HOMES FOR THE AGED LICENSING RULES Technical Assistance Handbook

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STATE OF MICHIGAN

Department of Licensing and Regulatory Affairs

Bureau of Community Health Systems

www.michigan.gov/afchfa

TECHNICAL ASSISTANCE HOMES FOR THE AGED

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GENERAL PROVISIONS

R 325.1901(1)-(2) - Definitions.

(1) “Act” means 1978 PA 368, MCL 333.1101 et seq.

(2) “Activities of daily living” means activities associated with eating, toileting, bathing, grooming, dressing, transferring, mobility, and medication management.

R 325.1901(3) - Definitions.

(3) “Admission policy” means a home’s program statement of its purpose, eligibility requirements, and application procedures for admission.

Technical Assistance

The admission policy is to include a description of the level of care and services the home’s staff is capable of and willing to provide to residents.

Administrative Rule and Statutory Cross Reference

325.1922 (1) – Requirement for admission policy

325.1922 (2)(b) – Admission and retention of residents

325.1922 (6) (7) – Admission requirements

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R 325.1901(4) - Definitions.

(4) “Assistance” means help provided by a home or an agent or employee of a home to a resident who requires help with activities of daily living.

R 325.1901(5) - Definitions.

(5) “Authorized representative” means that person or agency which has been granted written legal authority by a resident to act on behalf of the resident or which is the legal guardian of a resident.

Technical Assistance

Pursuant to the homes for the aged (HFA) rules, a resident may appoint an authorized representative. An authorized representative often assumes many responsibilities and interacts with the resident and home for the aged on a regular basis. The scope of the authorized representative’s authority is established in the HFA rules. In general, if a resident appoints an authorized representative, it does not take away the resident’s right to make his/her own decisions. **Limited exceptions may exist for court-appointed guardians and/or other persons acting with lawful authority.**

The following references to the HFA licensing rules better illustrate the possible role of an authorized representative.

Participation in the admission process:

- Provide necessary intake and health care information as well as facilitate receipt of a written health care statement and TB screening results. Rules 325.1922 (6) (7), 325.1942, and 325.1943.
- Assist with the completion of a resident service plan at the time of admission and review with the facility at least annually and when significant changes are needed. Rule 325.1922 (2) (5) (10).
- Review and approve a resident admission contract at the time of admission and when it is changed. Rule 325.1922 (3) (4).
- May waive prescribed medical nutrition therapy. Rule 325.1952(4)
- Receipt of notices from the licensee such as notice of:
- Incident, accident, elopement. Rule 325.1901 (17), 325.1924.
- Discharge or emergency discharge. Rule 325.1922 (13) (15).
- Repeated and prolonged use of medicine prescribed on an as needed basis. Rule 325.1932 (3).

The authorized representative generally has a limited scope of authority and may not violate a resident's rights as protected by MCL 333.20201 (2) in any way.

Administrative Rule and Statutory Cross Reference

325.1901 (17) – Reportable incident/accident

325.1922 (2-7) (10)(13)(15) - Admission

325.1924 – Reporting of incidents, accidents, elopement

325.1932(3) – Resident medications

325.1942 – Resident records

325.1943 – Resident registers

325.1952(4) – Meal nutrition therapy

MCL333.20201(2) Resident rights

R 325.1901(6) - Definitions.

(6) "Department" means the department of licensing and regulatory affairs.

R 325.1901(7) - Definitions.

(7) "Director" means the director of the department of licensing and regulatory affairs.

R 325.1901(8) - Definitions.

(8) "Discharge policy" means a home's written statement of the criteria and procedures by which a resident is discharged from the home.

Technical Assistance

The discharge criteria include the level of care of services that the home's staff is not capable of or willing to provide to residents.

Administrative Rule and Statutory Cross Reference

325.1901 (3) – Definition of admission policy

325.1922 (1) – Requirement for discharge policy

325.1922 (8) – Retention of resident

325.1922 (10) – Retention of resident -continuous nursing care services

325/1922 (11) (16) – Discharge policy and procedure requirements

R 325.1901(9) - Definitions.

(9) "Distinct part" means, for purposes of a home for the aged as defined in section 20106(3), MCL 333.20106(3), a clearly identifiable area or section within a licensed home consisting of at least a resident unit, wing, floor, or building containing contiguous rooms providing room and board and supervised personal care and protection to individuals 55 years of age or older. Appropriate personnel are regularly assigned and work in the distinct part under qualified direction. The distinct part may share services, such as management services, building maintenance, food preparation services, and laundry with a licensed nursing home or other entity.

Technical Assistance

There may be more than one area or section within a licensed nursing home that is clearly identifiable as the home for the aged. The rooms required by rules for a home for the aged must be contiguous to each other in each distinct area or section. These rooms include resident bedrooms, bathing rooms, toilet rooms, soiled linen rooms, storage rooms, janitor closets, trash holding rooms, corridors, day, recreation and activity rooms, and dining rooms.

The home for the aged distinct area within a larger building structure that shares operational space with an entity other than a nursing home must have secured physical and programming separation that ensures resident privacy and protection. Unmonitored transient movement of non-home for the aged personnel and visitors through distinct areas is not permitted.

Rooms and space required by the home for the aged rules may not be shared with parts of the building that are not identified as the distinct part that constitutes the home for the aged except:

- a laundry room per R 325.1974 (1)
- the kitchen and dietary area required by R 325.1976

Administrative Rule and Statutory Cross Reference

MCL 333.20106(3) – Definition of home for the aged

MCL 333.20201(2) (d, k, & l) – Policy describing resident rights and responsibilities

325.1901 – Definition of protection

325.1964 – Interiors

325.1965 – Interiors

325.1966 – Public and employee areas

325.1967 – Resident rooms

325.1968 – Toilet and bathing facilities

325.1969 – Additional resident area requirements

325.1974 – Laundry and linen

325.1975 – Laundry and linen requirements

325.1976 – Kitchen and dietary

325.1977 – New construction, addition, major building modification, conversion

325.1979 – General maintenance and storage

R 325.1901(10) - Definitions.

(10) "Elopement" means a resident is absent without notice for more than a 12-hour period unless otherwise indicated in the resident's service plan.

Technical Assistance

A resident whose service plan includes the need for supervision and protection because of a lack of ability to safely leave the home unattended has "eloped" as soon as he has left the home unobserved and unattended by assigned staff responsible for their maintenance.

Administrative Rule and Statutory Cross Reference

325.1901 (17) – Definition of reportable incident/accident

325.1901 (21) – Definition of service plan

325.1924 – Reporting of incidents, accidents, elopement

R 325.1901(11)- (12) - Definitions.

(11) "Home" means a home for the aged.

(12) "Licensed health care professional" means a professional, such as a medical doctor, doctor of osteopathy, nurse practitioner, physician's assistant, registered nurse, licensed practical nurse, or podiatrist, who is operating within the scope of his or her license as defined in MCL 333.16101 et seq.

R 325.1901(13) - Definitions.

(13) "Major building modification" means an alteration of walls that creates a new architectural configuration or revision to the mechanical or electrical systems that significantly revise the design of the system or systems. Normal building maintenance, repair, or replacement with equivalent components are not considered major building modifications. A change in room function shall not cause a conflict with these rules.

Technical Assistance

Original license issuance is in part based upon approved plan review of building design compliant with applicable statute and administrative rules. While a change in room function may not meet the definition of major building modification, it may alter licensed bed capacity based upon required day, recreational, dining, toilet, and sleeping rooms. Therefore, an application update or project submission is necessary to communicate to licensing staff proposed changes to the original floor plan.

For a major building modification, Licensee informs assigned licensing staff in writing that there are plans to modify the facility. Licensing staff will review the licensee's proposed modifications and supporting plans for HFA Public Health Code and administrative rule compliance. After licensing staff determines compliance, the licensee will be issued a BCAL-1605 *Request for Pan Review* to attach to plans to be submitted to both Health Facilities Engineering Section (HFES) and Bureau of Fire Services (BFS). The licensee then submits these forms, a set of signed/ sealed architectural plans, completed engineering application BHCS-HFS-551, and completed fire safety application BFS-979 to HFES and BFS, respectively. Prior to beginning facility construction, the applicant must receive a Construction Permit from HFES. HFES will not issue a building permit (LC509) until BFS reviews and approves the plan. Approval of the plans will result in issuance of reports comprising of the BFS inspection report, HFES Facility Transmittal Sheet, HFES Opening Survey Report, and HFES Room Sheets.

Once construction is complete, occupancy approvals granted by HFES and BFS, the licensing staff person will conduct an inspection to ensure final compliance with applicable licensing rules. Use of these modified areas is not allowed until licensing approval.

Administrative Rule and Statutory Cross Reference

MCL 333.20145 Construction

325.1961 Plans and specifications

R 325.1901(14) - Definitions.

(14) "Medication management" means assistance with the administration of a resident's medication as prescribed by a licensed health care professional.

Technical Assistance

A home must govern all medication administration practices ensuring reasonable safeness. Responsibility is not just limited to those residents identified within their service plan that the home will acquire, secure, and administer medications on the resident's behalf but also to assess and monitor for continued safety and ability of a resident, who has a plan that identifies they can acquire, secure, and administer their own medications.

It is not reasonable nor practical for the home to permit a resident who, on their own effort, cannot acquire, secure, or safely administer their own medications without the home's intervention. Similarly, the home is not permitted to have partial supervisory responsibilities as doing so conflicts with requirements of R 325.1932(3).

Administrative Rule and Statutory Cross Reference

325.1901 Definition of protection and supervision

325.1921 Governing bodies, administrators, and supervisors.

325.1922(5) Admission and retention of residents

325.1931(1) & (2) Employees; general provisions.

325.1932 Medications.

R 325.1901(15) - Definitions.

(15) "Program statement" means a written description of the home's overall philosophy and mission reflecting the needs of residents and services provided to residents. A home that represents to the public that it provides residential care or services, or both, to persons with Alzheimer's or a related condition shall include in its program statement the information required by MCL 333.20178.

Technical Assistance

A home must define those unique characteristics and services that support a residents' needs at the highest practical level without jeopardizing that resident or the well-being and safety of other residents. While a general program statement may define services available within a building designed for a mixed resident population, a qualified population outlined by MCL 333.20178 requires a distinctly separate statement.

Due to the increased needs of Alzheimer's or related condition population it is not reasonable nor practical to comingle a general and designated memory care population without physical separation and uniquely and qualified trained staff to manage those conditions.

Administrative Rule and Statutory Cross Reference

MCL 333.20178 Home for the aged; description of services to patients or residents with Alzheimer's disease; contents; "represents to the public" defined.

MCL 333.20201(1) & (2)d & e – Policy describing resident rights and responsibilities.

325.1901 Definition of protection and supervision

325.1931(1) Employees; general provisions.

325.1964(2) Interiors.

R 35.1901(16) - Definitions.

(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.

R 325.1901(17) - Definitions.

(17) "Reportable incident/accident" means an intentional or unintentional event in which a resident suffers harm or is at risk of more than minimal harm, such as, but not limited to, abuse, neglect, exploitation, or unnatural death.

Technical Assistance

An incident or accident that results in a sudden adverse change in a resident's condition requiring unplanned hospitalization or treatment in a hospital emergency room is reportable.

An illness that results in hospitalization that is not part of a resident's natural progression of a disease is reportable.

Multiple resident falls even without injury are reportable because the resident is at risk of injury and more than minimal harm.

Observed or reported incidents that involve displays of serious hostility or aggression, attempts at self-inflicted harm or harm to other residents are reportable.

Unusual incidents that place residents' protection at risk, such as a fire, an extended loss of power or heat, etc. are reportable.

Medication errors are reportable if the resident suffered harm or was at risk for more than minimal harm. Note: All medication errors are reportable to the resident's physician pursuant to 325.1932 (3)(g).

An elopement is reportable because the resident is at risk of more than minimal harm when unattended outside of the home.

Administrative Rule and Statutory Cross Reference

325.1901 (10) – Definition of elopement

325.1924 – Reporting of incidents, accidents, elopement

325.1932 – Resident medications

R 325.1901(18)- Definitions.

(18) "Resident" means a person who is 55 years of age or older, or a person under the age of 55 who has been admitted through a waiver of the director pursuant to section 21311(3) of the act, MCL 333.21311(3).

Technical Assistance

All occupants of a home, with exception of live-in staff, are residents. Each resident must sign an admission contract for residency within the HFA. A resident within a sleeping room is considered one licensed bed.

A resident guest, under monitoring of the home, for a reasonably short duration and by conditions defined by the home is permitted overnight stay. This provision may not infringe upon any home for the aged statute, administrative rule, building and/or life safety code. The home assumes all responsibility for the permitted guest's behavior while on the premises.

An individual under the age of 55 seeking admission to a home shall be determined by the home as meeting all admission criteria except age. The licensee authorized representative must provide a written request to the assigned licensing staff that attests the individual less than 55 years of age or their legal representative, and the individual's physician agree that the home for the aged can meet the needs of the individual, that the individual would be compatible with the resident population of the home, and that it is in the individuals best interest to be admitted. This may be one document that describes the age of the individual, reasons for requested admission and how the home will meet the individual's needs. The document must be signed by the home, individual, and physician in attestation of its accuracy. In addition, a developed service plan may in part demonstrate the homes' ability to meet the individuals needs within the scope of the homes program statement. A letter of waiver approval from the department must be maintained within the resident record until discharge or the individual turns 55 years of age.

Administrative Rule and Statutory Cross Reference

MCL 333.20201(1) & (2)d & e – Policy describing resident rights and responsibilities.

MCL 333.21311(3) minimum age for admission; waiver of age limitation; documentation; determination by director.

325.1901 Definition of protection and supervision

325.1917 Compliance with other laws, codes, and ordinances.

325.1921(1) a & b Governing bodies, administrators, and supervisors.

325.1922(1) Admission and retention of residents.

R 325.1901(19) - Definitions.

(19) "Resident admission contract" means a written agreement between the home and the resident and/or the resident's authorized representative that specifies the services to be provided, the fees to be charged, including all fees related to admission such as deposits, admission fees, advance care payments, application fees and all other additional fees, and the home's policies related to the admission and retention of a resident.

R 325.1901(20) - Definitions.

(20) "Room and board" mean the provision of housing and meals to meet the needs of the resident.

Technical Assistance

"Room" could be a bedroom, an apartment, a suite, etc.

"Board" means the provision of one or more meals/food as a "package" that includes room or lodging.

Administrative Rule and Statutory Cross Reference

MCL 333.20106(3) – Definition of home for the aged

R 325.1901(21) - Definitions.

(21) "Service plan" means a written statement prepared by the home in cooperation with a resident and/or the resident's authorized representative or agency responsible for a resident's placement, if any, and that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident's physical, social, and behavioral needs and well-being and the methods of providing the care and services while taking into account the preferences and competency of the resident.

