs, and safety of residents.

(g) *Prevention of ignition.* Heating devices and piping shall be designed or enclosed to prevent the ignition of clothing or furnishings.

(h) *Floor coverings.* Scatter rugs and highly polished, slippery floors are prohibited, except for non-slip entrance mats. All floor coverings and edging shall be securely fastened to the floor or so constructed that they are free of hazards such as curled and broken edges.

(i) *Roads and sidewalks.* The ambulatory and vehicular access to the facility shall be kept passable and open at all times of the year. Sidewalks, drives, fire escapes, and entrances shall be kept free of ice, snow, and other obstructions.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.83 Safety and systems. (1) MAINTENANCE. The building shall be maintained in good repair and kept free of hazards such as those created by any damaged or defective building equipment.

(2) CORRIDORS. (a) *Handrails.* Corridors used by residents shall be equipped with handrails firmly secured on each side of the corridor.

(b) *Size.* 1. In period A facilities, all corridors in resident use areas shall be at least 4 feet wide.

2. In period B facilities, all corridors in resident use areas shall be at least 7 feet wide.

3. In period C facilities, all corridors in resident use areas shall be at least 8 feet wide.

(3) DOORS. (a) *Size.* 1. Doorways to residents' rooms, between residents' rooms and exits, and exit doorways shall be at least 28 inches wide.

2. In period B and C facilities, doors to residents' rooms shall not be less than 3 feet 8 inches wide and 6 feet 8 inches in height, and shall be at least one and three-quarter inches solid core wood or equivalent construction.

(b) *Latches.* Each exit door shall have such latches or hardware that the door can be opened from the inside by pushing against a single bar or plate or by turning a single knob or handle.

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

2. No lock shall be installed on the door of a resident's room, unless:

a. The lock is operable from inside the room with a simple one-hand, one-motion operation without the use of a key unless the resident is confined in accordance with s. HSS 132.33;

b. All personnel regularly assigned to work in a resident care area have in their possession a master-key for the rooms in that area;

c. A master-key is available to emergency personnel such as the fire department; and

d. The resident is capable of following directions and taking appropriate action for self-preservation under emergency conditions.

(d) *Toilet room doors.* In period B and C facilities, resident toilet room doors shall be not less than 3 feet 0 inches by 6 feet 8 inches, and

shall not swing into the toilet room unless they are provided with two-way hardware.

(e) *Thresholds.* In period B and C facilities, raised thresholds which cannot be traversed easily by a bed on wheels, a wheelchair, a drug cart, or other equipment on wheels shall not be used.

(4) EMERGENCY LIGHTING. Emergency electrical service with an independent power source which covers lighting at nursing stations, telephone switchboards, exit and corridor lights, boiler room, and fire alarm systems, shall be provided. The service may be battery operated if effective for at least 4 hours.

(5) FIRE PROTECTION. (a) *Carpeting.* Carpeting shall not be installed in rooms used primarily for the following purposes: food preparation and storage, dish and utensil washing, soiled utility workroom, janitor closet, laundry processing, hydro-therapy, toilet and bathing, resident isolation, and resident examination.

(b) *Carpet fireproofing.* Carpeting, including underlying padding, if any, shall have a flamespread rating of 75 or less when tested in accordance with standard 255 of the national fire protection association (NFPA), or a critical radiant flux of more than 0.45 watts per square centimeter when tested in accordance with NFPA standard 253, 1978 edition. Certified proof by the manufacturer of the aforementioned test for the specific product shall be available in the facility. Certification by the installer that the material installed is the product referred to in the test shall be obtained by the facility. Carpeting shall not be applied to walls in any case except where the flamespread rating can be shown to be 25 or less.

(c) *Acoustical tile.* Acoustical tile shall be noncombustible.

(d) *Wastebaskets.* Wastebaskets shall be of noncombustible materials.

(e) *Vertical exit stairways.* All required exit stairways shall provide an enclosed protected path of at least one-hour fire-resistive construction for occupants to proceed with safety to the exterior of the facility.

(f) *Fire escapes.* 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:

1. Iron, steel, or concrete or other approved noncombustible material shall be used in the construction and support of the fire escape.

2. No part of access or travel in the path of exit shall be across a roof or other part of a facility which is of combustible construction.

