

Chapter HSS 3

COMMUNITY-BASED RESIDENTIAL FACILITIES (CBRF)

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PREFACE

Any home or facility operated by an individual, a family, a partnership or a corporation, where 3 or more adults unrelated to the operator live and where they receive helping or supportive or protective services in addition to board and room, but not nursing care on any permanent basis, is called a community-based residential facility and is subject to regulation under ch. 50, Stats.

No home or facility may operate without being licensed each year by the department of health and social services. To be licensed, a home or facility must comply with the minimum standards and requirements found in these rules. Community-based residential facilities for 9 to 20 residents in existing buildings must also meet the building code requirements of ILHR 61. All community-based residential facilities for 21 or more residents in existing buildings and all those newly constructed of any size must meet the relevant building code requirements of ILHR 50-64. Newly constructed buildings for 3 to 20 residents must meet any additional construction requirements of ILHR 61 which otherwise applies only to existing buildings.

While these rules are expected to satisfy the federal government requirement of standards for residential facilities housing supplemental security income (SSI) recipients who need protective oversight in addition to board and room, facilities will have to satisfy certain additional requirements if they expect to qualify for Title XIX reimbursement as intermediate care facilities or for HUD Section 8 funding. Facility operators should also realize that federal funding from any U.S. department of health, education and welfare (HEW) source could be jeopardized for failure to comply with Federal regulations implementing Section 504 of the Vocational Rehabilitation Act which prohibits discrimination in the provision of services to persons with physical or mental handicaps. While the significance of these regulations is not altogether clear in the case of residential services, it appears that accessibility requirements will affect at least all new construction begun after June 3, 1977.

Subchapter I — General Provisions

HSS 3.01 Scope. (1) Sections HSS 3.01 to 3.09 apply to all community-based residential facilities.

(2) Nothing in these rules prevents a community-based residential facility from complying with the requirements of a third party payer, nor do these rules force a community-based residential facility to comply with additional requirements of a third party payer.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78.

HSS 3.02 Statutory authority. These rules are promulgated under s. 50.02, Stats., which gives the department authority to regulate community-based residential facilities. Statutory provision for the promulgation, administration and enforcement of these rules is contained in s. 50.03, Stats.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78.

HSS 3.03 Purpose. (1) These rules establish minimum standards of care and service for community-based residential facilities, requiring them to safeguard and promote the health, safety, well-being, rights, and dignity of each resident.

(2) These rules are intended to ensure that all community based residential facilities respect the rights of individual residents, provide an environment which is as homelike as possible and as least restrictive of each resident's freedom as is compatible with that resident's need for care and services, and provide such care and services and in such a manner that each resident is encouraged to move toward functional independence in daily living or to continue functioning independently to the extent possible.

(3) These rules are expected to encourage development of a range of community-based residential facilities designed to provide care, treatment, and other services to persons who have such need for supportive or protective services or supervision that they cannot or do not wish to live independently yet do not need the services of a nursing home or hospital.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78.

HSS 3.04 Community-based residential facility defined. (1) **STATUTORY DEFINITIONS.** As defined in s. 50.01(1), Stats., "community-based residential facility", abbreviated in these rules as CBRF, is "a place where 3 or more unrelated adults reside in which care, treatment or services above the level of room and board but not including nursing care are provided to persons residing in the facility as a primary function of the facility." "Primary function" is "the basic or essential care, treatment, or services provided to residents of a facility."

(2) **ADMINISTRATIVE INTERPRETATION.** Occupancy by 3 or more unrelated adults, combined with the provision of care, treatment or services above the level of room and board as a primary function to any one of the unrelated adults shall be sufficient to constitute a place as a CBRF. In determining whether a particular facility is required to be licensed as a CBRF, the following administrative interpretations shall apply:

(a) *Care, treatment or services.* Care, treatment or services above the level of room and board but less than nursing care means supervision and

supportive services provided to persons who have needs which cause them to be unable to live independently in the community, but who do not require nursing home services. Supportive services may include but are not limited to the following services, as defined in these rules:

1. Information and referral.
2. Leisure time services.
3. Vocational services.
4. Transitional services.
5. Supportive home care services.
6. Prescribed personal care services.
7. Health monitoring and arrangement for health-related services.
8. Counseling services.