Technical Assistance

A service plan is developed, with the resident and their health stakeholders, prior to admission to ensure staff and services of the home can meet the resident's unique needs. The home must be prepared to demonstrate who participated in the development of the plan. The plan is an agreement of care at the time of admission. Post admission updates to the plan are performed solely by the home and based on increased awareness of previously unrecognized level of need. Updates to any plan post admission must be communicated

either verbally or in writing to the resident or their authorized representative. This communication must be demonstratable by the home.

The service plan must provide staff instruction as to what the residents needs are, what if any role the resident has in participating in their care, provision of care guidance, and who will provide the assistance or service. The home must reasonably govern those services listed on the plan provided by an entity outside the home. In the event the resident is at risk of not having that need met by the entity, the home has responsibility to inform the associated health care professional and possibly assist in securing that care for the resident.

Administrative Rule and Statutory Cross Reference

MCL 333.20201(1) & (2) e, g, j, k & n Policy describing rights and responsibilities.

325.1901 (2), (3), (4), (5), (16), & (22) Definitions.

325.1921 (1) a & b Governing bodies, administrators, and supervisors.

325.1922 (1) & (5) Admission and retention of residents.

325.1931 (1), (3), (5), & (6) Employees; general provisions.

325.1932 (2) Resident medications.

325.1933 (1) Personal care of residents.

325.1942 (3) h Resident records.

325.1952 (4) Meals and special diets.

R 325.1901(22) - Definitions.

(22) "Supervision" means guidance of a resident in the activities of daily living, and includes all of the following:

(a) Reminding a resident to maintain his or her medication schedule in accordance with the instructions of the resident's licensed health care professional as authorized by MCL 333.17708.

(b) Reminding a resident of important activities to be carried out.

(c) Assisting a resident in keeping appointments.

(d) Being aware of a resident's general whereabouts as indicated in the resident's service plan, even though the resident may travel independently about the community.

(e) Supporting a resident's personal and social skills.

STATE ADMINISTRATION

R 325.1911(1)-(2) - License applications; authorized representatives; notices.

(1) An application for a license for a home shall be made on forms authorized and provided by the director and shall be completed in full.

(2) An application for a license for a home shall be made and signed by the individual desiring to establish, conduct, or maintain a licensed home, or by the authorized representative of any

individual, co-partnership, corporation, or association including any receiver, trustee, assignee, or similar representative desiring to establish, conduct, or maintain a licensed home.

R 325.1911(3) - License applications; authorized representatives; notices.

(3) An authorized representative shall be authorized by the applicant to do all of the following:

(a) Make application and amendments to the application.

(b) Provide the director with all information necessary to make a determination in connection with the issuance of a license.

(c) Enter into agreements with the director in connection with the issuance of a license.

Technical Assistance

An authorized representative must always be appointed, even if the applicant appoints oneself as the authorized representative. The authorized representative is invited to participate in exit conferences, licensing reports are addressed and mailed to the authorized representative and required corrective action plans must be signed by the authorized representative.

The licensee's authorized representative is not to be confused with the resident's authorized representative as defined in R 215.1901(5).

Administrative Rule and Statutory Cross Reference

MCL 333.20151 – Cooperation

325.1901(5) - Definitions

325.1911 (2)(4)(5) – Application for license

R 325.1911(4) - License applications; authorized representatives; notices.

(4) A certificate of appointment or other written evidence of the authority vested in the authorized representative shall be attached to the application.

Technical Assistance

The Homes for the Aged, Certificate for Appointment of Authorized Representative, BCAL-1603, or its equivalent, may be used for the Owner(s), operator, or member of the governing body of the home to appoint an authorized representative. A new BCAL-1603, or its equivalent, must be submitted whenever there is a change in the authorized representative.

As a condition of eligibility, the authorized representative must complete a record clearance. This clearance is separate from that type completed by employees of the home. The authorized representative must complete the BCAL 1326A-FP *AFC/HFA LICENSING RECORD CLEARANCE REQUEST* and RI-030 *LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST* forms. These forms and instructions are available by contacting the licensing unit or your assigned licensing staff person. The department does not pay any fees associated with authorized representative clearances.

Administrative Rule and Statutory Cross Reference

MCL 333.21313 Owner, operator, governing body; clearances

325.1911(1) – License application

325.1913(2) – Written notice of changes

R 325.1911(5)-(6) - License applications; authorized representatives; notices.

(5) In matters relating to the licensing of the home, the director may continue to deal with the authorized representative until the director is notified in writing that a new authorized representative has been appointed with equal power and the former authorized representative is no longer authorized to act.

(6) The director may use any appropriate means of notice and may direct notices of any administrative action pursuant to licensing of the home to the applicant or the authorized representative, either personally or by certified mail at the address of the establishment or institution.

R 325.1912(1) - Licenses and permits; issuance.

(1) Upon determination that the home complies with the act and these rules, the department shall issue a license.

Technical Assistance

A license is issued by the Department of Regulatory Affairs, Bureau of Community Health Systems, Adult Foster Care and Camps division. A proposed home for the aged may not admit residents to the home based on the issuance of an Occupancy Permit by the Health Facility Engineering Section, or approval of the Bureau of Fire Services. Those approvals and permit alone do not constitute the issuance of a license by the department.

Administrative Rule and Statutory Cross Reference

MCL 333.20141(1) – Health facility or agency; license required.

MCL 333.20156 (3) – Fire safety approval

MCL 333.20162 (1) – License issuance

MCL 333.20165 (2) – Denial of application

R 325.1912(2) - Licenses and permits; issuance.

(2) The department may issue a nonrenewable temporary permit for not more than 6 months in accordance with MCL 333.20162(2).

Technical Assistance

The correct statutory reference is MCL 333.20162(3).

Administrative Rule and Statutory Cross Reference

325.1912(1) – Licenses and permits; issuance

325.1912(3) - Licenses and permits; issuance.

(3) The department may issue a provisional license for not more than 3 consecutive years in accordance with MCL 333.20162(3).

Technical Assistance

The correct statutory reference is MCL 333.20162(4).

Administrative Rule and Statutory Cross Reference

325.1912(1) – Licenses and permits; issuance.

R 325.1912(4) - Licenses and permits; issuance.

(4) The maximum number of resident beds authorized for occupancy shall be endorsed on the license, provisional license, or nonrenewable temporary permit.

R 325.1913(1) - Licenses and permits; general provisions.

(1) A license, provisional license, or temporary nonrenewable permit is not transferable between owners, or from one location to another, or from one part of an institution to another.

Technical Assistance

Some homes for the aged licensees choose to have management agreements. A management agreement involves how a facility operates. Typically, the licensee enters into an agreement with another party to operate the home for the aged under the license issued to a licensee.

The license application or update must reflect any parties to a management agreement involving the operation of the home.

Management agreements are to be reviewed by home for the aged licensing staff to ensure that the agreement does not violate the statute or administrative rules and does not abdicate the licensee's responsibility for compliance with the statute and rules. The licensee is ultimately responsible for compliance.

Administrative Rule and Statutory Cross Reference

325.1921 (1) (2) – Governing bodies, administrators, and supervisors

R 325.1913(2)-(4) - Licenses and permits; general provisions.

(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.

(3) The number of residents cared for in a home and the complement of resident beds shall not exceed the number authorized by the license, provisional license, or temporary nonrenewable permit.

(4) The current license, provisional license, or temporary nonrenewable permit shall be posted in a conspicuous public area of the home.

R 325.1914 - Administrative actions.

(1) Orders and notices of intended action regarding licensure that are issued by the department against a home or applicant shall be in writing, and shall include all of the following:

(a) The nature of the action or intended action by the department.

(b) A brief statement of the facts on which the department action or intended action is based.

(c) The legal authority and jurisdiction for the action or intended action.

(d) A reference to the applicable sections of the act and rules.

(e) A statement regarding any rights to a hearing that are provided by the act or R 325.1915.

(f) Any written requirement and deadline for response from the home or applicant to the administrative action.

(2) Orders and notices of intended action shall be served on the home or applicant personally or by certified mail.

(3) Failure of the home or applicant to respond to an order or a notice within 30 days shall constitute a default.

R 325.1915 - Hearing procedures.

(1) This rule applies to hearings that are required by MCL 333.20162, 333.20165, 333.20166, and 333.20168.

(2) Unless otherwise provided by the act, the procedures for hearing shall comply with sections 71 to 92 of 1969 PA 306, MCL 24.271 to 24.292.

(3) If a hearing is required, then the home or applicant shall be notified in writing of the date, hour, place, and nature of the hearing. Unless otherwise specified in the notice, the hearing shall be held at the offices of the department in Lansing, Michigan.

(4) A hearing date shall be scheduled in accordance with the time- frames set out in MCL 333.20162, 333.20165, 333.20166, and 333.20168 as follows:

(a) Under MCL 333.20162 and 333.20168, an opportunity for a hearing on a compliance order or on an emergency order limiting, suspending, or revoking the license of the home shall be provided to the home within 5 working days of issuance of the department's order.

(b) Under MCL 333.20165 and 333.20166, the date set for an opportunity for a hearing on a notice of intent to deny, limit, suspend, or revoke a license shall be at least 30 days from the date of service of the action on the home or applicant.

(c) The date set for an opportunity for a hearing on a department order imposing an administrative fine on a home under MCL 333.20165(1) shall be at least 30 days from the date of service of the order on the home.

(5) The presiding officer may grant a request for an adjournment of a hearing for good cause. Unless provided otherwise by the act or these rules, an adjournment does not suspend the effective date of the department's order, including the effective date of a compliance order issued under MCL 333.20168, or an emergency order issued under MCL 333.20168 to limit, suspend, or revoke a home's license.

(6) Absent an adjournment, a home or applicant that fails to appear at a contested case hearing after proper service of notice waives the right to an administrative hearing on the department's order and any other review to which the home or applicant may be entitled. In such case, a default shall be entered, and the department's order or notice of intended action shall become final.

R 325.1916 - Prohibited use of "state approved" and "hospital."

(1) The home shall not use “state approved” or words having a similar meaning unless the home is operating under a current license.

(2) The home shall not use “hospital” or words having a similar meaning.

(3) The home shall not use “nursing home” or words having a similar meaning.

R 325.1917 - Compliance with other laws, codes, and ordinances.

(1) A home shall comply with all applicable laws and shall furnish such evidence as the director shall require to show compliance with all local laws, codes, and ordinances.

(2) A home shall comply with the department’s health care facility fire safety rules being R 29.1801 to R 29.1861 of the Michigan Administrative Code.

ADMINISTRATIVE MANAGEMENT OF HOMES

R 325.1921(1)(a) - Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(a) Assume full legal responsibility for the overall conduct and operation of the home.

R 325.1921(1)(b) - Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

Technical Assistance

The home is responsible for assuring resident protection including privacy and confidentiality as required by resident rights, supervision, assistance, and supervised personal care even though it may use volunteers and/or the residents may employ personal companions and home help/health providers.

The home must have a demonstrable plan or method to assure resident protection, including privacy and confidentiality as required by resident rights, as related to the flow of residents, guests, visitors and the public entering and exiting out of the home.

The home is responsible for resident safety and protection when mobility or assistive devices, or other equipment on or about the bed, are used. All such devices are to be included in the resident service plan prior to use in the home. The use of such devices cannot serve to physically restrain the resident except as allowed by MCL 333.20201 (2)(l). Anything that is used with the intent of restricting a resident’s movement is a restraint and is not an assistive device. Such devices and equipment must be used for the purpose of providing adequate and appropriate care, and treatments specified by the resident’s licensed health care provider. Such devices and equipment must encourage and allow for residents to function with independence at the highest practical level.

Devices known as “bed canes,” “bed cane assists,” or similar names, which are not affixed directly to the bed frame, present a serious danger to residents. They can cause asphyxiation and are prohibited in the home.

Bed rails, assist bars, halo rings, Noa bars, trapezes or any other device attached to the bed must be assessed for resident need and safety.

Inspection of bed rails and bed and bedside assistive devices should ensure:

- The bed rail or device is mechanically sound, firmly attached to the bed frame, and any latches or mechanics are in good working order.
- The distance between the slats (the horizontal or vertical supports between the perimeter of the rail itself) or the bed rail is small enough to prevent the resident’s head/leg or arm from becoming accidentally entrapped between the slats.
- Bed rail protective barriers, e.g. netting or clear padding, used to close off open spaces between the slats do not obstruct the resident’s view from the bed.
- Padded bed rail covers that obstruct the resident’s view are only used for residents who are prone to seizures or who are extremely agitated. The covers are soft enough to prevent injury, but rigid enough to prevent the resident from becoming entrapped.
- Any space between bed rail or device and mattress and between mattress and head or footboard is filled with foam wedges to prevent an entrapment zone between the mattress and device.
- When the bed is occupied, the top surface of the mattress is higher than the bottom of the bed rails or assistive device.
- Hazards created by improperly installed or positioned bed rails or devices include:
    - A gap created if the mattress or mattress pad is ill-fitted or out of position. The resident may become asphyxiated if the resident slips into the gap with their face pressed against the mattress and is unable to extricate him/herself.
    - Entrapment when a resident’s head becomes lodged between the mattress and the bed rails or bedside assistive device resulting in compression of the resident’s neck and throat.
    - Entrapment when a small person is trapped in the space between the mattress and headboard, mattress and footboard, or a resident slides out of the bed and becomes trapped between the side rail or device and the bed frame.
    - Risk of serious injury or death when the resident’s size and/or weight are inappropriate to the bed’s capacity or dimensions.

The use of bed rails and bedside assistive devices must be done with retention and consideration of the manufacturer’s instructions and warnings for the device, included in the service plan with details outlined on frequency of monitoring device integrity and staff observation of the resident with device to ensure continued appropriate and safe use.

It is recommended that a facility policy governing bed rails and bedside devices be available for review. The policy must include the requirements and methods for ongoing assessment of the continuing safety of the equipment/device such as gapping, loose bolts, etc. and its use.

Administrative Rule and Statutory Cross Reference

MCL 333.20170 - Medical records access

MCL 333.202101 (2) – Policy describing rights and responsibilities.

MCL 333.21313 (1) – Owner, operator, and governing body of home for aged

325.1901 (4) (16) (20) (22) – Definitions

325.1922 (1) – Admission and retention of residents' resident service plan

325.1931 (1) – Employees; general provisions.

R 325.1921(1)(c)- Governing bodies, administrators, and supervisors.

(1) The owner, operator, and governing body of a home shall do all of the following:

(c) Assure the availability of emergency medical care required by a resident.

(d) Appoint a competent administrator who is responsible for operating the home in accordance with the established policies of the home.

R 325.1921(2)- Governing bodies, administrators, and supervisors.

(2) An administrator shall meet all of the following requirements:

(a) Be at least 18 years old.

(b) Have education, training, and/or experience related to the population served by the home.

(c) Be capable of assuring program planning, development, and implementation of services to residents consistent with the home's program statement and in accordance with the residents' service plan and agreements.