3. Protection against fire in the facility shall be by blank or closed walls directly under the stairway and for a distance of 6 feet in all other directions. A window shall be permitted within this area if it is stationary, of steel sash construction, and is glazed with wire glass of not less than ¼-inch thickness. The size of wire glass shall not exceed 1296 square inches with no dimension exceeding 54 inches in either length or width.

4. The fire escape shall be protected with a roof and at least partial sidewalls to prevent the accumulation of snow and ice.

5. The bottom riser shall terminate at ground level, with the last riser not more than the spacing of the riser above.

6. A tubular or spiral slide-type fire escape shall not be permitted.

(g) *Housing blind, nonambulatory, or handicapped residents.* In an existing facility of 2 or more stories which is not of at least two-hour fire-resistive construction, blind, nonambulatory, or physically handicapped residents shall not be housed above the street level floor unless the facility is either of one-hour protected noncombustible construction (as defined in national fire protection standard 220), fully sprinklered one-hour protected ordinary construction, or fully sprinklered one-hour protected woodframe construction.

(h) *Storage of oxygen.* Oxygen tanks, when not in use, shall be stored in a ventilated closet designated for that purpose or stored outside the building of the home in an enclosed secured area.

(6) SPRINKLERS FOR FIRE PROTECTION. (a) *Period A and B.* Unless all walls, partitions, piers, columns, floors, ceilings, roofs, and stairs are built of noncombustible material, and all metallic structural members are protected by a noncombustible fire-resistive covering, period A and B facilities shall have automatic sprinkler protection throughout all buildings.

(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 facility shall have automatic sprinkler protection throughout the building unless there is a two-hour fire-rated partition wall between the old and new construction.

(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.

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

(b) *Sewage disposal.* All sewage shall be discharged into a municipal sewage system if available. Otherwise, the sewage shall be collected, treated, and disposed of by means of an independent sewage system approved under applicable state law and the local authority.

(c) *Plumbing.* The plumbing for potable water and drainage for the disposal of excreta, infectious discharge, and wastes shall comply with applicable state plumbing standards.

(d) *Heating and air conditioning.* 1. The heating and air conditioning systems shall be capable of maintaining adequate temperatures and providing freedom from drafts.

2. A minimum temperature of 72° F. (22° C.) shall be maintained during the day and at least 70° F. (21° C.) during the night in all bedrooms and in all other areas used by residents.

(e) *Incineration.* 1. Facilities for the incineration of soiled dressings and similar wastes, as well as garbage and refuse, shall be provided when other methods of disposal are not available.

2. An incinerator shall not be flue fed nor shall any upper floor charging chute be connected with the combustion chamber.

(f) *Telephone.* There shall be at least one operational telephone on the premises and such 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. Candles, oil lanterns, and other open flame methods of illumination shall not be used.

2. Period C facilities shall have night lighting.

(h) *Ventilation.* 1. The facility shall be well-ventilated through the use of windows, mechanical ventilation, or a combination of both. Rooms and areas which do not have outside windows and which are used by residents or personnel shall be provided with functioning mechanical ventilation to change the air on a basis commensurate with the type of occupancy.

2. All inside bathrooms and toilet rooms shall have mechanical ventilation to the outside.

3. In period A facilities, kitchens, bathrooms, utility rooms, janitor closets, and soiled linen rooms shall be ventilated.

4. In period B facilities, when mechanical ventilation is provided, the corridors, solaria, dining, living, and recreation areas shall be under positive pressure.

5. In period C facilities:

a. Mechanical ventilation shall be provided to the resident area corridors, solaria, dining, living and recreation areas, and nursing station. These areas shall be under positive pressure.

b. 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.

(i) *Elevators.* 1. In period B facilities, at least one elevator shall be provided when residents' beds are located on one or more floors above or below the dining or service floor. The platform size of the elevator shall be large enough to hold a resident bed and attendant.

2. In period C facilities, at least one elevator shall be provided in the facility if resident beds or activities are located on more than one floor. The platform size of the elevator shall be large enough to hold a resident bed and an attendant.

(j) *Electrical.* 1. In all facilities, nonconductive wall plates shall be provided where the system is not properly grounded.

2. In period B and C facilities:

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

b. Silent-type wall switches shall be provided.

3. In new construction begun after the effective date of this chapter, at least 2 duplex-type outlets shall be provided for each bed.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

HSS 132.84 Design. (1) RESIDENTS' ROOMS. (a) *Assignment of residents.* Sexes shall be separated by means of separate wings, floors, or rooms, except in accordance with s. HSS 132.31 (1) (f) 1.