(b) *Unrelated adults*. An "unrelated adult" is any adult residing in a facility who is related to the licensee no closer than third cousin.

(c) *Primary function*. A service is provided as a primary function of the facility if:

1. The facility provides the service to a resident who has health, safety, or personal welfare related needs which make the resident unable to live in a residential setting in which the service is not provided.

(3) **EXCLUSIONS**. "CBRF" does not include:

- (a) Any facility required to be licensed as a nursing home.
- (b) Any state, county or municipal prison or jail operated or regulated under ch. 53, Stats.
- (c) Any convent or facility owned or operated exclusively by and for members of a religious order.
- (d) Educational institutions and related student housing.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78.

HSS 3.05 Definitions. For the purposes of this chapter, except as otherwise expressly noted:

(1) "Access or accessible" means the absence of barriers to a person with semiambulatory or nonambulatory disabilities or functional limitation caused by impairment of sight, hearing, coordination, or perception, to enter, leave and function within a CBRF without physical assistance.

(2) "Activities of daily living" are those functions or activities normally associated with bodily hygiene, nutrition, elimination, rest, and ambulation.

(3) "Aging disabilities" means those manifestations of the aging process that significantly reduce mobility, flexibility, coordination, and perceptivity but are not accounted for under other disability categories.

(4) "Alcohol abuser" means a person who intentionally uses alcohol which has mind altering effects, for non-medical purposes in a manner

which interferes with one or more of the following: physical health, psychological functioning, social adaptation, educational performance or occupational functioning.

(5) "Alcoholic" has the meaning assigned in s. 51.45 (2) (a), Stats.

(6) "Capacity" means the maximum number of residents who may be accommodated in the facility at any time under the terms of the facility license.

(7) "Complete smoke detector protection" means smoke detectors in all areas of the facility, including the basement, except that the kitchen and boiler room may be protected by heat detectors.

(8) "Correctional residents" means persons under commitment by the courts through the criminal statutes to the department or to the county.

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

(10) "Developmental disability" has the meaning assigned in s. 51.05 (5) (a), Stats.

(11) "Drug abuser" means a person who intentionally uses a chemical substance (natural or synthetic), which has mind altering effects, for non-medical purposes in a manner which interferes with one or more of the following: physical health, psychological functioning, social adaptation, education performance or occupational functioning.

(12) "Drug dependent" has the meaning assigned in s. 51.05(8), Stats.

(13) "Employee" means any person who works for the facility and receives compensation which is subject to state and federal employe withholding taxes.

(14) "Existing building", for the purposes of this code, means one which was constructed and occupied, or ready for occupancy, at least 24 months prior to the date of first application for licensure as a CBRF or was certified or licensed as a foster home, halfway house, or residential care facility prior to the adoption of these rules.

(15) "Habitable floor space" means the area of rooms with a ceiling height more than 5'6" used for the purpose of sleeping, living, cooking or dining.

(16) "Habitable room" means any room used for the purpose of living, cooking or dining, excluding such enclosed places as closets, pantries, bath or toilet rooms, hallways, laundries, storage spaces, utility rooms, administrative offices and similar spaces.

(17) "Health monitoring" means the observation and documentation of health changes and the referral to the responsible health professional when health needs indicate.

(18) "Hearing disability" means deafness or partial hearing loss to the extent that an individual may have difficulty perceiving audible signals or sounds.

(19) "Intermittent nursing care procedures" means periodically scheduled or prescribed treatment that can be performed by licensed medical personnel and provided by an outside agency.

(20) "Least restrictive" means the condition or environment which facilitates maximum opportunity for self-determination according to the individual capabilities and need of each resident.

(21) "Mental illness" has the meaning assigned in s. 51.01 (13) (a), Stats.

(22) "Mobile" means able to move from place to place, and includes the following levels:

(a) "Ambulatory" means able to walk without difficulty or assistance.

(b) "Semiambulatory" means able to walk with difficulty or able to walk only with assistance of aids such as crutches, canes or walkers.

(c) "Nonambulatory" means not able to walk at all. Mobility can be gained with the assistance of wheelchair or hoier lift.