Technical Assistance

An administrator must complete a background clearance as an employee of the home on the MILTCPartnership.org website. An individual that has been appointed by the governing body as both administrator and licensee authorized representative must have both clearances completed.

Administrative Rule and Statutory Cross Reference

MCL 333.20173a&b; Employee clearances

MCL 333.21313 Owner, operator, governing body; clearances

325.1901 (16) Definition of Protection

325.1921 (1)b Governing bodies, administrators, and supervisors.

325.1944(1) Employee records and work schedules

(3) A licensee who meets the qualifications of an administrator may serve as an administrator.

R 325.1922(1)- (2)(b) - Admission and retention of residents.

(1) A home shall have a written resident admission contract, pro- gram statement, admission and discharge policy and a resident's service plan for each resident.

(2) The admission policy shall specify all of the following:

(a) That at the time of admission, the home shall document the needs of each individual seeking admission. The documented needs shall be used to develop the resident's service plan.

(b) That a home shall not accept an individual seeking admission unless the individual's needs can be adequately and appropriately met within the scope of the home's program statement.

R 325.1922(2)(c) - Admission and retention of residents.

(2) The admission policy shall specify all of the following:

(c) That the individual seeking admission and his or her authorized representative, if any, shall participate in the development of the individual's service plan.

Technical Assistance

Although there is no requirement for the resident and/or the resident's authorized representative to sign the service plan, the home must be able to demonstrate that the resident and/or authorized representative participated in the development of the service plan.

Resident service plans are required to be kept in the resident's record and all records in the resident record must be signed and dated. The rule does not specify who must sign required records, but a signature is required.

Administrative Rule and Statutory Cross Reference

325.1901 (5) (15) – Definitions

325.1942(2) (3) – Resident records

R 325.1922(2)(d) - Admission and retention of residents.

(2) The admission policy shall specify all of the following:

(d) That the home has developed and implemented a communicable disease policy governing the assessment and baseline screening of residents.

Technical Assistance

A home's responsibility consists of the protection of their generally non-transient resident population. A communicable disease policy must be developed based on the needs of the residents, specified statutes and rules, special consideration given to those diseases known identified as prevalent by the local county health department.

A communicable disease policy should provide facility staff procedures to ensure the screening for, recognition of, containment practices, and notification responsibilities related to communicable disease within the facility**,** including their responsibility to report to their local health department whenever they experience more cases of any communicable disease than could be normally expected in their combined resident-staff population.

At the time of admission, each resident's suitability for residency in terms of his or her communicable disease status must be assessed and documented in the medical record. The initial admission as well as continued residency must be based on the ability of the health care facility to provide care for that individual. If the provision of care to the resident is specialized due to an infectious disease the service plan must be developed to ensure staff are provided methods on how to meet that need based on health care provider instruction.

While statute and rule contemplate tuberculosis and influenza, other communicable diseases may be addressed in the policy.

A facility may address how it ensures that staff members are in good health to provide care, including screening upon hire, identification of illness, attendance prohibition, and conditions at which return to work is appropriate in this policy or may develop a separate policy to address the requirement in R 325.1923(1).

A facility may develop this policy to address the protection of their residents from infectious diseases brought into the facility by individuals other than their own staff members during periods of potential community spread.

The policy may be developed to include training specific to standard precautions and the containment of infectious disease as well as staff reporting responsibilities to licensing, authorized representatives, and physicians.

Administrative Rule and Statutory Cross Reference

MCL 333.20132 (2) ;control of communicable diseases;

MCL 333.21332 Home for the aged; influenza vaccination.

325.1901 (16) Definition of Protection

325.1921 (1)b Governing bodies, administrators, and supervisors.

325.1922 (7) Resident admission screening

325.1923 Employee's health

325.1931(6)f Employees; containment of infectious disease

R 325.1922(3)(a)-(f) - Admission and retention of residents.

(3) At the time of an individual's admission, a home or the home's designee shall complete a written resident admission contract between the resident and/or the resident's authorized representative, if any, and the home. The resident admission contract shall, at a minimum, specify all of the following:

(a) That the home shall provide room, board, protection, supervision, assistance, and supervised personal care consistent with the resident's service plan.

(b) The services to be provided and the fees for the services.

(c) The notice to be provided by the home to the resident and/or the resident's authorized representative, if any, upon any change in fees.

(d) The transportation services that are provided, if any, and the fees for those services.

(e) The home's admission and discharge policy.

(f) The home's refund policy.

R 325.1922(3)(g) - Admission and retention of residents.

(3) At the time of an individual's admission, a home or the home's designee shall complete a written resident admission contract between the resident and/or the resident's authorized representative, if any and the home. The resident admission contract shall, at a minimum, specify all of the following:

(g) The resident's rights and responsibilities, which shall include those rights and responsibilities specified in MCL 333.20201 (2) and (3) and MCL 333.20202.

Technical Assistance

The resident's rights and responsibilities must be provided exactly as written, without variation, as provided in MCL 333.20201 and MCL 333.20202. Information cannot be added or omitted that conflicts with the resident rights and responsibilities specified in the statute.

For Reference:

MCL 333.20201 Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights.

(2) The policy describing the rights and responsibilities of patients or residents shall include as a minimum:

(a) A patient or resident will not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, sexual preference, or source of payment.

(b) An individual who is or has been a patient or resident is entitled to inspect, or receive for a reasonable fee, a copy of his or her medical record upon request. A third party shall not be given a copy of the patient's or resident's medical record without prior authorization of the patient.

(c) A patient or resident is entitled to confidential treatment of personal and medical records and may refuse their release to a per- son outside the facility except as required because of a transfer to another health care facility or as required by law or third party payment contract.

(d) A patient or resident is entitled to privacy, to the extent feasible, in treatment and in caring for personal needs with consideration, respect, and full recognition of his or her dignity and individuality.

(e) A patient or resident is entitled to receive adequate and appropriate care, and to receive, from the appropriate individual within the facility, information about his or her medical condition, proposed course of treatment, and prospects for recovery, in terms that the patient or resident can understand, unless medically contraindicated as documented by the attending physician in the medical record.

(f) A patient or resident is entitled to refuse treatment to the extent provided by law and to be informed of the consequences of that refusal. When a refusal of treatment prevents a health facility or its staff from providing appropriate care according to ethical and professional standards, the relationship with the patient or resident may be terminated upon reasonable notice.

(g) A patient or resident is entitled to exercise his or her rights as a patient or resident and as a citizen, and to this end may present grievances or recommend changes in policies and services on behalf of himself or herself or others to the facility staff, to governmental officials, or to another person of his or her choice within or outside the facility, free from restraint, interference, coercion, discrimination, or reprisal. A patient or resident is entitled

to information about the facility's policies and procedures for initiation, review, and resolution of patient or resident complaints.

(h) A patient or resident is entitled to information concerning an experimental procedure proposed as a part of his or her care and shall have the right to refuse to participate in the experiment without jeopardizing his or her continuing care.

(i) A patient or resident is entitled to receive and examine an explanation of his or her bill regardless of the source of payment and receive, upon request, information relating to financial assistance available through the facility.

(j) A patient or resident is entitled to know who is responsible for and who is providing his or her direct care, is entitled to receive information concerning his or her continuing health needs and alternatives for meeting those needs, and to be involved in his or her discharge planning, if appropriate.

(k) A patient or resident is entitled to associate and have private communications and consultations with his or her physician, attorney, or any other person of his or her choice and to send and receive personal mail unopened on the same day it is received at the health facility or agency, unless medically contraindicated as documented by the attending physician in the medical record. A patient's or resident's civil and religious liberties, including the right to independent personal decisions and the right to knowledge of available choices, shall not be infringed and the facility shall encourage and assist in the fullest possible exercise of these rights. A patient or resident may meet with, and participate in, the activities of social, religious, and community groups at his or her discretion, unless medically contraindicated as documented by the attending physician in the medical record.

(l) A patient or resident is entitled to be free from mental and physical abuse and from physical and chemical restraints, except those restraints authorized in writing by the attending physician for a specified and limited time or as are necessitated by an emergency to protect the patient or resident from injury to self or others, in which case the restraint may only be applied by a qualified professional who shall set forth in writing the circumstances requiring the use of restraints and who shall promptly report the action to the attending physician. In case of a chemical restraint a physician shall be consulted within 24 hours after the commencement of the restraint.

(m) A patient or resident is entitled to be free from performing services for the facility that are not included for therapeutic purposes in the plan of care.

(n) A patient or resident is entitled to information about the health facility rules and regulations affecting patient or resident care and conduct.

(o) A patient or resident is entitled to adequate and appropriate pain and symptom management as a basic and essential element of his or her medical treatment.

MCL 333.20201 Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights.

(3) The following additional requirements for the policy described in subsection (2) shall apply to licensees under parts 213 and 217:

(a) The policy shall be provided to each nursing home patient or home for the aged resident upon admission, and the staff of the facility shall be trained and involved in the implementation of the policy.

(b) Each nursing home patient may associate and communicate privately with persons of his or her choice. Reasonable, regular visiting hours, which shall be not less than 8 hours per day, and which shall take into consideration the special circumstances of each visitor, shall be established for patients to receive visitors. A patient may be visited by the patient's attorney or by representatives of the departments named in section 20156, during other than established visiting hours. Reasonable privacy shall be afforded for visitation of a patient who shares a room with another patient. Each patient shall have reasonable access to a telephone. A married nursing home patient or home for the aged resident is entitled to meet privately with his or her spouse in a room which assures privacy. If both spouses are residents in the same facility, they are entitled to share a room unless medically contraindicated and documented by the attending physician in the medical record.

(c) A nursing home patient or home for the aged resident is entitled to retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other patients or residents, or unless medically contraindicated as documented by the attending physician in the medical record. Each nursing home patient or home for the aged resident shall be provided with reasonable space. At the request of a patient, a nursing home shall provide for the safekeeping of personal effects, funds, and other property of a patient in accordance with section 21767, except that a nursing home shall not be required to provide for the safekeeping of a property which would impose an unreasonable burden on the nursing home.

(d) A nursing home patient or home for the aged resident is entitled to the opportunity to participate in the planning of his or her medical treatment. A nursing home patient shall be fully informed by the attending physician of the patient's medical condition unless medically contraindicated as documented by a physician in the medical record. Each nursing home patient shall be afforded the opportunity to discharge himself or herself from the nursing home.

(e) A home for the aged resident may be transferred or discharged only for medical reasons, for his or her welfare or that of other residents, or for nonpayment of his or her stay, except as provided by title XVIII of the social security act, chapter 531, 49 Stat. 620, 42 U.S.C. 1395 to 1395b, 1395b 2, 1395c to 1395i, 1395i 2 to 1395i 4, 1395j to 1395t, 1395u to 1395w 2, 1395w 4 to 1395yy, and 1395bbb to 1395ddd, or by title XIX of the social security act, chapter 531, 49 Stat. 620, 42 U.S.C. 1396 to 1396f and 1396g 1 to 1396w. A nursing home patient may be transferred or discharged only as provided in sections 21773 to 21777. A nursing home patient or home for the aged resident is entitled to be given reasonable advance notice to ensure orderly transfer or discharge. Those actions shall be documented in the medical record.

(f) A nursing home patient or home for the aged resident is entitled to be fully informed before or at the time of admission and during stay of services available in the facility, and of the related charges including any charges for services not covered under title XVIII, or not covered by the facility's basic per diem rate. The statement of services provided by the facility shall be in writing and shall include those required to be offered on an as needed basis.

(g) A nursing home patient or home for the aged resident is entitled to manage his or her own financial affairs, or to have at least a quarterly accounting of personal financial transactions undertaken in his or her behalf by the facility during a period of time the patient or resident has delegated those responsibilities to the facility. In addition, a patient or resident is entitled to receive each month from the facility an itemized statement setting forth the services paid for by or on behalf of the patient and the services rendered by the facility. The admission of a patient to a nursing home does not confer on the nursing home or its owner, administrator, employees, or representatives the authority to manage, use, or dispose of a patient's property.

(h) A nursing home patient or a person authorized by the patient in writing may inspect and copy the patient's personal and medical records. The records shall be made available for inspection and copying by the nursing home within a reasonable time, not exceeding 1 week, after the receipt of a written request.

(i) If a nursing home patient desires treatment by a licensed member of the healing arts, the treatment shall be made available unless it is medically contraindicated, and the medical contraindication is justified in the patient's medical record by the attending physician.

(j) A nursing home patient has the right to have his or her parents, if a minor, or his or her spouse, next of kin, or patient's representative, if an adult, stay at the facility 24 hours a day if the patient is considered terminally ill by the physician responsible for the patient's care.

(k) Each nursing home patient shall be provided with meals that meet the recommended dietary allowances for that patient's age and sex and that may be modified according to special dietary needs or ability to chew.

(l) Each nursing home patient has the right to receive representatives of approved organizations as provided in section 21763.

MCL 333.20202 - Responsibilities of patient or resident.

(1) A patient or resident is responsible for following the health facility rules and regulations affecting patient or resident care and conduct.

(2) A patient or resident is responsible for providing a complete and accurate medical history.

(3) A patient or resident is responsible for making it known whether he or she clearly comprehends a contemplated course of action and the things he or she is expected to do.

(4) A patient or resident is responsible for following the recommendations and advice prescribed in a course of treatment by the physician.

(5) A patient or resident is responsible for providing information about unexpected complications that arise in an expected course of treatment.

(6) A patient or resident is responsible for being considerate of the rights of other patients or residents and health facility personnel and property.

(7) A patient or resident is responsible for providing the health facility with accurate and timely information concerning his or her sources of payment and ability to meet financial obligations.

Administrative Rule and Statutory Cross Reference

MCL 333.20192 – Do not resuscitate.

MCL 333.20201 (2) (3) – Policy describing rights and responsibilities of patients or residents.

MCL 333.20202 – Policy describing rights and responsibilities of patients or residents.

325.1901 (5) (19) – Definitions

R 325.1922(4)-(6) Admission and retention of residents.

R 325.1922(4)-(6) - Admission and retention of residents.

(4) If there is a change in a term or condition in the written resident admission contract, then the home or home's designee shall review the change with the resident and the resident's authorized representative, if any.

(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.

(6) A home shall require an individual who, at the time of admission, is under the care of a licensed health care professional for ongoing treatments or prescription medications that require the home's intervention or oversight, to provide a written statement from that licensed health care professional completed within the 90-day period before the individual's admission to the home. The statement shall list those treatments or medications for the purpose of developing and implementing the resident's service plan. If this statement is not available at the time of an emergency admission, then the home shall require that the statement be obtained not later than 30 days after admission.

R 325.1922(7) - Admission and retention of residents.

(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.