(b) *Location.* No bedroom housing a resident shall:

1. Open directly to a kitchen or laundry;

2. Be located so that a person must pass through a resident's bedroom, toilet room, or bathroom to gain access to any other part of the facility;

3. Be located so that a person must pass through a kitchen or laundry to gain access to the resident's room or other part of the facility.

(c) *Access to corridor and outside.* Each bedroom shall have direct access to a corridor and outside exposure with the floor at or above grade level.

(d) *Size.* 1. The minimum floor area per bed shall be 100 square feet in single rooms and 80 square feet per bed in multiple bedrooms, exclusive of vestibule, closets, built-in vanity and wardrobe, toilet rooms and built-in lockers. The department may waive this requirement in individual cases where the facility has demonstrated in writing that such variations are in accordance with the particular needs of the residents and will not adversely affect their health and safety.

2. In period C facilities, resident rooms shall be large enough to permit the sides and feet of all beds to be not less than 2 feet from the nearest walls.

3. a. In period A facilities, ceilings shall be at least 7 feet in height.

b. In period B and C facilities, ceilings shall be at least 8 feet in height.

(e) *Windows.* In period B and C facilities, the bottom sill of windows in bedrooms shall be no more than 3 feet from the floor.

(f) *Bed capacity.* No rooms shall house more than 4 beds.

(g) *Bed arrangement.* The beds shall be arranged so that the beds shall be at least 3 feet apart and a clear aisle space of at least 3 feet from the entrance to the room to each bed shall be provided.

(h) *Closet space.* A closet or locker shall be provided for each resident in each bedroom. Closets or lockers shall afford a space of not less than 15 inches wide by 18 inches deep by 5 feet in height for each resident bed.

(i) *Cubicle curtains.* 1. In period A and B facilities, each bed in a multiple-bed room shall have a flameproof cubicle curtain or an equivalent divider that will assure resident privacy.

2. In period C facilities, each bed in a multiple-bed room shall be provided with a flameproof cubicle curtain to enclose each bed and to assure privacy.

(j) *Room identification.* Each bedroom shall be identified with a unique number placed on or near the door.

(k) *Design and proximity to baths.* Residents' bedrooms shall be designed and equipped for adequate nursing care and the comfort and privacy of residents. Each bedroom shall have or shall be conveniently located near adequate toilet and bathing facilities.

(2) TOILET AND BATHING FACILITIES. (a) *General.* All lavatories required by this subsection shall have hot and cold running water. Toilets shall be water flushed and equipped with open front seats without lids.

(b) *Employe and family facilities.* Toilets, baths, and lavatories for use by employes or family members shall be separate from those used by residents.

(c) *Grab bars.* Firmly secured grab bars shall be installed in every toilet and bathing compartment used by residents.

(d) *Wheelchair facilities.* 1. On floors housing residents who use wheelchairs, there shall be at least one toilet room large enough to accommodate wheelchairs.

2. In all facilities licensed for skilled care, a bathtub or shower room large enough to accommodate a wheelchair and attendant shall be provided.

Note: Requirements for wheelchair access to public toilets are contained in ss. Ind. 52.041 and 52.042, Wis. Adm. Code.

(e) *Period A and B.* In period A and B facilities:

1. Separate toilet and bath facilities shall be provided for male and female residents in at least the following number:

a. One toilet and one lavatory for every 8 female residents;

b. One toilet and one lavatory for every 8 male residents. One urinal may be substituted for one toilet for every 24 male residents;

c. In period A facilities, one tub or shower for every 20 residents;

d. In period B facilities, one tub or shower for every 20 female residents and one for every 20 male residents.

2. Toilet and bath facilities shall be located on the floors of the residents to be served, and shall be separated in such a manner that they can be used independently and afford privacy.

(f) *Period C.* In period C facilities:

1. Toilet facilities shall be provided in conjunction with each resident's room, with not more than 2 residents' rooms, and not more than 4 beds per toilet room.

2. One toilet and one lavatory for not more than 4 residents shall be provided and separate facilities shall be provided for each sex.

3. One tub or shower for every 20 residents of each sex shall be provided. The bath or shower shall be located on the same floor as the residents served. Facilities for showering with a wheeled shower chair shall be provided.

4. Every tub, shower, or toilet shall be separated in such a manner that it can be used independently and afford privacy.