(23) "Nursing home services" means nursing care procedures which are provided in an institutional or group living situation to persons with long-term illnesses or disabilities and which can be provided safely only under 24-hour supervision of staff directed by no less than a licensed practical nurse.

(24) "Occupant" means any person who lives and sleeps in the facility.

(25) "Personal care services" means that assistance with the activities of daily living which requires a physician's orders and registered nurse supervision. These services are additionally defined by the department in the title XIX provider handbook.

(26) "Referral agency" means an agency with an ongoing responsibility for the follow up of the resident.

(27) "Relative" means a person who is a spouse, parent, step-parent, child, step-child, sibling, grandchild, grandparent, aunt, uncle, great-aunt or great-uncle, niece, nephew, or first or second cousin of the CBRF licensee.

(28) "Resident" means an unrelated adult who lives and sleeps in the facility and receives services above the level of room and board from the facility.

(29) "Sight disability" means partial or full loss of sight to the extent that an individual's ability to perform functions of daily living is limited.

(30) "Supervision" means the provision of ongoing guidance to residents in carrying out functions of daily living necessary for their health and welfare. The term protective oversight may be used interchangeably with supervision.

(31) "Supportive home care services" means that assistance with the activities of daily living which does not require a physicians's orders and registered nurse supervision. These services may be provided by the CBRF staff as part of program services or otherwise arranged for.

Note 1: See HSS 3.23(3).

Note 2: These services are included within the service category, "planning, placement, and supervision," in the Title XX state plan.

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(32) "Target group" means a class of residents with a need for similar services arising primarily out of a particular type of disability, including but not limited to the following:

- (a) Disabilities associated with the infirmities of aging.
- (b) Social disabilities resulting in contact with the correctional system.
- (c) Developmental disabilities.
- (d) Past or existing emotional disturbance or mental illness.
- (e) Alcoholism or other drug abuse.
- (f) Physical disabilities.
- (g) Social disabilities accompanying pregnancy.

(33) "Temporary resident" means a resident who does not reside in the facility for more than 120 hours.

(34) "Transitional services" (halfway house services) means supportive services to persons who currently or potentially are capable of meeting their activities of daily living independently, but who temporarily need supervision, assistance, or counseling.

(35) "Volunteer" means any person who provides services for residents without compensation. Reimbursement of out of pocket expenses is not considered compensation.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78; correction in (10) and (21) under s. 13.93 (2m) (b) 7, Stats., Register, September, 1984, No. 345.

HSS 3.06 Licensing categories. (1) **CATEGORY OF FACILITY.** CBRF are divided for licensing purposes into the following categories:

- (a) A small CBRF is a CBRF which is licensed to accommodate 3 to 8 residents.
- (b) A medium CBRF is a CBRF which is licensed to accommodate 9 to 20 residents.
- (c) A large CBRF is a CBRF which is licensed to accommodate 21 or more residents.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78.

HSS 3.07 Limitations on admissions. (1) A CBRF may not admit or retain any person:

- (a) Who is in need of nursing home services.
- (b) Who is bedfast, except that a person who is bedfast due to temporary incapacity and who is not in need of continuous nursing care procedures may be retained.
- (c) Who is not mobile.
- (d) Who is destructive of property or self, or physically or mentally abusive to others, unless the facility has identified the areas of risk and the measures taken to minimize this risk. This information shall be detailed in the program statement.

Note: See HSS 3.12.

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(2) A CBRF may admit or retain a person with a need for:

(a) Intermittent nursing care procedures.

(b) Seven hours or less per week of supportive home care services or personal care services or a combination of both.

(3) Residents of decidedly different ages, developmental levels, and behavior patterns may not be housed together if the arrangement would be harmful to the health, safety and welfare of residents housed together. Residents who are deaf, blind, epileptic, nonambulatory but mobile, or otherwise disabled shall not be segregated on the basis of their handicap.

(4) Minors may be admitted as residents only if;

(a) The facility is licensed under ch. 48, Stats., or

(b) The minor has been adjudicated as an adult, or

(c) The minor is the child of an adult resident, or

(d) The admission is approved by the department.