Technical Assistance

All residents must have tuberculosis (TB) testing prior to admission**.** The facility may obtain written recommended methods of tuberculosis (TB) screening from the local health department. If the facility's local health authority will not provide written recommended methods of TB screening, another local health authority's written recommended screening methods may be obtained to demonstrate compliance. A resident admission TB screening may consist of a one-step intradermal skin test. A positive tuberculosis determination does not necessarily exclude a resident from residing in the home if a resident has the latent form of TB or if the home is equipped with a negative pressure room for quarantine purposes

during treatment if the resident has the active form. A resident testing positive for tuberculosis must follow all recommendations of the local health authority.

A newer method of tuberculosis screening called QuantiFERON TB- Gold is an alternative method of screening approved by both the Michigan Department of Health and Human Services, Communicable Disease Section, and by the federal Centers for Disease Control and Prevention. Although not commonly used because of the expense, the QuantiFERON TBGold blood test results are to be considered acceptable for compliance.

To complete the required risk assessment, on an annual basis, a facility must review their record for of all TB testing completed for their residents and staff during that year. This record must contain the results of testing completed on all newly admitted residents and upon all staff at the time of hire. If the facility was not assessed to be low risk in the previous year, this record will contain the results of the routine (annual) testing of residents and staff. If the facility has less than 200 residents and had less than three residents and/or staff screened positive for ACTIVE TB the preceding year, the facility is classified as low risk. If there were three or more ACTIVE positive screens for the preceding year, the facility is classified as medium risk. If the facility has more than 200 residents and had less than six residents and/or staff screened positive for ACTIVE TB the preceding year, the facility is classified as low risk. If there were six or more ACTIVE positive screens for the preceding year, the facility is classified as medium risk. The exposure risk classification will dictate whether routine (annual) TB screening will be necessary for residents and staff in the succeeding year**.**

In addition to reviewing their own records, the facility must determine the TB risk level in their county. County TB statistics are available at the following website:

https://www.michigan.gov/documents/mdhhs/1. Michigan TB Cases Rates 668437 7.pdf

Alternatively, the facility may contact their local health department.

Development of a yearly TB risk assessment form is advised to demonstrate compliance. This form must be available, upon request, from facility for licensing staff or other local health authorities review. The form must contain following information to meet compliance:

- name of facility,
- number of residents in care,
- name of the person completing the risk assessment,
- date the risk assessment was completed,
- number of screened ACTIVE individuals (staff and residents) within the facility for the last year,
- ACTIVE TB prevalence within the county of facility, per 100,000

During the facility's renewal inspection, licensing staff will request the most recent TB risk assessment dated within the previous 12 months to assess compliance.

Administrative Rule and Statutory Cross Reference

MCL 333.20132 (2) ;control of communicable diseases;

325.1901 (16) Definition of Protection.

325.1921(1)b Governing bodies, administrators, and supervisors.

325.1922 (2)d Resident communicable disease policy

325.1923 (2) Employee's health

325.1931(6)f Employees; containment of infectious disease

325.1942 (3)f Resident Records.

R 325.1922(8) - Admission and retention of residents.

(8) A home shall not retain a resident if the resident has harmed himself or herself or others, or has demonstrated behaviors that pose a risk of serious harm to himself or herself or others, unless the home has the capacity to manage the resident's behavior.

R 325.1922(9) - Admission and retention of residents.

(9) A home shall not admit a resident who requires continuous nursing care services of any kind normally provided in a nursing home as specified in MCL 333.21711(3) and MCL 333.21715(2).

Technical Assistance

"Continuous nursing care" means requiring the presence of a nurse in the home at all times to provide ongoing nursing assessments, judgments and/or interventions. This does not preclude the provision of licensed hospice care.

Administrative Rule and Statutory Cross Reference

MCL 333.21711(3) – License for formal or informal nursing care services

MCL 333.21715(2) – Programs of planned and continuing nursing and medical care

325.1922 (10) – Retention of residents

R 325.1922(10) - Admission and retention of residents.

(10) A home shall not retain a resident who requires continuous nursing care services of any kind normally provided in a nursing home as specified in MCL 333.21711(3) and MCL 333.21715(2) unless the home meets the provisions of MCL 333.21325, or the individual is enrolled in and receiving services from a licensed hospice program or a home health agency.

Technical Assistance

Nurses who are not employed by the home can provide continuous nursing care.

A resident's health care provider may be consulted to determine if a nurse's presence is required 24 hours a day.

For reference: MCL 333.21325 If a resident of a home for the aged is receiving care in the facility in addition to the room, board, and supervised personal care specified in section 20106(3), as determined by a physician, the department shall not order the removal of the resident from the home for the aged if both of the following conditions are met: (a) The resident, the resident's family, the resident's physician, and the owner, operator, and governing body of the home for the aged consent to the resident's continued stay in the home for the aged. (b) The owner, operator, and governing body of the home for the aged commit to assuring that the resident receives the necessary additional services.

Administrative Rule and Statutory Cross Reference

MCL 333.21711(3) – License for formal or informal nursing care services

MCL 333.21715(2) – Programs of planned and continuing nursing and medical care

MCL 333.21325 – Removal of resident

325.1922 (9) – Continuous nursing care

R 325.1922(11) - Admission and retention of residents.

(11) In accordance with MCL 333.20201(3)(e), a home's discharge policy shall specify that a home for the aged resident may be transferred or discharged for any of the following reasons:

(a) Medical reasons.

(b) His or her welfare or that of other residents.

(c) For nonpayment of his or her stay.

(d) Transfer or discharge sought by resident or authorized representative.

Technical Assistance

These are the only discharge reasons permitted by statute.

Administrative Rule and Statutory Cross Reference

MCL 333.20201(3) (e) – Discharge reason

325.1901 (5) (8) – Definitions

325.1922 (13) (14) (15) – Resident discharge

R 325.1922(12) - Admission and retention of residents.

(12) The reason for transfer or discharge shall be documented in the resident record.

R 325.1922(13)(a)- (b) - Admission and retention of residents.

(13) A home shall provide a resident and his or her authorized representative, if any, and the agency responsible for the resident's placement, if any, with a 30-day written notice before discharge from the home. The written notice shall consist of all of the following:

(a) The reasons for discharge.

(b) The effective date of the discharge.

Technical Assistance

If a resident refuse to move out of the home or does not have a subsequent residential placement upon the effective date of the discharge notice, the home may initiate the legal eviction process.

A resident who is transported to a hospital emergency room or is admitted to a hospital is not discharged and is entitled to return to the home for the aged upon discharge from the hospital. If the home determines it cannot meet the resident's care needs at hospital discharge, an

immediate discharge in compliance with R 325.1922 (16) may be initiated. It is recommended that the home communicate with the hospital discharge planner prior to the resident's release from the hospital.

Administrative Rule and Statutory Cross Reference

MCL 333.20201 (2) (j) – Resident involvement

325.1901 (5) – Authorized representative

325.1922 (15) (16) – Discharge before 30-day notice

R 325.1922(13)(c)- (15) - Admission and retention of residents.

(13) A home shall provide a resident and his or her authorized representative, if any, and the agency responsible for the resident's placement, if any, with a 30-day written notice before discharge from the home. The written notice shall consist of all of the following:

(c) A statement notifying the resident of the right to file a complaint with the department. The provisions of this subrule do not preclude a home from providing other legal notice as required by law.

(14) If the department finds that the resident was discharged in violation of these rules or the home's discharge policy, then the resident may return to the first available bed in the home that can meet the resident's needs as identified in the resident's service plan.

(15) A home may discharge a resident before the 30-day notice if the home has determined and documented that either, or both, of the following exist:

(a) Substantial risk to the resident due to the inability of the home to meet the resident's needs or due to the inability of the home to assure the safety and well-being of the resident, other residents, visitors, or staff of the home.

(b) A substantial risk or an occurrence of the destruction of property. R 325.1922(16)(a) Admission and retention of residents.

R 325.1922(16)(a) - Admission and retention of residents.

(16) A home that proposes to discharge a resident for any of the reasons listed in subrule (15) of this rule shall take all of the following steps before discharging the resident:

(a) The home shall notify the resident, the resident's authorized representative, if any, and the agency responsible for the resident's placement, if any, not less than 24 hours before discharge. The notice shall be verbal and issued in writing. The notice of discharge shall include all of the following information:

(i) The reason for the proposed discharge, including the specific nature of the substantial risk.

(ii) The alternatives to discharge that have been attempted by the home, if any.

(iii) The location to which the resident will be discharged.

(iv) The right of the resident to file a complaint with the department.

Technical Assistance

In the event of an emergency discharge, the resident and his/her authorized representative/ responsible agency must select a subsequent placement before the resident is discharged. This decision cannot be made solely by the home on behalf of the resident.

If the resident refuses to relocate from the home or does not have a subsequent placement following proper discharge, the home may follow the legal eviction process.

A resident who is transported to the hospital emergency room or admitted to the hospital is not discharged and is entitled to return to the home for the aged. It is recommended that the home to work with the hospital discharge planner prior to the resident's release from the hospital.

Administrative Rule and Statutory Cross Reference

325.1901 (5) – Authorized representative

325.1922 (13) (15) – Discharge

R 325.1922(16)(b)- (e) - Admission and retention of residents.

(16) A home that proposes to discharge a resident for any of the reasons listed in subrule (13) of this rule shall take all of the following steps before discharging the resident:

(b) The department and adult protective services shall be notified not less than 24 hours before discharge in the event of either of the following:

(i) A resident does not have an authorized representative or an agency responsible for the residents placement.

(ii) The resident does not have a subsequent placement.

(c) The notice to the department and adult protective services shall include all of the following information:

(i) The reason for the proposed discharge, including the specific nature of the substantial risk.

(ii) The alternatives to discharge that have been attempted by the home, if any.

(iii) The location to which the resident will be dis- charged, if known.

(d) If the department finds that the resident was improperly discharged, then the resident may return to the first available bed in the home that can meet the resident's needs as identified in the resident's service plan.

(e) The resident shall not be discharged until a subsequent setting that meets the resident's immediate needs is located.

R 325.1923(1) - Employee's health.

(1) A person on duty in the home shall be in good health. The home shall develop and implement a communicable disease policy governing the assessment and baseline screening of employees. A record shall be maintained for each employee, which shall include results of baseline screening for communicable disease. Records of accidents or illnesses occurring while on duty that place others at risk shall be maintained in the employee's file.

Technical Assistance

The home must demonstrate, and include within the employee record, how the employee was determined to be in "good health". A simple assessment of general health questions relevant to the duties of the position is acceptable.

A licensee's responsibility consists of the protection of their generally non-transient resident population with consideration of the transient staff as a possible unknowing carrier of communicable disease. A communicable disease policy must be developed based on the needs of the facility, specified statutes/ rules, and with special consideration given to those diseases known identified as prevalent by the local county health department.

A communicable disease policy should provide facility staff procedures to ensure the screening for, recognition of, containment practices, and notification responsibilities related to communicable disease within the facility, including their responsibility to report to their local health department whenever they experience more cases of any communicable disease than could be normally expected in their combined resident-staff population.

In addressing employee health, the policy should provide for an initial screening for all employees at the time of hire combined with a statement of good health prior to commencement of work. While rules provide some very specific language regarding tuberculosis, other communicable diseases such as influenza may be addressed in the policy as well. The results of assessments must be documented within the employee record. Protocols guiding allowed absence from work in lieu of illness, health care professional statements of good health for return to work, symptom monitoring, and appropriate use of personal protective equipment can be appropriately addressed in this policy as well. Additionally, the facility may elect to include training specific to standard precautions and reporting responsibilities to licensing, authorized representatives, and physicians.

The policy that addresses the requirements for R 325.1923(1) as specified here may be the same policy the facility implements to address the requirement within R 325.1922(2)(d) or the facility may elect to address resident-related issues in a separate policy.

Administrative Rule and Statutory Cross Reference

MCL 333.20132 (2); control of communicable diseases

325.1901 (16) Definition of Protection

325.1921 (1)b Governing bodies, administrators, and supervisors.

325.1922 (2)d Resident communicable disease policy

325.1931(6)f Employees; containment of infectious disease

325.1944 Employee records and work schedule.

R 325.1923(2) - Employee's health.

(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005"

(http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.

Technical Assistance

All employees must have tuberculosis (TB) screening. The facility may obtain written recommended methods of tuberculosis (TB) screening from the local health department. If the facility's local health authority will not provide written recommended methods of TB screening, another local health authority's written recommended screening methods may be obtained to demonstrate compliance. A positive tuberculosis determination does not necessarily exclude an employee from working in the home if an employee has the latent form of TB. An employee testing positive for tuberculosis must follow all recommendations of the local health authority.

Other agencies (Michigan Occupational Safety and Health Administration and the federal Occupational Safety and Health Administration) responsible for employee health all have differing and more stringent requirements from those set in R 325.1923(2). While this home for the age rule allows a new staff member to be screened with a one-step intradermal test, more stringent requirements by other agencies may require compliance at a higher level. It is advised the home to explore all regulating agencies requirements and apply the strictest standard.

A newer method of tuberculosis screening called QuantiFERON TB- Gold is an alternative method of screening approved by both the Michigan Department of Health and Human Services, Communicable Disease Section, and by the federal Centers for Disease Control and Prevention. Although not commonly used because of the expense, the QuantiFERON TBGold blood test results are to be considered acceptable for compliance.

To complete the required risk assessment, on an annual basis, a facility must review their record for of all TB testing completed for their residents and staff during that year. This record must contain the results of testing completed on all newly admitted residents and upon all staff at the time of hire. If the facility was not assessed to be low risk in the previous year, this record will contain the results of the routine (annual) testing of residents and staff. If the facility has less than 200 residents and had less than three residents and/or staff screened positive for ACTIVE TB the preceding year, the facility is classified as low risk. If there were three or more ACTIVE positive screens for the preceding year, the facility is classified as medium risk. If the facility has more than 200 residents and had less than six residents and/or staff screened positive for ACTIVE TB the preceding year, the facility is classified as low risk. If there were six or more ACTIVE positive screens for the preceding year, the facility is classified as medium risk. The exposure risk classification will dictate whether routine (annual) TB screening will be necessary for residents and staff in the succeeding year**.** The CDC guidance requires two-step intradermal screenings for staff in high risk areas.

In addition to reviewing their own records, the facility must determine the TB risk level in their county. County TB statistics are available at the following website:

https://www.michigan.gov/documents/mdhhs/1._Michigan_TB_Cases__Rates_668437_7.pdf

Alternatively, the facility may contact their local health department.

Development of a yearly TB risk assessment form is advised to demonstrate compliance. This form must be available, upon request, from facility for licensing staff or other local health authorities review. The form must contain following information to meet compliance:

- name of facility,
- number of residents in care,
- name of the person completing the risk assessment,
- date the risk assessment was completed,
- number of screened ACTIVE individuals (staff and residents) within the facility for the last year,
- ACTIVE TB prevalence within the county of facility, per 100,000

During the facility's renewal inspection, licensing staff will request the most recent TB risk assessment dated within the previous 12 months to assess compliance.

Administrative Rule and Statutory Cross Reference

MCL 333.20132 (2); control of communicable diseases

325.1901 (16) Definition of protection.