5. On floors where wheelchair residents are cared for, there shall be a toilet room large enough to accommodate a wheelchair and attendant.

(g) The requirement in pars. (e) and (f) of separate facilities for male and female residents is not applicable to facilities used by married couples sharing a room, if the facilities are not used by other residents.

(3) NURSING FACILITIES. (a) *All facilities.* In addition to the requirements of pars. (b), (c) or (d), each facility shall have:

1. A medicine storage area;

2. Space for storage of linen, equipment, and supplies; and

3. A utility room, which shall be located, designed, and equipped to provide areas for the separate handling of clean and soiled linen, equipment, and supplies.

(b) *Period A.* 1. Period A facilities shall have a well-lighted nurse station or office in the residents' rooms area for records and charts, with at least a file cabinet, desk, residents' chart holder, and operational telephone. No nurse station shall serve more than 2 floors.

2. Except for facilities licensed only for personal care, each period A facility shall have a well-illuminated medication preparation area, equipped with a sink and hot and cold running water.

3. In period A facilities licensed for skilled care, toilet and handwashing facilities separate from those for residents shall be provided for staff use.

(c) *Period B.* In period B facilities, each resident care area or floor shall have:

1. A lighted, centrally located nurse station with provision for records and charts, a desk or work counter, and operational telephone.

2. A medicine preparation area or room in, or immediately adjacent to, the nurse station, with a work counter, sink, and well-lighted medicine cabinet with lock;

3. A ventilated utility room with a flush-rim clinic service sink; and

4. In period B facilities licensed for skilled care, toilet and handwashing facilities separate from those of residents shall be provided for staff use.

(d) *Period C.* In period C facilities, each resident care area on each floor shall have:

1. A centrally located nurse station located to provide visual control of all resident room corridors; equipped with storage for records and

charts, a desk or work counter, operational telephone, and a nurse call system as required by sub. (4);

2. A medicine preparation room immediately adjacent to the nurse station with a work counter, refrigerator, sink, and a well-lighted medicine cabinet with lock and space for medication cart. The room shall be mechanically ventilated;

3. A soiled utility room with a flush-rim siphon jet service sink, a facility for bedpan sanitization, cabinet counter, and sink with hot and cold running water. The utility room shall be mechanically ventilated and under negative pressure;

4. A clean utility area or room with a sink with hot and cold running water, counter, and cabinets;

5. Staff toilet and lavatory facilities separate from those of residents, adjacent to each nursing station; and

6. If a kitchen is not open at all times, a nourishment station with sink, hot and cold running water, refrigerator, and storage for serving between-meal nourishment. Each station may service more than one nursing area.

(4) NURSE CALL SYSTEM. (a) *Period A.* Period A facilities shall have a nurse call system as follows:

1. If licensed for skilled care, a system that registers calls at the nurse station from each resident's bed, residents' toilet rooms, and each bathtub and shower; and

2. If licensed for other than skilled care, a system that registers calls at the nurse station from each resident's room, and from each bedfast resident's bed.

(b) *Period B.* Period B facilities shall have a nurse call system as provided by par. (a), except that, in addition, the system shall register from each bed and shall register in the corridor directly outside the room and at the nurse station or office.

(c) *Period C.* In period C facilities, a nurse call station shall be installed at each resident's bed, in each resident's toilet room, and at each bathtub and shower. The nurse call at the toilet, bath, and shower rooms shall be an emergency call equipped with pull cords of sufficient length to extend to within 6 inches of the floor. All calls shall register at the nurse station and shall actuate a visible signal in the corridor at the room door, in the clean workroom medicine preparation room, soiled workroom, and nourishment station of the nursing unit. In multicorridor nursing units, additional visible signals shall be installed at corridor intersections. In rooms containing 2 or more calling stations, indicating lights shall be provided at each call station. Nurse call systems which provide two-way voice communications shall be equipped with an indicating light at each call station which lights and remains lighted as long as the voice circuit is operative. An emergency call station shall also be provided in any enclosed room used by residents.

(5) DINING, RECREATION AND ACTIVITY AREAS. (a) *Multipurpose space.* The facility shall provide one or more furnished multipurpose areas of adequate size for dining, diversional, and social activities of residents.

(b) *Lounge.* At least one dayroom or lounge, centrally located, shall be provided for use of the residents.

(c) *Size of dining rooms.* Dining rooms shall be of sufficient size to seat all residents at no more than 2 shifts. Dining tables and chairs shall be provided. TV trays or portable card tables shall not be used as dining tables.