(5) Denial of admission shall not be based on race, color, or national origin, or on handicap unless the facility is not licensed to admit persons with particular handicaps and cannot with reasonable accommodation modify the facility to meet such a licensing requirement.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78; reprinted to correct error in (1) (a), Register, December, 1987, No. 384.

HSS 3.08 Procedure for licensure. (1) APPLICATION FOR LICENSE. The application for license shall be in writing upon forms provided by the department and shall contain such information as the department requires. The application shall be accompanied by the program statement prepared under s. HSS 3.12 and a floor plan indicating:

(a) The size and location of all rooms, doorways and hallways. Precise scale drawings are not required.

(b) The planned use of each room. The plan shall indicate the maximum number of occupants to be accommodated in each sleeping room.

(c) If the facility will accommodate semi-ambulatory or nonambulatory persons, which rooms will be open to occupancy by semi-ambulatory or nonambulatory persons and the type and extent of disability involved.

(2) **APPROVAL.** Within 70 days after receiving a complete application for a CBRF license, consisting of a completed application form, the program plan, the floor plan and supporting documents, and following an onsite survey by a designated representative of the department to determine whether or not the applicant is in compliance with all requirements of this chapter, the department shall either approve or deny the application. If the application is approved, the department shall issue a CBRF license. If the application is denied, the department shall specify the area of non-compliance, the applicant shall be given an opportunity to make the necessary changes, and the department shall make a new determination on the application within 30 days after the applicant notifies the department's representative that the necessary changes have been made.

(3) **ISSUANCE OF LICENSE.** The department will issue a license if all requirements for licensure are met.

(4) **RENEWAL.** Unless sooner revoked or suspended, a license is valid for one year. Annually at such time and in such form as the department requires, the applicant shall submit a current program plan and application for renewal of the license. If the application is approved, the license will be renewed for an additional one-year period. If application for renewal is not filed on time, the department will issue a warning to the licensee. If application for renewal is not made within 30 days thereafter, the license will be canceled. (s. 50.03 (4) (c), Stats.)

(5) **CONTENT OF LICENSE.** Each license shall be issued only for the premises and persons named in the application and shall not be transferable or assignable. The license shall be available for review in the community-based residential facility. Any license granted shall state the maximum bed capacity allowed, the person to whom the license is granted, the date, the expiration date, the minimal services which the CBRF shall provide as a condition of its licensure and such additional information and special limitations as the department may prescribe. (s. 50.03 (4) (e), Stats.)

(6) **RIGHT TO FAIR HEARING.** In the event that the department denies, revokes, suspends, or does not renew a license, the facility has a right to an administrative hearing. For revocation, suspension, or nonrenewal, that hearing must be held prior to the effective date of the department's action.

Note: See s. 50.03 (5), Stats.

(7) **EXCEPTIONS TO THE RULE.** (a) The department may waive or grant variances to the requirements of these rules if:

1. Strict enforcement of the rule would result in unreasonable hardship on the facility and the waiver or variance is in accordance with the particular needs of residents and will not adversely affect the health, safety, welfare or rights of residents;

2. The waiver or variance is part of a written program plan designed to test alternative methods of delivering CBRF services, and the waiver or variance will not adversely affect the health, safety, welfare or rights of residents; or

3. Intermediate care facilities which have 15 or fewer beds are exempted from meeting certain requirements of the federal regulations, in which case they may be exempted from the corresponding requirements of these rules.

(b) The department may impose specific conditions on a waiver or variance in order to protect the health, safety, rights or welfare of residents. Violation of the conditions under which a waiver or variance is granted constitutes a violation of these rules.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78; r. and recr. (2), Register, October, 1985, No. 358, eff., 11-1-85.

HSS 3.09 Requirements of other public agencies (1) DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS. Each CBRF shall comply with all applicable statutes and rules of the department of industry, labor and human relations affecting health, safety and hygiene.

Register, December, 1987, No. 384

1. Description and dates of services rendered.
2. Changes in resident status and subsequent recommendations concerning future service needs.
3. Date of service termination and the reason.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78.