325.1921 (1)b Governing bodies, administrators, and supervisors.

325.1922 (2)d Resident communicable disease policy

325.1923 (1) Employee communicable disease

325.1931(6)f Employees; containment of infectious disease

325.1944 Employee records and work schedules.

R 325.1923(3)-(4) - Employee's health.

(3) Employees with past documented positive tuberculosis skin test results or who have received treatment for tuberculosis are exempt from the tuberculosis skin test but shall be screened annually for active symptoms of tuberculosis and the need for evaluation by a qualified health care professional to determine if symptoms of tuberculosis have developed.

(4) Tuberculosis skin tests, as well as post-exposure follow-up and treatment evaluations, shall be offered at no cost to the employees at times and locations convenient to the employees. A qualified health care professional shall perform the reading and interpretation of the tuberculosis skin test.

R 325.1924(1)-(2) - Reporting of incidents, accidents, elopement.

(1) The home shall complete a report of all reportable incidents, accidents, and elopements. The incident/accident report shall contain all of the following information:

(a) The name of the person or persons involved in the incident/accident.

(b) The date, hour, location, and a narrative description of the facts about the incident/ accident which indicates its cause, if known.

(c) The effect of the incident/accident on the person who was involved, the extent of the injuries, if known, and if medical treatment was sought from a qualified health care professional.

(d) Written documentation of the individuals notified of the incident/accident, along with the time and date.

(e) The corrective measures taken to prevent future incidents/accidents from occurring.

(2) The original incident/accident report shall be maintained in the home for not less than 2 years.

R 325.1924(3) - Reporting of incidents, accidents, elopement.

(3) The home shall report an incident/accident to the department within 48 hours of the occurrence. The incident or accident shall be immediately reported verbally or in writing to the resident's authorized representative, if any, and the resident's physician.

Technical Assistance

The incident/accident report to the department may be made verbally or in writing within 48 hours of the event.

Administrative Rule and Statutory Cross Reference

325.1901 (10) – Definition of elopement

325.1901 (17) – Definition of reportable incident/accident

R 325.1924(4) - Reporting of incidents, accidents, elopement.

(4) If an elopement occurs, then the home shall make a reasonable attempt to locate the resident and contact the resident's authorized representative, if any. If the resident is not located, the home shall do both of the following:

(a) Contact the local police authority.

(b) Notify the department within 24 hours of the elopement.

RESIDENT CARE

R 325.1931(1) - Employees; general provisions.

(1) Personal care and services that are provided to a resident by the home shall be designed to encourage residents to function physically and intellectually with independence at the highest practical level.

R 325.1931(2) - Employees; general provisions.

(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.

Technical Assistance

The home is required to provide safety and protection for every resident even if it is not specifically mentioned in the resident's service plan, as required by R325.1921(1)(b) and 325.1931(4)(a-c).

Administrative Rule and Statutory Cross Reference

MCL 333.20201 (2)(a)(e) – Resident rights

325.1901 (16) (21) – Definitions

325.1921 (1)(b) – Governing bodies, administrators, and supervisors

325.1922 (3)(a) – Admission contract

325.1931 (4) – Employees; general provisions

R 325.1931(3) - Employees; general provisions.

(3) The home shall designate 1 person on each shift to be supervisor of resident care during that shift. The supervisor of resident care shall be fully dressed, awake, and on the premises while on duty.

Technical Assistance

The home must be able to demonstrate how it indicates which staff is the designated supervisor of resident care on each shift.

In a home for the aged operating in conjunction with an attached nursing home, the nurse working in the nursing home on a shift may be designated the supervisor of resident care for the home for the aged on that shift.

Administrative Rule and Statutory Cross Reference

325.1931 (4) – Supervisor of resident care

325.1944 (2) – Employee work schedules

R 325.1931(4) - Employees; general provisions.

(4) The supervisor of resident care on each shift shall do all of the following:

(a) Assure that residents are treated with kindness and respect.

(b) Protect residents from accidents and injuries.

(c) Be responsible for the safety of residents in the case of emergency.

Technical Assistance

The designated supervisor of resident care must have the authority to act independently as needed to protect the residents and provide for resident safety without first seeking direction or permission from a higher authority who is not present at the home.

Administrative Rule and Statutory Cross Reference

325.1901 (16) – Protection

325.1921 (1)(b) – Governing bodies, administrators, and supervisors

R 325.1931(5) - Employees; general provisions.

(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.

Technical Assistance

The number of staff that is adequate and sufficient is variable and specific to the needs of residents and the capabilities of staff at a given point in time. The number may change based on various factors such as:

- Physical layout of the facility including the ability of available staff to maintain visual and auditory monitoring of residents.
- Ability of staff to communicate remotely to one another and summon assistance.
- Needs of residents in the event that disaster or fire emergency plans require implementation.
- Number of residents needing 2-empoyee assistance or Hoyer lifts.
- Number of residents with chronic incontinence.
- Number of residents with poor safety awareness, elopement, or aggressive behaviors.
- Number of residents with feeding needs.
- Number of new, inexperienced staff on duty.
- Number of new admissions, especially residents with dementia. Residents with increased anxiety or confusion require more staff attention especially during the initial transition period.

Administrative Rule and Statutory Cross Reference

MCL 333.20201 (1) & (2)e & o – Resident rights and responsibilities

325.1901 (16) & (22) – Definition of protection and supervision

325.1921(1)b – Governing bodies, administrators, and supervisors.

325.1931 (2) – Resident service plans

325.1933 – Personal care of residents.

R 325.1931(6) - Employees; general provisions.

(6) The home shall establish and implement a staff training pro- gram based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:

(a) Reporting requirements and documentation.

(b) First aid and/or medication, if any.

(c) Personal care.

(d) Resident rights and responsibilities.

(e) Safety and fire prevention.

(f) Containment of infectious disease and standard precautions.

(g) Medication administration, if applicable.

Technical Assistance

The home shall establish and implement a staff training program. The training program may include but is not limited to, video, written material, distance learning, demonstration, shadowing, curriculum, and online training. The training shall be provided to all employees

working in the home, and the home shall assure that the employee receives training related to the functions and responsibilities of their role as a caregiver, dietary staff, housekeeping, etc.

Administrative Rule and Statutory Cross Reference

MCL 333.20201 (2) and (3) and MCL 333.20202 - Resident Rights and Responsibilities

MCL 333.20178 - Description of service to residents with Alzheimer's disease

Rule 325.1901 (14), (15), (16), (17), (21), (22), and (23) - Definitions

Rule 325.1922 (5) - Updating Service Plans

Rule 325.1931 (7)

Rule 325.1932 (1), (2), (3), (4), (5), and (6)-Medications

Rule 325.1944 (1) (d)

Rule 325.1981 (2) (3)-Disaster plans

R 325.1931(7) - Employees; general provisions.

(7) The home's administrator or its designees are responsible for evaluating employee competencies.

Technical Assistance

The method of determining employee competencies must assure that the employee is fully able to demonstrate his or her learning obtained from the training program. Evidence of competency shall be maintained in the employee record.

Administrative Rule and Statutory Cross Reference

Rule 325.1931 (6) Employees; general provisions

Rule 325.1944 (1) (d) Employee records and work schedules.

R 325.1932(1) - Resident medications.

(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.

Technical Assistance

Medication is not to be crushed or mixed with food without written orders from the prescribing health care professional or accompanying instructions from the dispensing pharmacist.

Physician-supplied pharmacy samples of medication may be used in the home if the medication is accompanied by a signed order from the prescribing licensed health care professional.

Medication not administered as prescribed is considered a medication error. Medication errors include medication given at the wrong time or for the wrong reason, medication was not available to administer (ran out), the resident left the facility, and the medication was not provided to the resident and/or to the responsible person, or staff withheld medication because the resident was sleeping, eating, showering, etc.

R 325.1932(2) - Resident medications.

(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.

Technical Assistance

If a resident takes medications, the service plan must state whether the medications are maintained and/or administered by the facility or by the resident. At the time of admission, a resident's prescribing health care professional must indicate that the resident is capable of self-administration of medications if the resident's service plan includes self-administration of medications. Thereafter, the home must monitor the resident's continued capability to acquire, maintain, and self-administer medications as prescribed safely and accurately. The home should have no role other than to assess the safe practice of the resident when a service plan identifies the resident is capable of managing their own medication routine.

The service plan for a resident prescribed "PRN" or "as needed" medications must include instructions identifying when the medication would be needed. For example, if the PRN medication is to be administered in response to "agitation" or "anxiety", the service plan is to explain how that resident demonstrates the behavior, such as, "This resident typically demonstrates agitation by pacing for more than 20 minutes or displaying physical aggression." PRN medication for pain is to identify the source or type of pain, e.g., sciatic pain, migraine pain, arthritic joint pain. In addition, a home has the responsibility to acquire sufficient instruction from the health care professional to clarify orders or label instructions so to administer medications safely. Multiple "as needed" medications for the same condition without explanation as to why staff should administer one over the other, all at once, or in tandem is not reasonable nor safe.

R 325.1932(3)(a) - Resident medications.

(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:

(a) Be trained in the proper handling and administration of medication.

Technical Assistance

Training procedures for staff to administer medications are to include the "6 Rights" of medication administration:

- Right Resident
- Right Medication
- Right Dosage
- Right Time
- Right Route
- Right Documentation

Proper handling of medications includes sanitary methods of preparation and administration and infection control practice.

R 325.1932(3)(b) - Resident medications.

(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(i) The medication.

(ii) The dosage

(iii) Label instructions for use.

(iv) Time to be administered.

(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

Technical Assistance

When medication is removed from the pharmacy-labeled container or packaging, it must be administered to the resident immediately by the person removing the medication from the container. This does not preclude grouping the resident's medication(s) for immediate administration (e.g., placing all medications into one dispensing cup and administering the entire cupful at one time). The person who administers the medication is required to initial the medication log at the time the medication is administered. The person who gives the resident the medication is responsible/held accountable for administering the correct medicine in the correct dosage at the correct time by the correct method to the correct resident. That person cannot be held accountable if medications are pre-set into other containers prior to administration to a resident and that person is not able to certify proper administration through the initialization of the medication log.

R 325.1932(3)(c)- (d) - Resident medications.

(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing licensed health care professional, the resident's authorized representative, if any, and the agency responsible for the resident's placement, if any.

R 325.1932(3)(e) - Resident medications.

(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:

(e) Adjust or modify a resident's prescription medication with written instructions from a prescribing licensed health care professional who has knowledge of the medical needs of the resident. A home shall record, in writing, any instructions regarding a resident's prescription medication.

Technical Assistance

Changes or adjustments may include, but not be limited to, crushing medications, serving medications in food for easier swallowing, administering a specific dose in accordance with a blood glucose reading, withholding a medication for out-of range blood pressure readings, etc.

Medications ordered PRN or “as needed” are to include written instructions describing what would necessitate administration of the medication (e.g., chest pain, shortness of breath). Orders for multiple medications or various doses of a medication stated PRN or “as needed” for the same reason must have sufficient instructions to deter- mine whether medications and/or doses are to be given together, separately, in tandem, one instead of the other, etc. For example, two medications or two different doses of a medication ordered “as needed for pain” require additional instructions to determine when one would be administered over the other or administered together.

R 325.1932(4) - Resident medications.

(4) If a resident requires medication while out of the home, then the home shall assure that the resident, or the person who assumes responsibility for the resident, has all of the appropriate information, medication, and instructions.

Technical Assistance

In situations where the resident leaves the home (to attend day programs, dialysis/chemo/ radiation treatments, physical/occupational therapy, visits with family, etc.) and the home does not want to send the entire prescription with the resident, an acceptable practice is for the home to contact the pharmacy and request a duplicate labeled container for the medication. The medication can then be divided between the original and the duplicate labeled container.

Unless otherwise specified by the physician, prescription medication is to be provided to the resident or to the person who is assuming responsibility for the resident when the resident is out of the home. The home shall also assure the resident or the person who is assuming responsibility for the resident has all the appropriate information and instructions needed to administer the medications.

R 325.1932(5) - Resident medications.

(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.

Technical Assistance

Medications maintained by the facility, like all other potentially hazardous and toxic materials, must be stored in a safe manner and remain secured. Medications that are required to be refrigerated are to be stored in a locked box in the refrigerator or in a locked refrigerator. Medications maintained by residents are also to be safeguarded and kept in a locked cabinet or drawer. Medications are to be kept in locked storage accessible only by the resident, individuals authorized by the resident, and the facility staff.

Pre-setting of medication by placing medication into other containers to be administered later does not constitute taking reasonable precautions to assure that the medication is not used by a person other than the resident for whom the medication is prescribed.

Administrative Rule and Statutory Cross Reference

325.1922 (1)(6)– Resident service plan; written health statement

325.1931 (6) (7) – Employee training and competency

325.1977(2) – Central dispensing

325.1979 (3) – General maintenance and storage

R 325.1932(5) - Resident medications.

(5) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a licensed health care professional or a pharmacist.

R 325.1933 - Personal care of residents.

(1) A home shall provide a resident with necessary assistance with personal care such as, but not limited to, care of the skin, mouth and teeth, hands and feet, and the shampooing and grooming of the hair as specified in the resident's service plan.

(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.

Technical Assistance

The home must inform prospective and existing residents of the availability of soaps, toothpaste, toilet paper, incontinence products and define within the service plan whether they are provided by the home or resident. The home must have a sufficient supply on hand for those that do provide their own but are without. The conditions of this arrangement and the related fees associated, if any, are to be defined within the resident admission contract.

Administrative Rule and Statutory Cross Reference

MCL 333.20201(2) e - Resident rights and responsibilities

325.1921(1)b - Governing bodies, administrators, and supervisors.

325.1922 (1) – Resident admission contract

325.1931(2) – Employees, general provisions

R 325.1934 - Furniture

(1) A home shall provide an individual bed at least 36 inches wide, with comfortable springs in good condition and a clean protected mattress not less than 5 inches thick, or 4 inches thick if of synthetic construction.

(2) A cot or rollaway cot shall not be used as a resident bed.

(3) A bedside stand or its equivalent shall be available for a resident for the storage of small personal articles.

(4) A resident may use his or her own personal bed, mattress, and bedside stand or its equivalent, and may bring in personal furniture and possessions as space permits. Furniture and other possessions shall fit comfortably within the resident's own or shared living quarters, be safe and in reasonable condition, and be in compliance with R 29.1801 to R 29.1861 of the health facility fire safety rules.

Technical Assistance

When a resident's personal furnishings are used, they must be meet administrative rule requirements.

The home must inform prospective and existing residents of the availability of facility furniture for the resident's room(s) and the related fees via the resident admission contract.

If an applicant for a home for the aged does not wish to purchase all of the furniture required for the requested bed capacity because the applicant anticipates that residents may prefer to use their own personal bedroom furnishings, then a written request to the division director may be made. The request must include the number of rooms proposed to be furnished by the applicant prior to licensure, the requested bed capacity of the proposed home, and the commitment to offer and provide the required furnishings at the request of a resident or if the resident's furnishings do not or no longer meet rule requirements.