(d) *Space.* If a multipurpose room is used for dining and diversional and social activities of residents, there shall be sufficient space to accommodate all activities and minimize their interference with each other.

(e) *Total area.* 1. In period A and B facilities, the combined floor space of dining, recreation, and activity areas shall not be less than 15 square feet per bed. Solaria and lobby sitting space may be included, but shall not include required exit paths. Required exit paths in these areas shall be at least 4 feet wide.

2. In period C facilities, the combined floor space of dining, recreation, and activity areas shall not be less than 25 square feet per bed. Solaria and lobby sitting areas, exclusive of traffic areas, shall be categorized as living room space.

(6) FOOD SERVICE. (a) *General.* The facility shall have a kitchen or dietary area which shall be adequate to meet food service needs and shall be arranged and equipped for the refrigeration, storage, preparation, and serving of food, as well as for dish and utensil cleaning and refuse storage and removal. Dietary areas shall comply with the local health or food handling codes. Food preparation space shall be arranged for the separation of functions and shall be located to permit efficient services to residents and shall not be used for nondietary functions.

(b) *Period A.* In period A facilities:

1. 'Location.' The kitchen shall be located on the premises or a satisfactory sanitary method of transportation of food shall be provided.

2. 'Proximity.' Kitchen or food preparation areas shall not open into resident rooms, toilet rooms, or laundry.

3. 'Handwashing.' Adequate and convenient handwashing facilities shall be provided for use by food handlers, including hot and cold running water, soap, and sanitary towels. Use of a common towel is prohibited.

4. 'Sink.' At least a 2-compartment sink for manual dishwashing shall be provided in kitchens or dishwashing areas. A minimum three-compartment sink shall be provided for replacement.

5. 'Sanitation.' Rooms subject to sewage or wastewater backflow or to condensation or leakage from overhead water or waste lines shall not be used for storage or food preparation unless provided with acceptable protection from such contamination.

(c) *Period B.* In period B facilities:

1. 'Traffic.' Only traffic incidental to the receiving, preparation, and serving of food and drink shall be permitted.

2. 'Proximity.' Toilet facilities shall not open directly into the kitchen.

3. 'Storage.' Food day-storage space shall be provided adjacent to the kitchen.

4. 'Lavatory.' A separate handwashing lavatory with soap dispenser, single service towel dispenser, or other approved hand drying facility shall be located in the kitchen.

5. 'Dishwashing area.' A separate dishwashing area, preferably a separate room, shall be provided.

6. 'Sanitation.' Rooms subject to sewage or wastewater backflow or to condensation or leakage from overhead water or waste lines shall not be used for storage or food preparation unless provided with acceptable protection from such contamination.

(d) *Period C.* In period C facilities:

1. 'Kitchen and dietary.' Kitchen and dietary facilities shall be provided to meet food service needs and arranged and equipped for proper refrigeration, heating, storage, preparation, and serving of food. Adequate space shall be provided for proper refuse handling and washing of waste receptacles, and for storage of cleaning compounds.

2. 'Traffic.' Only traffic incidental to the receiving, preparation and serving of food and drink shall be permitted.

3. 'Toilets.' No toilet facilities may open directly into the kitchen.

4. 'Food storage.' Food day-storage space shall be provided adjacent to the kitchen and shall be ventilated to the outside.

5. 'Handwashing.' A separate handwashing sink with soap dispenser, single service towel dispenser, or other approved hand drying facility shall be located in the kitchen.

6. 'Dishwashing.' A separate dishwashing area, preferably a separate room, with mechanical ventilation shall be provided.

7. 'Sink.' At least a 3-compartment sink shall be provided for washing, rinsing and sanitizing utensils, with adequate drainboards at each end. In addition, a single-compartment sink located adjacent to the soiled utensil drainboard shall be available for prewashing. The additional sink may also be used for liquid waste disposal. The size of each sink compartment shall be adequate to permit immersion of at least 50 percent of the largest utensil used. In lieu of the additional sink for prewashing, a well-type garbage disposal with overhead spray wash may be provided.

8. 'Mechanical dishwashers.' Mechanical dishwashers and utensil washers, where provided, shall meet the requirements of the current approved list from the national sanitation foundation or equivalent with approval of the department.

Note: Copies of the National Sanitation Foundation's "Listing of Food Service Equipment" are kept on file and may be consulted in the department and in the offices of the secretary of state and the revisor of statutes.