HSS 3.16 Notice of change affecting the resident. (1) **CHANGES IN STATUS.** The CBRF shall provide notice of significant changes in resident status to the resident, resident's guardian, designated representative, responsible professional, referral agency, and third party payer. These changes include but are not limited to:

(a) Thirty day notice shall be given of transfer or discharge, except where agreeable to the resident, or in an emergency, or as indicated in the program statement.

(b) Thirty day notice shall be given of changes in services available or in charges for such services that are to be in effect for more than 30 days unless otherwise required by law.

(c) Notice shall be given within 48 hours of significant physical injury, significant adverse change in physical or mental condition, or any unusual occurrence which threatens the health, safety, welfare or rights of the resident, including suspected abuse or exploitation of the resident by any person and unexplained absence of the resident.

(2) **ACCIDENTS.** Reports shall be made of all significant incidents or accidents involving the resident and shall include time, place, details of incident or accident, and any action taken. If injury or sudden adverse change in the physical condition of a resident is involved, the facility shall immediately arrange for needed care. The resident's physician or designee shall be notified immediately of major illness or injury.

(3) **SUSPECTED ABUSE OR EXPLOITATION.** If services are being delivered to a resident by an outside provider the facility shall in cases of suspected abuse or exploitation, document such incidents in the resident's file and report such incidents to the provider and to the resident's guardian or designated representative. If the problem is not corrected, a referral shall be made to the department.

(4) **DEATH OF RESIDENT.** Upon the apparent death of a resident:

(a) The facility shall immediately notify the resident's physician, nearest kin, designated representative, and guardian if any.

(b) The date, time and circumstances of the resident's death shall be recorded in the resident's record, including the name of the person to whom the body was released.

(c) The resident's personal belongings including all funds shall be available to the resident's guardian, designated representative or next of kin during regular business hours.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78.

Subchapter III — Service Requirements

HSS 3.20 Scope. Sections HSS 3.20 to 3.29 apply to all CBRF.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78.

HSS 3.21 General requirements. (1) Required program services as identified in s. HSS 3.23 shall be provided directly or through formal agreements with other agencies or persons and records of such arrangements shall be made unless otherwise arranged by the resident.

(2) Services shall be planned and delivered in a place, manner, and under arrangements that will achieve and maintain the maximum level of independent functioning for each resident.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78.

HSS 3.22 Individualized service plan. (1) An individual service plan, setting forth goals to be accomplished through services provided or arranged for by the CBRF, prescribing an integrated program of individually designed activities and services necessary to achieve such goals, and indicating which professional services or individuals are responsible for each element of care or service prescribed in the plan must be formulated in writing within 30 days of admission, reviewed at least semi-annually, and summarized at termination.

(a) When the needs of a resident undergo substantial change, a plan review and adjustment shall be made.

(b) The resident and the program staff shall be involved in planning and reviewing the resident's service plan. Program staff could be the staff of the referral agency.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78.

HSS 3.23 Program services. (1) **INFORMATION AND REFERRAL.** Information and referral services shall be available.

(2) **LEISURE TIME SERVICES.** Leisure time services shall be provided or otherwise arranged by the CBRF as indicated by the needs and interests of the resident.

Note: These services may include normal home activities such as reading, watching T.V., listening to music, and include community activities such as movies and picnics.

(3) **SUPPORTIVE HOME CARE SERVICES.** (a) Supportive home care services shall be provided or arranged for by the CBRF where indicated by the needs of the residents. These services shall be identified in the resident's individual service plan.

(b) When the needs of the resident must be met by personal care services ordered by a physician and supervised by a registered professional nurse, referral for services shall be made to an agency approved by the department, which might be but need not be a home health agency, a social service agency, or a licensed nursing home.

(4) **MEDICATIONS.** (a) Medicines shall be self-administered by a resident unless otherwise ordered by the physician.

(b) There shall be a written order for any prescription medications, treatments, physical therapy or medically modified diets provided or arranged by the CBRF.

(c) When medications must be controlled by the CBRF the staff shall make sure that:

1. All medications have a label permanently attached to the outside of the container which identifies its contents.

2. The label of each individual prescription medication shall clearly indicate the resident's name, physician name, prescription number, name and dosage of medication, directions for use, date of issue, expiration date of all time-dated medication, and name, address and telephone number of the pharmacy issuing the medication. If the label is not clear, the pharmacy should be contacted and information clarified.