The home does not need to store furniture available for all the residents on site.

Administrative Rule and Statutory Cross Reference

325.1921(1)b Governing bodies, administrators, and supervisors.

325.1922 (1) – Resident admission contract

325.1979 (1) (2) – General maintenance and storage

R 325.1935 - Bedding, linens, and clothing.

(1) Bedding shall be washable, in good condition, and clean, and shall be changed at least weekly or more often as required.

R 325.1935 (2) - Bedding, linens, and clothing.

(2) The home shall assure the availability of clean linens, towels, and washcloths. The supply shall be sufficient to meet the needs of the residents in the home. Individually designated space for individual towels and washcloths shall be provided.

Technical Assistance

The home must inform prospective and existing residents of the availability of clean linens, towels, and washcloths and define within the service plan whether they are provided by the home or resident. The home must have a sufficient supply on hand for those that do provide their own but are without. The conditions of this arrangement and the related fees associated, if any, are to be defined within the resident admission contract.

Administrative Rule and Statutory Cross Reference

MCL 333.20201(2) e - Resident rights and responsibilities

325.1921(1)b - Governing bodies, administrators, and supervisors.

325.1922 (1) – Resident admission contract

325.1931(2) – Employees, general provisions

R 325.1935 (3) – (4) - Bedding, linens, and clothing.

(3) The home shall make adequate provision for the laundering of a resident's personal laundry.

(4) Rooms and all items in them shall be completely cleaned following the discharge of each resident.

RECORDS

R325.1941 - Records; general.

A resident register, resident records, accident records and incident reports, and employee records and work schedules shall be kept in the home and shall be available to the director or the director's authorized representative.

R 325.1942(1)- (3)(g) - Resident records.

(1) A home shall provide a resident record for each resident.

(2) A home shall assure that a current resident record is maintained and that all entries are dated and signed.

(3) The resident record shall include at least all of the following:

(a) Identifying information, including name, marital status, date of birth, and gender.

(b) Name, address, and telephone number of next of kin or authorized representative, if any.

(c) Name, address, and telephone number of person or agency responsible for the resident's maintenance and care in the home.

(d) Date of admission.

(e) Date of discharge, reason for discharge, and place to which resident was discharged, if known.

(f) Health information, as required by MCL 333.20175(1), and other health information needed to meet the resident's service plan.

(g) Name, address, and telephone number of resident's licensed health care professional.

R 325.1942(3)(h) - Resident records.

(3) The resident record shall include at least all of the following:

(h) The resident's service plan.

Technical Assistance

The current service plan must be in the resident's record. It is recommended, though not required, that:

- the resident's initial service plan be retained in the record so compliance with R 325.1922(2) (a) is documented.
- service plans written in the last year be retained in the resident record so compliance with R 325.1922(5) is documented.

Administrative Rule and Statutory Cross Reference

325.1901(2l) – Service plan

325.1922(2) – Admission and retention of residents

325.1922(5) – Admission and retention of residents

R 325.1942(4) - Resident records.

(4) A home shall keep a resident's record in the home for at least 2 years after the date of a resident's discharge from the home.

R 325.1943 - Resident registers.

(1) A home shall maintain a current register of residents which shall include all of the following information for each resident:

(a) Name, date of birth, gender, and room.

(b) Name, address, and telephone number of next of kin or authorized representative, if any.

(c) Name, address, and telephone number of person or agency responsible for resident's maintenance and care in the home.

(d) Date of admission, date of discharge, reason for discharge, and place to which resident was discharged, if known.

(e) Name, address, and telephone number of resident's licensed health care professional, if known.

(2) A register of all residents shall be maintained at all times for the previous 2 years.

R 325.1944(1)(a) - Employee records and work schedules.

(1) A home shall maintain a record for each employee which shall include all of the following:

(a) Name, address, telephone number, and social security number.

R 325.1944(1)(b) - Employee records and work schedules.

(1) A home shall maintain a record for each employee which shall include all of the following:

(b) License or registration number, if applicable.

Technical Assistance

If an employee's position involves operating a motor vehicle to transport residents, a current driver's or chauffeur's license shall be included in the employee's record.

Employees who are licensed health care professionals and certified nursing assistants shall have their occupational or registration number included in their employee record. Examples of such occupational licenses include, but are not limited to, registered nurses, occupational therapists, and recreational therapists.

R 325.1944(1)(c)-(i) - Employee records and work schedules.

(1) A home shall maintain a record for each employee which shall include all of the following:

(c) Date of birth.

(d) Summary of experience, education, and training.

(e) Beginning date of employment and position for which employed.

(f) References, if provided.

(g) Results of annual tuberculosis screening as required by R 325.1923(2).

(h) Date employment ceases and reason or reasons for leaving, if known.

(i) Criminal background information, consistent with MCL 333.20173.

R 325.1944(2)-(3) - Employee records and work schedules.

(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.

(3) The home shall retain the work schedules for the preceding 3 months.

FOOD SERVICE

R 325.1951 - Nutritional need of residents.

A home shall meet the food and nutritional needs of a resident in accordance with the recommended daily dietary allowances of the food and nutrition board of the national research council of the national academy of sciences, adjusted for age, gender, and activity, or other national authority acceptable to the department, except as ordered by a licensed health care professional.

R 325.1952 - Meals and special diets.

(1) A home shall offer 3 meals daily to be served to a resident at regular meal times. A home shall make snacks and beverages available to residents.

(2) A home shall work with residents when feasible to accommodate individual preferences.

(3) A home shall assure that the temporary needs for meals delivered to a resident's room are met.

(4) Medical nutrition therapy, as prescribed by a licensed health care professional and which may include therapeutic diets or special diets, supplemental nourishments or fluids to meet the resident's nutritional and hydration needs, shall be provided in accordance with the resident's service plan unless waived in writing by a resident or a resident's authorized representative.

(5) A home shall prepare and serve meals in an appetizing manner.

(6) A home shall provide a table or individual freestanding tray of table height for a resident who does not go to a dining room.

R 325.1953 - Menus.

(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be writ- ten on the planned menu to show the menu as actually served.

(2) A home shall maintain a copy of all menus as actually served to residents for the preceding 3 months.

R325.1954 - Meal and food records.

The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

BUILDINGS AND GROUNDS

R 325.1961 - Plans and specifications.

(1) A floor plan of the home, with a description of rooms showing size, use, door locations, window area, and number of beds, shall be on file in the home.

(2) Complete plans, specifications, and an operational narrative for new buildings, additions, major building changes, and conversion of existing facilities to use as a home shall be submitted to the department for review to assure compliance with the law and these rules.

(3) An operational narrative shall describe the operational characteristics and special needs of the home that dictate the design of renovation, construction, or conversion needed to support the home's program statement as defined by R 325.1901(15). An operational narrative may include any of the following:

(a) Each function to be performed in the home.

(b) Functional space requirements.

(c) Number of staff or other occupants anticipated for the various functional units.

(d) Type of equipment to be required and utilized.

(e) Interrelationship of functional spaces.

(f) Services and equipment to be brought into the home from outside the home and not requiring duplication in the home.

(4) Plans and specifications meeting the requirements of the law and these rules shall be approved by the department.

(5) Construction of new buildings, additions, major building changes, and conversion of existing facilities to use as a home shall not begin until the plans and specifications are approved by the department and written approval to begin construction is issued.

Technical Assistance

The process of licensing a home for the aged (HFA) has three compliance components: licensing, engineering, and life safety.

The process for new construction begins with the applicant submitting an HFA license application. This action will initiate an enrollment process that includes issuance of a *BCAL 1605 Request for Plan Review* to the enrolled applicant licensee granting permission for Health Facilities Engineering Section and Bureau of Fire Services to review new construction architectural plans.

Similarly, once a facility is licensed, a licensee must notify the assigned licensing staff of any proposed addition, major building changes, and/or conversion of existing facilities to ensure not only licensing compliance but issuance of the *BCAL 1605 Request for Plan Review* to attach to submitted architectural plans to Health Facilities and Engineering and Bureau of Fire Services for review.

While the local municipality, Health Facilities Engineering Section and Bureau of Fire Services will independently issue their individual *Occupancy Approval* notices, no admissions may not occur until the department issues a home for the aged license.

Health Facilities Engineering Section will issue *Room Sheets* defining the licensed bed capacity of resident rooms and day/ dining/ and activity space of the facility based on administrative rules. It is advised that these documents be stored with the floor plan required by rule (1) of this section.

Administrative Rule and Statutory Cross Reference

MCL 333.20141(1); License Required

MCL 333.20145 Construction Permit

325.1911 License applications,

R 325.1962 - Exteriors.

(1) The home shall be located in an area free from hazards to the health and safety of residents, personnel, and visitors.

(2) The premises shall be maintained in a safe and sanitary condition and in a manner consistent with the public health and welfare.

(3) Sufficient light for an exterior ramp, step, and porch shall be provided for the safety of persons using the facilities.

(4) Exterior steps shall have a handrail on both sides. An above grade porch shall have a railing on open sides.

R 325.1963 - Accessibility.

(1) A new construction or a home undergoing addition, major building modification, or conversion shall comply with all of the following:

(a) Applicable statutory accessibility requirements.

(b) Applicable accessibility requirements for common and shared facilities.

(c) Accessibility requirements for 10% of all resident sleeping rooms and the connecting bathing or toilet rooms.

Technical Assistance

A home for the aged built prior to 2004 that does not undergo an addition, major building modification, or conversion does not need to comply with this rule.

A former nursing home licensed before 2004 that converts to a home for the aged and does not undergo an addition or major building modification does not need to comply with this rule.

Home for the aged new construction must ensure the home with a secured memory care minimally meets accessibility requirements. For instance, a home for the aged floor plan

that maintains a secured memory care from a general aged population must meet 10% accessibility requirements in both areas.

Home for the aged buildings that were licensed prior to 2004 and undergo an addition or major building modification must meet 10% accessibility requirements within the area of change unless the existing portion of the facility had exceeded the accessibility requirements enough to still meet the 10% overall requirement after construction is completed. However, if the addition/major modification is part of a secured memory care area then the unit itself must meet the 10% accessibility.

Administrative Rule and Statutory Cross Reference

325.1917 – Compliance with other laws, codes, and ordinances

R 325.1964(1)-(2) - Interiors.

(1) A building shall be of safe construction and shall be free from hazards to residents, personnel, and visitors.

(2) A part of a building in use as a home shall not be used for any purpose which interferes with the care, well-being, and safety of residents, personnel, and visitors.

Technical Assistance

A home for the aged within a larger building structure that shares operational space with an entity other than a nursing home must have secured physical and programming separation that ensures resident privacy and protection. While a shared entrance/ lobby/ gathering area may be used for both, unmonitored transient movement of non-home for the aged personnel and visitors through the home for the aged area is not permitted.

Administrative Rule and Statutory Cross Reference

MCL 333.20106(3) – Definition of home for the aged

MCL 333.20201(2) (d, k, & l) – Policy describing resident rights and responsibilities

325.1901 – Definition of protection

325.1917(2) – Compliance with other laws, codes, and ordinances

325.1921(1)b – Governing bodies, administrators, and supervisors.

325.1966 - Public and employee areas.

R 325.1964(3)-(5) - Interiors.

(3) An occupied room shall have a minimum ceiling height of 7 feet, 6 inches, except as otherwise provided in R 325.1964(4) and (5).

(4) Floor area under a part of a drop or slant ceiling which is less than 6 1/2 feet from the floor shall not be used in computing the usable floor space or maximum number of beds allowed in any sleeping room.

(5) A bed and the working space around a bed shall not be directly under a part of a drop or slant ceiling that is less than 6 1/2 feet from the floor.

R 325.1964(6) - Interiors.

(6) Each area of the home shall be provided with lighting commensurate with the use made of each area and in accordance with generally recognizable standards.

Technical Assistance

Generally recognized standards include:

- a minimum of 20-foot candles (FC) in hallways, general resident room locations, and in janitor closets.
- a minimum of 30 FC in resident reading locations (with fixed or portable reading light in a resident room), at resident bed locations, at hand washing, water closets, and tub/shower locations, staff work counter, at plumbing fixtures (in bath and toilet rooms), in laundry, resident day/dining rooms.
- 30-50 FC in kitchen and 50 FC in charting area and medication administration area.
- the light in a janitor closet must have a lens cover or guard over the bulb. A light meter measures foot candle intensity.

(Source: Illuminating Engineering Society of North American for American National Standards Institute)

Administrative Rule and Statutory Cross Reference

325.1917(2) – Compliance with other laws, codes, and ordinances

R 325.1964(7) Interiors.

(7) A stairway or ramp shall have a handrail on both sides.

R 325.1964(8) Interiors.

(8) A room used for living or sleeping purposes shall have a minimum total window glass area on outside walls equal to 10% of the required floor area of the room. Forty-five percent of the window glass area shall be openable unless the room is artificially ventilated.

Technical Assistance

Window mullion or transom space is subtracted from the total glass area.

Windows within areas of services provided to Alzheimer's or related condition must be securely restricted in a manner to prevent opening beyond six inches. It is advised that home for the aged Alzheimer or related condition care units that are artificially ventilated not have openable windows.

Administrative Rule and Statutory Cross Reference

MCL 333.20178 - description of services to residents with Alzheimer's disease

325.1965(1)c - Elevators and space requirements for certain homes.

325.1901(16) – Definition of protection

325.1921(1)b – Governing bodies, administrators, and supervisors.

R 325.1964(9) Interiors

(9) Ventilation shall be provided throughout the facility in the following manner:

(a) A room shall be provided with a type and amount of ventilation that will control odors and contribute to the comfort of occupants.

(b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.

Technical Assistance

Prior to 2004 administrative rule promulgation, homes for the aged ventilation rules only had the provision of 1964(9)a for the entire building. In 2004, 1964 (9)B was added, specifying rooms in which ten air exchanges an hour is required.

A home for the age or converting nursing home licensed prior to the effective date of this 2004 set of administrative rules may not comply with 1964(9)b unless completing an addition or major building modification. At either occurrence, the area of the project would be required to comply with 1964(9)b.

All new construction must comply with both parts a & b.

Administrative Rule and Statutory Cross Reference

325.1917 – Compliance with other laws, codes, and ordinances

R 325.1964(10) Interiors

(10) A resident room shall open to a corridor, lobby, or day room. Traffic to and from any room shall not be through a sleeping room, kitchen, bathroom, toilet room, or storage room, except where a toilet room, bathroom, or storage room opens directly off the room or rooms which it serves.

Technical Assistance

A resident room may consist of a qualified licensed bed capacity with or without a toilet room. It may also consist of a unit made up of a resident toilet, sleeping, kitchenette, and sitting rooms for a qualified licensed bed capacity.

A resident sleeping room divided with a full or half wall containing a doorless walkway to a living room, in whole is considered one room. The wall placement is considered a method of privacy to the occupants of the room.