9. 'Temperature.' Temperature gauges shall be located in the wash compartment of all mechanical dishwashers and in the rinse water line at the machine of a spray-type mechanical dishwasher or in the rinse

water tank of an immersion-type dishwasher. The temperature gauges shall be readily visible, fast-acting and accurate to plus or minus 2° F. or one° C.

10. 'Fire extinguishers.' Approved automatic fire extinguishing equipment shall be provided in hoods and attached ducts above all food cooking equipment.

11. 'Walls.' The walls shall be of plaster or equivalent material with smooth, light-colored, nonabsorbent, and washable surfaces.

12. 'Ceiling.' The ceiling shall be of plaster or equivalent material with smooth, light-colored, nonabsorbent, washable, and seamless surfaces.

13. 'Floors.' The floors of all rooms, except the eating areas of dining rooms, in which food or drink is stored, prepared, or served, or in which utensils are washed, shall be of such construction as to be nonabsorbent and easily cleaned.

14. 'Screens.' All room openings to the out-of-doors shall be effectively screened. Screen doors shall be self-closing.

15. 'Lighting.' All rooms in which food or drink is stored or prepared or in which utensils are washed shall be well-lighted.

16. 'Sewage contamination.' Rooms subject to sewage or waste water backflow or to condensation or leakage from overhead water or waste lines shall not be used for storage or food preparation unless provided with acceptable protection from such contamination.

(7) STORAGE. (a) *Resident's storage.* In period B and C facilities, one or more central storage spaces shall be provided in the facility building for the storing of residents' possessions such as trunks, luggage, and off-season clothing. The storage space shall total at least 50 cubic feet per resident bed.

(b) *General storage.* A general storage area shall be provided for supplies, equipment, and wheelchairs. Period C facilities shall have such storage space on each nursing unit.

(c) *Linen.* 1. Period B facilities shall provide a linen closet or cabinet for each floor or wing.

2. Period C facilities shall provide a linen storage space or cabinet for each nursing unit.

(8) FAMILY AND EMPLOYE LIVING QUARTERS. Any family and employe living quarters shall be separate from the residents' area.

(9) EMPLOYE FACILITIES. (a) *Period A and B.* In period A and B facilities, space shall be provided for employe wraps, purses, and other personal belongings when on duty, but this space shall not be located in food preparation, food storage or utensil washing areas, or in residents' rooms.

Period C. In period C facilities, the following shall be provided for employes, and shall not be located in food preparation, food storage, utensil washing areas, or in resident's rooms:

1. A room or rooms for employe wraps, with lockers for purses and other personal belongings when on duty;

2. Handwashing lavatories with soap dispenser, single-service towel dispenser, or other approved hand drying equipment; and

3. Toilet facilities separate from those used by residents.

(10) JANITOR FACILITIES. (a) *Period B.* Period B facilities shall have a ventilated janitor closet on each floor equipped with hot and cold running water and a service sink or receptor.

(b) *Period C.* Period C facilities shall have a mechanically ventilated janitor closet of adequate size on each floor and in the food service area, equipped with hot and cold running water and a service sink or receptor.

(11) LAUNDRY FACILITIES. (a) *Facilities.* A laundry room shall be provided unless commercial laundry facilities are used. Laundry facilities shall be located in areas separate from resident units and shall be provided with necessary washing, drying, and ironing equipment.

(b) *Work room.* When commercial laundries are used, a room for sorting, processing, and storing soiled linen shall be provided and shall have mechanical exhaust ventilation.

(c) *Period C.* In addition to the requirements of pars. (a) and (b), period C facilities shall have:

1. A soiled linen sorting room separate from the laundry, which shall be mechanically ventilated and under negative pressure.

2. A lavatory with both hot and cold running water, soap, and individual towels in the laundry area.

(12) ISOLATION ROOM. (a) *Period B.* Period B facilities shall have available a room with handwashing facilities for the temporary isolation of a resident.

(b) *Period C.* For every 100 beds or fraction thereof, period C facilities shall have available one separate single room, equipped with separate toilet, handwashing, and bathing facilities, for the temporary isolation of a resident. The isolation room bed shall be considered part of the licensed bed capacity of the facility.

(13) ROOMS FOR OTHER SERVICES IN PERIOD C FACILITIES. (a) *Requirement.* Period C facilities which are licensed for skilled care shall have at least one room available for examinations, treatments, dental services, and other therapeutic procedures needed by residents.