3. Unit dose medication shall remain in the identifiable unit dose package until given to the resident.

a. The unit dose supply shall not exceed 3 days for any resident.

4. Cabinets for storage of medications shall be large enough to accommodate the number of medications on hand.

a. Medicine cabinets shall be kept locked and the key available only to personnel identified by the CBRF.

b. Medications requiring refrigeration which are stored in a common refrigerator shall be kept in a locked box and properly labeled.

5. The CBRF shall destroy discontinued medications.

6. If schedule II drugs of the Controlled Substances Act of 1970 are administered, a proof of use record shall be maintained.

7. Medication errors and adverse drug reactions shall be reported to the attending physician. All medication errors shall be documented in writing.

(d) When medicines are self-administered and a medication error or adverse drug reaction comes to the attention of the CBRF, it shall be documented in writing and reported to the attending physician.

(e) Medications shall not be stored next to household chemicals.

(5) **HEALTH MONITORING.** (a) There shall be an initial health assessment by no less than a registered professional nurse or a medical examination by a physician within 90 days prior to admission or 3 working days after admission to identify health problems and to screen for communicable disease.

(b) Each resident shall have a followup health assessment annually after admission unless the resident is being seen regularly by a physician.

(c) The CBRF shall arrange for medically related services for residents with medical needs unless otherwise arranged for by the resident.

History: Cr. Register, August, 1978, No. 272, eff. 10-1-78.

HSS 3.24 Food services. (1) **GENERAL FOOD REQUIREMENTS.** (a) Food to meet the nutritional needs of the individual resident shall be provided.

(b) At least 3 meals a day shall be provided unless otherwise arranged by the resident according to the program statement or individualized service plan.

(c) There shall be reasonable adjustments to the food likes, habits, customs, conditions and appetites of all individual residents.

(d) Residents shall not be routinely served meals in their bedrooms.

(2) **MODIFIED OR SPECIAL DIETS.** Modified or special diets and dietary supplements shall be provided as ordered by the resident's physician.

(3) **MENU PLANNING.** (a) Menus for general and modified diets for the day shall be readily available to the residents except in the small CBRF.

(b) Each week's menu as served shall be dated and kept on file until the next licensure survey.

(4) **FOOD SUPPLY.** (a) Supplies of perishable foods for at least a 24-hour period and of non-perishable foods for at least a 3 day period shall be on the premises.

1. Only fluid milk which meets the grade A milk standards set out in ch. Ag 80 Wis. Adm. Code shall be used for beverage purposes unless the milk is produced on the premises and is pasteurized under sanitary conditions. Bulk milk dispensers may be used if they meet acceptable sanitation standards.

2. Any powdered milk used for cooking purposes shall meet grade A standards, or if not grade A, it shall be brought to a temperature of at least 165°F. (74°C.) during the cooking process.

3. Eggs and egg mixtures shall be refrigerated at all times.

4. No hermetically sealed food which has been processed in a place other than the premises of the CBRF or a commercial food processing establishment shall be used.

5. Foods frozen or otherwise preserved by the facility shall be processed under controlled conditions using methods currently recommended by the bureau of home economics, U.S. department of agriculture.

(b) A reasonable variety of foods shall be provided.

(c) If residents must be away from the facility during meal time, adequate food shall be provided if requested by the resident.

(5) **FOOD STORAGE.** All food and drink shall be stored so as to be protected from dust, insects, vermin, rodents, unnecessary handling, overhead leakage, condensation, sewage waste, water backflow, or other contamination.

(a) All readily perishable foods shall be refrigerated, at or below 40° F. (4°C.), and covered and stored in an orderly sanitary manner.

(b) Freezing units shall be maintained at 0°F. (-18°C.) or below and foods to be stored in a freezer shall be wrapped, identified and labeled with the date received.

(6) **FOOD PREPARATION.** Food shall be properly protected from contamination while being prepared and served and shall be prepared as close to serving time as possible.

(a) Raw fruits and vegetables and poultry shall be washed thoroughly.