Administrative Rule and Statutory Cross Reference

325.1969 - Additional resident area requirements in certain homes.

325.1968 - Toilet and bathing facilities.

R 325.1964(11)

(11) A doorway, passageway, corridor, hallway, or stairwell shall be kept free from obstructions at all times.

Technical Assistance

Automatic door closers present a safety risk to elderly, medically frail, and those residents who have mobility concerns. A resident, while using a cane, walker, or wheelchair or while carrying something, trying to open a door that by design is closing against their desire to pass through impedes independence and can contribute to falls. In addition, the facility needs to accommodate residents who want to keep their door open.

Bureau of Fire Services' administrative rules for home for the aged are categorized as health care occupancies under chapters 18 and 19 and residential board and care facilities under chapters 32 and 33 of the Life Safety Code. Additions to homes for the aged originally approved under chapters 32 or 33 must be built compliant with Chapter 18 of the Life Safety Code.

Michigan's Building Code is used by local building authorities to review building plans, issue building permits, inspect building sites, and issue their final occupancy approval. When the applicant's architect or building contractor applies for a construction permit via submission of a request for plan review, it must indicate the type of building it will be.

All new construction, addition, major building change, or conversion must be built to I-2 per 308.4.1.1 of the 2015 Michigan Building Code.

(Source: National Fire Protection Association 101 2012 Life Safety Code)

Administrative Rule and Statutory Cross Reference

325.1931(1) Employees; general provisions, independence at highest practical level

325.1964(1) Interiors, free from hazards.

325.1963 Accessibility.

R 325.1964(12-18)

(12) A floor, wall, or ceiling shall be covered and finished in a manner that will permit maintenance of a sanitary environment.

(13) A basement shall be of such construction that it can be maintained in a dry and sanitary condition.

(14) A minimum of 15 square feet of floor space per licensed bed shall be provided for day room, dining, recreation, and activity purposes.

Technical Assistance

Home for the aged new construction, addition, or major modification must ensure the home complies within the affected area with R 1965(d) unless the scope of the project affects 50% or more the actual size of the original facility then full compliance is required.

(15) A basement or cellar shall not be used for sleeping or living quarters, except that recreation and activity space may be provided in a basement in addition to the 15 square feet per licensed bed required in subrule (14) of this rule.

(16) A room or compartment housing a water closet shall have a minimum width of 3 feet.

Technical Assistance

Water Closet means a toilet stool.

(17) Emergency electrical service shall provide, at a minimum, battery-operated lighting units sufficient to light corridors and exits.

(18) A home shall provide functionally separate living, sleeping, dining, handwashing, toilet, and bathing facilities for employees and members of their families who live on the premises.

Technical Assistance

Employee living quarters must be located within an area of the home that does not compromise or interfere with the privacy or protective needs of residents. The facility is responsible for the supervision and behaviors of guests while at the home. A scheduled employee is not allowed to sleep.

Administrative Rule and Statutory Cross Reference

MCL 333.20201(2d) Resident Rights, Privacy

325.1901(16) Definitions; Protection

325.1921 (1b) Governing bodies, administrators, and supervisors; organized program

325.1931(4-5) Employees; general provisions

325.1964(2) Interiors

R 325.1965 - Elevators and space requirements for certain homes.

(1) A new construction, addition, major building change, or conversion after November 14, 1969 shall provide all of the following:

(a) An elevator if resident bedrooms are situated upon more than 1 floor level. An elevator shall have a minimum cab size of 5 feet by 7 feet, 6 inches.

Technical Assistance

A multilevel home may have more than one elevator within licensed areas. If the elevator meeting the size requirements of this rule is within the licensed area and accessible by all residents, the other elevators may be of lesser size.

Administrative Rule and Statutory Cross Reference

325.1963 Accessibility

(b) A sleeping, day, dining, recreation, and activity room with a minimum ceiling height of 8 feet.

(c) In a room requiring windows, a clear unobstructed horizontal view of 20 feet from the windows. One additional foot shall be added to the minimum distance of 20 feet for each 2-foot rise above the first story up to a maximum of 40 feet of required unobstructed view.

(d) A minimum of 30 square feet of floor space per licensed bed for day room, dining, recreation, and activity purposes.

Technical Assistance

A home for the aged built prior to 2004 that does not undergo an addition, major building modification, or conversion may not comply with this rule.

A former nursing home licensed before 2004 that converts to a home for the aged and does not undergo an addition or major building modification may not comply with this rule.

Administrative Rule and Statutory Cross Reference

325.1963 Accessibility

R 325.1966 - Public and employee areas.

(1) A lobby or waiting area for visitors shall be separate from resident rooms.

(2) Employees shall have adequate toilet facilities that are separate from resident living quarters.

R 325.1967(1) - Resident rooms.

(1) A resident bedroom shall have the floor surface at or above grade level along exterior walls with windows.

R 325.1967(2-3) - Resident rooms

(2) A single resident room shall have at least 80 square feet of usable floor space.

(3) A multi-bed resident room shall have at least 70 square feet of usable floor space per licensed bed.

Technical Assistance

Rule (2) and (3) of this section only apply to homes for the aged licensed prior to November 14, 1969. Any new construction, addition, major building change, or conversion (including nursing home) after November 14, 1969 must comply with Rule 1969.

Administrative Rule and Statutory Cross Reference

325.1969 Additional resident area requirements in certain homes.

(4) A toilet room or closet shall not be included in usable floor space.

(5) A multi-bed resident room shall be designed to allow for a 3-foot clearance between beds.

(6) Residents may have their own rooms arranged in a manner that is comfortable and reflects their preferences, provided that the arrangement does not create an unreasonable fire safety risk or unsanitary conditions.

(7) A resident room shall have at least 2 duplex electrical receptacles.

R 325.1967(8) - Resident rooms.

(8) Each resident occupied floor shall have a janitor's closet.

Technical Assistance

A janitor closet and a housekeeping closet referenced in R 325.1976 (16) can be the same. Cleaning supplies are stored in such closets. Cleaning chemicals are mixed with water or poured into smaller spray containers in such closets.

Because plumbing codes prevent a shower, a toilet, or a kitchen's three compartment dishwashing sink from being used as a utility sink, each janitor closet must have a water faucet and a mop sink dedicated for filling and dumping a mop bucket. To comply with OSHA requirements which limit employee lifting of buckets to 35 pounds, the sink should be 4" above the floor.

A housekeeping closet might only contain a cart holding cleaning supplies and not have a sink or faucet.

The facility may not use the same mop, bucket, and sink for the kitchen that is used for resident living areas to prevent cross-contamination of resident illnesses to the kitchen.

Administrative Rule and Statutory Cross Reference

325.1917- Compliance with other laws, codes and ordinances

325.1976 (16) - Kitchen and dietary

R 325.1968 - Toilet and bathing facilities.

(1) Resident toilet facilities shall be located in separate rooms or stalls and shall be provided in the ratio of 1 handwashing facility and water closet for every 8 resident beds per floor.

Technical Assistance

A toilet facility is also known as an individual water closet or permanent toilet stool. A handwashing facility is also known as an individual sink.

(2) A bathing facility shall be provided for every 15 resident beds.

Technical Assistance

A bathing facility is known as an individual tub, shower, or other resident bathing device.

(3) All water closets and bathing facilities shall have substantially secured grab bars at least 1 foot long.

Technical Assistance

A water closet is a permanent toilet stool within a room. A bathing facility is an individual tub, shower, or similar bathing support device within a room.

(4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions.

R 325.1969 - Additional resident area requirements in certain homes.

(1) A new construction, addition, major building change, or conversion after November 14, 1969 shall provide all of the following:

(a) A resident room with not more than 4 beds.

(b) A minimum of 100 square feet of usable floor space in single resident rooms.

(c) A minimum of 80 square feet of usable floor space per licensed bed in multi-bed resident rooms.

(d) A resident room with a minimum of 5 square feet of floor space per licensed bed for wardrobe and closet in addition to other requirements for usable floor space per licensed bed. A bathing or toilet room or vestibule shall not be included in usable floor space.

Technical Assistance

A resident room that does not have a built-in closet must deduct five square feet per licensed bed from the rooms useable square footage to accommodate a portable wardrobe.

Vestibule means a small area or foyer leading into a larger space such as a resident sitting room or sleeping room, a passage, for the purpose of waiting, withholding the larger space view for privacy. A large vestibule may have some space count towards the room's square footage if the door swing area and passage area are deducted from the total area counted.

R 325.1970 - Water supply systems.

(1) A home located in an area served by a public water system shall connect to and use that system.

(2) If a public water system is not available, then the location and construction of a well and the operation of the private water system shall comply with the Safe Drinking Water Act, 1976 PA 399, MCL 325.1001 et seq.

(3) A physical cross-connection shall not exist between water systems that are safe for human consumption and those that are, or may at any time, become unsafe for human consumption.

(4) Minimum water pressure available to each plumbing fixture shall exceed 20 pounds per square inch.

Technical Assistance

Stagnant water is concern for legionnaires disease. A facility should develop a plan to routinely flush infrequently used sink, basin, tub, shower, and faucet supply lines. If a facility permanently discontinues the use of fixtures, it is recommended that the discontinued line be reduced to within six inches of the main supply line to limit the risk of stagnant water and organism growth.

(5) The plumbing system shall be designed and maintained so that the possibility of back flow or back siphonage is eliminated.

(6) The plumbing system shall supply an adequate amount of hot water at all times to meet the needs of each resident and the functioning of the various service areas.

(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.

Technical Assistance

A home should be able to demonstrate a method of maintaining compliance with water temperatures. It is advised that random locations on a minimum monthly frequency

throughout the resident areas be monitored for acceptable temperatures. Seasonal conditions and building layout should be taken into consideration when developing a monitoring plan.

R 325.1971 - Liquid wastes.

(1) Liquid wastes shall be discharged into a public sanitary sewage system if such a system is available.

(2) Homes that use a private wastewater disposal system shall be approved by the department.

(3) A private wastewater disposal system shall consist of a stabilization lagoon or approved "package" treatment plant. Subsurface disposal systems such as septic tanks with tile fields are not allowed.

(4) The licensee shall obtain a discharge permit issued by the Michigan department of environmental quality pursuant to MCL 324.3101 et seq.

R325.1972 - Solid wastes.

All garbage and rubbish shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.

R 325.1973 - Heating.

(1) A home shall provide a safe heating system that is designed and maintained to provide a temperature of at least 72 degrees Fahrenheit measured at a level of 3 feet above the floor in rooms used by residents.

(2) A resident's own room or rooms in the home shall be maintained at a comfortable temperature.

R 325.1974 - Laundry and linen.

(1) A home that processes its own linen shall provide a well-ventilated laundry of sufficient size which shall be equipped to meet the needs of the home.

(2) A home that uses a commercial or other outside laundry facility shall have a soiled linen storage room and a separate clean linen storage room.

R 325.1975 - Laundry and linen requirements.

(1) A new construction, addition, major building change, or conversion after November 14, 1969 shall provide all of the following:

(a) A separate soiled linen storage room.

(b) A separate clean linen storage room.

(c) A separate laundry processing room with handwashing facilities in a home that processes its own linen.

(d) Commercial laundry equipment with a capacity to meet the needs of residents in a home that processes its own linen.

R 325.1976(1) - Kitchen and dietary.

(1) A home shall have a kitchen and dietary area of adequate size to meet food service needs of residents. It 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.

Technical Assistance

Dishwashers sanitize with either heat or a chemical.

The facility must follow manufacturer's specifications, for their specific dish machine, for sanitation instructions.

Hot water sanitization needs to rise the surface of actual dishware (pots, pans, food storage containers, dishes, utensils, glassware) to 160 degrees.

Lower temperature dishwashers use a chemical solution (usually chlorine) to sanitize the dishes instead of heat.

One way to test whether the dishes are sanitized is to use a thermo-label (if the machine sanitizes with a heat cycle) or a chlorine test strip (if it sanitizes with a chemical).

Another option would be to use the machine to wash the dishes, or hand-wash the dishes, and then chemically sanitize them in a 3 compartmental sink (testing the chemicals in the sink with a chlorine strip) and let the dishes air dry.

Testing to ensure proper sanitization of dishware must minimally be done daily.

The home must be able to demonstrate the procedure they use to ensure adequately sanitized dishware.

Administrative Rule and Statutory Cross Reference

325.1976 (12) - Kitchen and dietary.

325.1976 (13) - Kitchen and dietary.

R 325.1976(2)-(14) - Kitchen and dietary

(2) The kitchen and dietary area shall be equipped with a lavatory for handwashing. Each lavatory shall have a goose neck inlet and wrist, knee, or foot control. Soap and single service towels shall be available for use at each lavatory.

(3) The kitchen and dietary area shall be restricted to kitchen and dietary activities.

(4) Separate personnel dining space shall be provided.

(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.

(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.

(7) Perishable foods shall be stored at temperatures which will protect against spoilage.

(8) A reliable thermometer shall be provided for each refrigerator and freezer.

(9) An individual portion of food which is served and not eaten shall be destroyed.

(10) A separate storage area for poisonous material shall be provided away from food service and food storage areas. Poisonous material shall be identified as such and shall be used only in a manner and under such conditions that it will not contaminate food or constitute a hazard to residents, personnel, or visitors.

(11) Food service equipment and multi-use utensils shall be of such design and material as to be smooth, easily cleanable, and durable.

(12) Food service equipment and work surfaces shall be installed in such a manner as to facilitate cleaning and be maintained in a clean and sanitary condition, and in good repair.

(13) A multi-use utensil used in food storage, preparation, trans- port, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.

(14) A single service eating or drinking article shall be stored, handled, and dispensed in a sanitary manner and shall be used only once.

R 325.1976(15) - Kitchen and dietary.

(15) Ice used in the home for any purpose shall be manufactured, stored, transported, and handled in a sanitary manner.

Technical Assistance

Ice machines are to be cleaned and sanitized in accordance with the manufacturer's recommendations. However, if the facility has hard water and there is a scale build-up, cleaning and sanitizing will be needed more frequently. Observation of a pinkish/orangish or black film or substance, or lime scale, on ice machine surfaces is indicative of the need for a more frequent cleaning and sanitizing.

An ice scoop is to be cleaned and sanitized daily. When not in use, an ice scoop shall be stored in a separate container/receptacle outside of the ice machine to protect it from contamination.

Administrative Rule and Statutory Cross Reference

325.1976(6) - Kitchen and dietary

R 325.1976(16) - Kitchen and dietary.

(16) A storage area for housekeeping items and a janitor's closet shall be provided convenient to the kitchen and dietary area.

Technical Assistance

A janitor closet referenced in R 325.1967(8) and a housekeeping closet can be the same. Cleaning supplies are stored in such closets. Cleaning chemicals are mixed with water or poured into smaller, spray containers in such closets.