(b) *Equipment.* The examination room shall be of sufficient size and shall be equipped to provide for resident needs.

(c) *Restorative equipment.* If the home provides restorative services, rooms 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 rooms.

(14) ADMINISTRATION AND ACTIVITY AREAS. In period C facilities:

(a) *Administration and resident activity areas.* Administration and resident activities areas shall be provided. The sizes of the various areas will depend upon the requirements of the facility. Some functions allotted separate spaces or rooms under par. (b) may be combined, provided

that the resulting plan will not compromise acceptable standards of safety, medical and nursing practices, and the social needs of residents.

(b) Administration department areas shall include:

1. Business office;

2. Lobby and information center;

3. Office of administrator;

4. Admitting and medical records area;

5. Public and staff toilet room;

6. Office of director of nurses; and

7. Inservice training area.

(c) Resident activities areas shall include:

1. Occupational therapy;

2. Physical therapy;

3. Activity area; and

4. Beauty and barber shop.

(15) LOCATION AND SITE. For period C facilities:

(a) *Zoning.* The site shall adhere to local zoning regulations.

(b) *Outdoor areas.* A minimum of 15 square feet per resident bed shall be provided for outdoor recreation area, exclusive of driveways and parking area.

(c) *Parking.* Space for off-street parking for staff and visitors shall be provided.

(16) SUBMISSION OF PLANS AND SPECIFICATIONS. For all new construction:

(a) One copy of schematic and preliminary plans shall be submitted to the department for review and approval of the functional layout.

(b) One copy of working plans and specifications shall be submitted to and approved by the department before construction is begun. The department shall notify the facility in writing of any divergence in the plans and specifications, as submitted, from the prevailing rules.

(c) The plans specified in pars. (a) and (b) 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. Plans submitted shall be drawn to scale.

(d) Any changes in the approved working plans affecting the application of the requirements herein established shall be shown on the approved working plans and shall be submitted to the department for approval before construction is undertaken. The department shall notify the facility in writing of any divergence in the plans and specifications, as submitted, from the prevailing rules.

(e) If on-site construction above the foundation is not started within 6 months of the date of approval of the working plans and specifications under par. (b), the approval shall be void and the plans and specifications shall be resubmitted for reconsideration of approval.

(f) If there are no divergences from the prevailing rules, the department shall provide the facility with written approval of the plans as submitted.

History: Cr. Register, July, 1982, No. 319, eff. 8-1-82.

APPENDIX A

FOOD AND NUTRITION BOARD. NATIONAL ACADEMY OF SCIENCES-NATIONAL RESEARCH COUNCIL RECOMMENDED DAILY DIETARY ALLOWANCES. [a] Revised 1980

Designed for the maintenance of good nutrition of practically all healthy people in the U.S.A.

	Age (years)	Weight (kg)	Weight (lb)	Height (cm)	Height (in)	Protein (g)	Fat-Soluble Vitamins: Vitamin A (μg RE) [b]	Vitamin D (μg) [c]	Vitamin E (mg α-TE) [d]
Infants	0.0-0.5	6	13	60	24	kg×2.2	420	10	3
	0.5-1.0	9	20	71	28	kg×2.0	400	10	4
Children	1-3	13	29	90	35	23	400	10	5
	4-6	20	44	112	44	30	500	10	6
	7-10	28	62	132	52	34	700	10	7
Males	11-14	45	99	157	62	45	1000	10	8
	15-18	66	145	176	69	56	1000	10	10
	19-22	70	154	177	70	56	1000	7.5	10
	23-50	70	154	178	70	56	1000	5	10
	51+	70	154	178	70	56	1000	5	10
Females	11-14	46	101	157	62	46	800	10	8
	15-18	55	120	163	64	46	800	10	8
	19-22	55	120	163	64	44	800	7.5	8
	23-50	55	120	163	64	44	800	5	8
	51+	55	120	163	64	44	800	5	8
Pregnant						+30	+200	+5	+2
Lactating						+20	+400	+5	+3

	Age (years)	Weight (kg)	Weight (lb)	Height (cm)	Height (in)	Water-Soluble Vitamins: Vitamin C (mg)	Thiamin (mg)	Riboflavin (mg)	Niacin (mg NE) [e]	Vitamin B-6 (mg)	Folacin [f] (μg)	Vitamin B-12 (μg)
Infants	0.0-0.5	6	13	60	24	35	0.3	0.4	6	0.3	30	0.5 [g]
	0.5-1.0	9	20	71	28	35	0.5	0.6	8	0.6	45	1.5
Children	1-3	13	29	90	35	45	0.7	0.8	9	0.9	100	2.0
	4-6	20	44	112	44	45	0.9	1.0	11	1.3	200	2.5
	7-10	28	62	132	52	45	1.2	1.4	16	1.6	300	3.0
Males	11-14	45	99	157	62	50	1.4	1.6	18	1.8	400	3.0
	15-18	66	145	176	69	60	1.4	1.7	18	2.0	400	3.0
	19-22	70	154	177	70	60	1.5	1.7	19	2.2	400	3.0
	23-50	70	154	178	70	60	1.4	1.6	18	2.2	400	3.0
	51+	70	154	178	70	60	1.2	1.4	16	2.2	400	3.0
Females	11-14	46	101	157	62	50	1.1	1.3	15	1.8	400	3.0
	15-18	55	120	163	64	60	1.1	1.3	14	2.0	400	3.0
	19-22	55	120	163	64	60	1.1	1.3	14	2.0	400	3.0
	23-50	55	120	163	64	60	1.0	1.2	13	2.0	400	3.0
	51+	55	120	163	64	60	1.0	1.2	13	2.0	400	3.0
Pregnant						+20	+0.4	+0.3	+2	+0.6	+400	+1.0
Lactating						+40	+0.5	+0.5	+5	+0.5	+100	+1.0

	Age (years)	Weight (kg)	Weight (lb)	Height (cm)	Height (in)	Minerals: Calcium (mg)	Phosphorus (mg)	Magnesium (mg)	Iron (mg)	Zinc (mg)	Iodine (g)
Infants	0.0-0.5	6	13	60	24	360	240	50	10	3	40
	0.5-1.0	9	20	71	28	540	360	70	15	5	50
Children	1-3	13	29	90	35	800	800	150	15	10	70
	4-6	20	44	112	44	800	800	200	10	10	90
	7-10	28	62	132	52	800	800	250	10	10	120
Males	11-14	45	99	157	62	1200	1200	350	18	15	150
	15-18	66	145	176	69	1200	1200	400	18	15	150
	19-22	70	154	177	70	800	800	350	10	15	150
	23-50	70	154	178	70	800	800	350	10	15	150
	51+	70	154	178	70	800	800	350	10	15	150
Females	11-14	46	101	157	62	1200	1200	300	18	15	150
	15-18	55	120	163	64	1200	1200	300	18	15	150
	19-22	55	120	163	64	800	800	300	18	15	150
	23-50	55	120	163	64	800	800	300	18	15	150
	51+	55	120	163	64	800	800	300	10	15	150
Pregnant						+400	+400	+150	h	+5	+25
Lactating						+400	+400	+150	h	+10	+50

[a] The allowances are intended to provide for individual variations among most normal persons as they live in the United States under usual environmental stresses. Diets should be based on a variety of common foods in order to provide other nutrients for which human requirements have been less well defined.

[b] Retinol equivalents. 1 retinol equivalent = 1 μg retinol or 6 μg carotene. See text for calculation of vitamin A activity of diets as retinol equivalents.

[c] As cholecalciferol. 10 μ g cholecalciferol = 400 IU of vitamin D.

[d] α-tocopherol equivalents. 1 mg d-α tocopherol = 1 α-TE.

[e] 1 NE (niacin equivalent) is equal to 1 mg of niacin or 60 mg of dietary tryptophan.

[f] The folacin allowances refer to dietary sources as determined by *Lactobacillus casei* assay after treatment with enzymes (conjugases) to make polyglutamyl forms of the vitamin available to the test organism.

[g] The recommended dietary allowance for vitamin B-12 in infants is based on average concentration of the vitamin in human milk. The allowances after weaning are based on energy intake (as recommended by the American Academy of Pediatrics) and consideration of other factors, such as intestinal absorption.

[h] The increased requirement during pregnancy cannot be met by the iron content of habitual American diets nor by the existing iron stores of many women: therefore the use of 30-60 mg of supplemental iron is recommended. Iron needs during lactation are not substantially different from those of nonpregnant women, but continued supplementation of the mother for 2-3 months after parturition is advisable in order to replenish stores depleted by pregnancy.