Because plumbing codes prevent a shower, a toilet, or a kitchen's thee compartment dishwashing sink from being used as a utility sink, the kitchen's janitor closet must have a water faucet and a mop sink dedicated for filling and dumping a mop bucket. To comply with OSHA requirements which limit employee lifting of buckets to 35 pounds, the sink should be 4" above the floor.

A housekeeping closet might only contain a cart holding cleaning sup- plies and not have a sink or faucet.

The facility may not use the same mop, bucket, and sink for the kitchen that is used for resident living areas to prevent cross-contamination of resident illnesses to the kitchen.

A kitchen needs a mop sink with water faucet that is dedicated to the kitchen. If residents occupy the floor where the kitchen is, a second janitor closet is needed to serve the residents on that floor.

Administrative Rule and Statutory Cross Reference

325.1917 – Compliance with other laws, codes and ordinances

325.1967 (8) – Resident rooms

R 325.1976(17) - Kitchen and dietary.

(17) If food service is provided from an outside service, then that service shall be licensed under the requirements of the citation.

Technical Assistance

The "requirements of the citation" is referencing the Michigan Food Code. A licensed home for the aged (HFA) is exempted from the requirements of the Michigan Food Code if it provides meals to HFA residents only. It is the responsibility of the facility to contact their local health department food services division or equivalent at the time staff or guests are eligible for meals and seek guidance on whether a food establishment license is necessary. This includes banquets or one-time community events where nonresidents will be served meals.

A home for the aged kitchen that serves meals to an unlicensed residential setting is not exempted from the Michigan Food Code. The facility must contact the local health department and seek guidance on whether a food establishment license is necessary.

(Source: The Michigan Food Code, Michigan Department of Agriculture and Rural Development, REGULATION NO. 570, FOOD ESTABLISHMENT MANAGER CERTIFICATION)

Administrative Rule and Statutory Cross Reference

MCL 289.570 (1)G Definitions

325.1917 Compliance with other laws, codes, and ordinances.

R 325.1977(1) - New construction, addition, major building modification, or conversion after effective date of these rules.

(1) Exhaust ventilation shall be designed as central systems with the fan at the building exterior and at least 10 feet from all doors, operable windows, and domestic outside air intakes.

Technical Assistance

New construction must comply. Licensed nursing homes converting to a home for the aged without a break in license period are exempted. For HFA additions and major

building modifications, only that portion of the new or modified building must comply with this exhaust ventilation requirement.

"Central system" means a ventilation system designed to exhaust the entire building or perform this task using zones. A zone will minimally serve more than one room. A large HFA by design might need several zone exhaust fans serving different areas of the building. Each zone exhaust system will have the fan at the exterior end of the duct consistent with placement requirements of this rule.

Administrative Rule and Statutory Cross Reference

325.1964(9) - Interiors

R 325.1977(2-3) - New construction, addition, major building modification, or conversion after effective date of these rules.

(2) Facilities for dispensing of medications shall be designed to be under the control of responsible residents or designated staff. Central dispensing locations shall keep medications locked and equipped with handwashing, work counter, and storage facilities.

Technical Assistance

The term facility in this context may mean a room, storage cart, or some other arrangement used in the storage, securing, and administration of resident medications.

(3) Bathing facilities shall have access to handwashing, toilet, and bathing supply storage facilities without entering a common corridor.

Technical Assistance

Bathing facilities in this context refers to a sink, toilet stool, bathtub, shower, or other mechanism. Storage facilities in this context refers to a closet, cabinet, or some other supply storage area.

R325.1978 - Insect and vermin control.

(1) A home shall be kept free from insects and vermin.

(2) Pest control procedures shall comply with MCL 324.8301 et seq.

Technical Assistance

A home must ensure the treatment program and application of chemicals is done in a manner that is safe for the resident population. This includes review of manufacturer label warnings and protective consideration of the cognitively impaired at-risk residents where the treatment is to be applied.

Section (2) is Act 451 of 1994 Natural Resources and Environmental Protection Act Excerpt Part 83 Pesticide Control Sections MCL 324.8301 - 324.8336

Administrative Rule and Statutory Cross Reference

325.1901(16) – Definitions; protection

325.1917 – Compliance with other laws, codes, and ordinances

325.1921(1)b – Governing bodies, administrators, and supervisors; organized program

325.1979(3) General maintenance and storage; hazardous and toxic

R 325.1979(1) - General maintenance and storage.

(1) The building, equipment, and furniture shall be kept clean and in good repair.

Technical Assistance

Use of "pocket-doors" that slide into a wall are not advised due to the inability to thoroughly clean and sanitize the wall chamber.

Permanently affixed wall cabinetry without placement tight to the ceiling or bulkhead are not advised unless a cleaning schedule is maintained to ensure cleanliness and sanitization.

Administrative Rule and Statutory Cross Reference

325.1901(16) - Definition of protection

325.1921(1)b – Governing bodies, administrators, and supervisors

325.1935(4) Bedding, linen, and clothing; cleaning room after discharge

R 325.1979(2-3) - General maintenance and storage.

(2) A room shall be provided in the home or on the premises for equipment and furniture maintenance and repair and storage of maintenance equipment and supplies.

(3) Hazardous and toxic materials shall be stored in a safe manner.

R 325.1980 - Soap and towels.

Soap and single use towels shall be available for the use of employees and visitors. Use of the common towel is prohibited.

R 325.1981 - Disaster plans.

(1) A home shall have a written plan and procedure to be followed in case of fire, explosion, loss of heat, loss of power, loss of water, or other emergency.

(2) A disaster plan shall be available to all employees working in the home.

(3) Personnel shall be trained to perform assigned tasks in accordance with the disaster plan.

Technical Assistance

Disaster plans are required for fire, explosion, loss of heat, loss of power, loss of water, and other emergencies. A facility may formulate plans to address other catastrophic events that have the potential to adversely impact the functioning of a facility, for example a tornado, flood, or an earthquake.

Facilities must develop their required plans with consideration of the difference of two home for the aged building structure types that may define the type of plan required: health care facility or residential board and care facility. Home for the aged structures are defined within the 2012

National Fire Protection Association 101 Life Safety Code (NFPA) as *Health Care Facilities (Ch. 18 & 19)* and *Residential Board and Care Facilities (Ch. 32 & 33)*. The NFPA in part defines a *Health Care Facility* as those structures that *provide sleeping accommodations for their occupants and are occupied by persons who are mostly incapable of self-preservation because of age, because of physical or mental disability, or because of security measures not under the occupants' control.* Whereas most emergent situations, residents of a health care facility type Home for the Aged are expected to "shelter-in-place" in an adjacent, unaffected smoke compartment/safe area of refuge unless the building has been determined to be "uninhabitable," either by local authorities (first responders) or by supervisor of resident care, residential board and care home for the aged residents are presume capable of self-preservation, perhaps with minimal staff verbal or physical assistance, and evacuate the building to a point of refuge.

Disaster plans are to be written in terms that any person can understand and implement; and should replicate the information provided in the facility's in-person training.

All disaster plans should specify a "chain-of-command" hierarchy, so that staff members will be able to identify the person (supervisor of resident care) present in the building at the time who is expected to lead and direct them, even if the disaster occurs during non-business hours.

A facility's disaster manual needs to include a schematic floorplan for employee reference, that at the minimum identifies evacuation routes, smoke compartments/safe areas of refuge, location of fire alarms, location of fire extinguishers, fire panel, main electrical panel, entry points for the water main, and gas main. This schematic floorplan should outline the facility's particular physical attributes, including exit locations, steps, ramps, elevators, number of resident-occupied floors, and whether there is a basement. Additionally, for employee reference, the manual needs to include specific instructions (including photographs) for staff to be able to access or direct responders as to how to turn off gas, water, electricity in the event of an emergency that occurs during non-business hours and senior managers are not available. The disaster manual also needs to include contact information for first responders (911 if applicable as well as non-emergency numbers); utilities, including the municipal water authority; building and other physical plant vendors (for example, plumber, electrician, fire alarm monitoring and/or generator company); and vendors for emergency supplies (for example, food and water). Should an emergency render a building "uninhabitable," alternate care sites need to be identified for resident relocation. The contact information for these alternate sites needs to be included as well as contact information for transportation to these sites.

Disaster plans all need to include how the facility will communicate with residents' authorized representatives and health care providers, using the *Resident Register* as a resource.

All employees regardless of their job titles must be trained to carry out the facility's disaster plans. The facility's administrator or his/her designee is responsible for determining each staff member's competency in implementing the plans. The facility must keep a training record for each employee in their respective employee record.

Required components of the disaster plan:

Fire response procedures should all roughly follow the acronym RACE: remove or rescue; alarm; contain or confine; and extinguish or evacuate. All employees should be taught to associate this acronym with the presence of a fire. Additionally, facilities can teach their employees the acronym PASS (pull extinguisher pin, aim nozzle, squeeze the handle, sweep at the base of the fire) for the procedure to use if a fire is small enough to be extinguished safely by a staff member. The plan should indicate what actions are to be taken if the fire alarm

activates including how to determine a false alarm and what actions a facility's staff or fire alarm monitoring company will take if the alarm is activated.

Fire response procedures are to reflect that if a fire breaks out in a *Health Facility* type home for the aged, all residents who are in the affected smoke compartment MUST be removed into an adjacent unaffected compartment. The fire safety plan for this type must convey the following:

a. Use of alarms
b. Transmission of alarms to fire department
c. Emergency phone call to fire department
d. Response to alarms
e. Isolation of fire
f. Evacuation of immediate area
g. Evacuation of smoke compartment
h. Preparation of floors and building for evacuation
i. Extinguishment of fire.

A *Residential Board and Care* type home for the aged must reflect that residents are to be directed by staff to an identified point of refuge outside the facility. The fire safety plan for this type must convey the following:

a. Use of alarms
b. Transmission of alarm to fire department
c. Response to alarms
d. Isolation of fire
e. Evacuation of building
f. Bedroom doors and corridor access doors shall be closed upon exiting
g. Use of fire extinguishers

(Source: National Fire Protection Association (NFPA) 101, 2012 edition, Life Safety Code)

Explosion can be defined as a rapid expansion in volume associated with an extremely vigorous outward release of energy. The most likely cause of an explosion in a home for the aged would be from a natural gas leak or high-pressure boiler. Employees can be trained to proactively report any suspicion of a leak (odor of "rotten eggs," or an otherwise unexplained hissing noise) to the person in-charge of that shift. A second possible cause of an explosion in a home for the aged could be from the mishandling of an oxygen canister. As a proactive measure, caregivers for residents using an oxygen canister need to be instructed on safe handling of the canister.

Should an explosion occur, not only would there be damage and possible injuries from that "vigorous outward release of energy," but the high temperatures that are generated by an explosion could cause a fire. Facility staff members should assess and treat any injuries as well as follow the facility's fire response procedures, if applicable.

Loss of heat plan should specify how the facility is heated, including the fuel (gas or electricity or a combination) source. If the fuel source for heat is electric, either totally or in part, then the plan can refer to the loss of power plan to fill in details (for example, what is powered by an emergency generator). The plan should specify if the on-duty person (supervisor of resident care) in-charge has the authority to arrange a heating, ventilation, and air conditioning (HVAC) service provider if the loss of heat is from a mechanical issue beyond the ability of available staff. The plan should further differentiate how staff are to respond if the loss of heat is partial (for example, common areas only are receiving heat) versus how to respond if the loss is to the entire building. In either case, staff members need to be mindful of each resident's

tolerance and preference for the ambient air temperature. The facility is expected to maintain an ambient air temperature of at least 72 degrees Fahrenheit measured at a level of three feet above the floor in rooms used by residents. The plan needs to specify what is to occur if this standard cannot be maintained.

Loss of power plan needs to specify whether the facility has an emergency generator; how the generator is activated; what equipment is powered by the generator, including lighting locations, outlet locations, refrigerators, freezers, and the fire alarm system; how it is fueled; how long before it needs to be re-fueled; and the name and telephone number for the generator maintenance company. Similar to the loss of heat plan, the loss of power plan needs to specify if the on-duty person in-charge (supervisor of resident care) has the authority to call in an electrical contractor if the loss of power is not from a disruption from the utility company and beyond the ability of staff.

If the entire facility is powered by the generator, the loss of power plan may conclude with information about the generator's fuel source. The plan should indicate whether there are any parameters (temperatures or similar) that require monitoring while the generator is operating and the job title of the individual who is responsible for this task. If the generator powers only selected functions (emergency lights, emergency outlets, selected refrigeration), the plan needs to specify how staff members are to manage systems that normally require electricity (for example, lighting, cooking, resident electrically powered equipment) when power is not available. A home for the aged without a generator must comply with MCL 333.21335 (3).

Loss of water plan should broadly address the multiple scenarios that could result in a loss of water such as a municipal pipeline break, an internal pipeline break or leak, flooding or a wastewater backup or a community water "boil alert" advisory. The plan needs to specify how staff members are to address not only potable water uses (thirst and hydration issues, medication administration, food preparation, oral hygiene) as well as non-potable uses (personal hygiene and bathing, handwashing, general cleaning and laundry, toilet flushing). If the facility plans to keep a supply of emergency water on-hand, the plan needs to specify how much and who is responsible for the maintenance of this supply. If the facility plans to order water should this need arise, the plan needs to specify the vendor who will be able to fulfill this order and how the person in-charge is to determine how much water will be needed.

If a loss of water negatively impacts the fire suppression system, then the plan needs to include instructions for initiating a fire watch.

Other emergencies:
While not specifically required by this rule, it is reasonable for the facility to have a plan if it is affected by a tornado, an earthquake, or a flood. These plans need to be formulated to address the physical characteristics of each building, for example identifying interior locations that would protect residents and staff from high winds (tornado) or from falling rubble (earthquake). In the case of a plan for a flood, the facility should assess the likelihood of excess water coming from local lakes or streams overflowing their banks, as well as from broken damns or deluged drainage systems.

Evacuation, Relocation, Abandonment of the building considerations:
As mentioned above, residents of a Home for the Aged are expected to "shelter-in-place" unless the building has been determined to be "uninhabitable," either by local authorities (first responders) or by facility senior management. Although the need to abandon a building will be only a remote possibility, facilities should be prepared by identifying appropriate alternate care sites and establishing reciprocal care agreements. The facility should plan for the possibility that

they could be at their maximum census when relocation is necessary. Evacuation procedures need to address how residents who have either physical or cognitive impairments are assisted to leave the building as well as how residents' authorized representative will be notified. The plan needs to identify how residents would be transported to alternate care sites and how facility staff members are to manage resident records, medications, and personal belongings as applicable.

Administrative Rule and Statutory Cross Reference

325.1901(16) - Definition of protection

325.1917 – Compliance with other laws, codes, and ordinances

325.1921(1)b – Governing bodies, administrators, and supervisors

325.1931(6)(e)(7) - Employees; general provisions

325.1943 - Resident registers

325.1944(1)(d) - Employee records and work schedule.

325.1973(1) - Heating.

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