

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES

BUREAU OF HEALTH SYSTEMS

DIVISION OF HEALTH FACILITY STANDARDS AND LICENSING

NURSING HOMES AND NURSING CARE FACILITIES

(By authority conferred on the department of public health by sections 2226(d), 2233, 20115, 20145, 20161, 20171, 21741, and 21795 of Act No. 368 of the Public Acts of 1978, as amended, and section 9 of Act No. 380 of the Public Acts of 1965, as amended, being SS333.2226(d), 333.2233, 333.20115, 333.20145, 333.20161, 333.20171, 333.21741, 333.21795, and 16.109 of the Michigan Compiled Laws)

PART 1. GENERAL PROVISIONS

R 325.20101 Applicability.

Rule 101. These rules provide for the licensure of nursing homes, including county medical care facilities and child care homes and units, and for the certification of all of the following:

- (a) Intermediate (or basic nursing) care facilities (ICF).
- (b) Skilled nursing facilities (SNF).
- (c) Intermediate care facilities/mentally retarded (ICF/MR).
- (d) Nursing facilities for the care of the mentally ill.
- (e) Nursing facilities for the care of the mentally retarded.
- (f) Nursing facilities for the care of tuberculosis patients pursuant to the code.

History: 1981 AACCS.

R 325.20102 Definitions; A to H.

Rule 102. As used in these rules:

- (a) "Applicant" means a person applying to the department for a nursing home or a nursing care facility license or any other permit or certification pursuant to state or federal law or these rules.
- (b) "Basic nursing facility" means a nursing care facility, or distinct part thereof, which has been certified by the department as an intermediate care facility.
- (c) "Change in ownership," for purposes of section 20142(3) of the code, means a transfer of the property of a nursing care facility from one owner to another where the new owner will use the transferred assets as a nursing care facility operated by the new owner subsequent to the transfer.
- (d) "Child care home" means a nursing home which is designed, staffed, and equipped exclusively to accommodate patients under 15 years of age who do not require hospital care, but who are in need of nursing care because they cannot be cared for effectively in their own homes or in home substitutes, and which has been licensed by the department as meeting the requirements of part 14 of these rules.
- (e) "Child care unit" means a clearly identifiable distinct part within a nursing home which is designed, staffed, and equipped to accommodate a specific number of patients under 15 years of age and which has been licensed by the department as meeting the requirements of part 14 of these rules.
- (f) "Child" means a person under 15 years of age.
- (g) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws.
- (h) "County medical care facility" means a nursing care facility, other than a hospital long-term care unit, which provides organized nursing care and medical treatment to 7 or more unrelated individuals who are suffering or recovering from illness, injury, or infirmity and which is owned and operated by a county or counties.
- (i) "Correction notice" means a notice to a nursing home specifying violations of the code or these rules, corrective action to be taken, and the period of time in which the corrective action is to be completed.

(j) "Department" means the state department of public health.

(k) "Distinct part" means a clearly identifiable area or section within a nursing care facility consisting of at least a nursing unit, wing, floor, or building containing contiguous rooms providing a specific type or level of care and service. The distinct part may share services, such as management services, building maintenance, and laundry, with other units.

(l) "Home" means a nursing home.

History: 1981 AACCS.

R 325.20103 Definitions; I to N.

Rule 103. As used in these rules:

(a) "Intermediate care facility" or "ICF" means a nursing care facility, or distinct part thereof, which has been certified by the department as meeting applicable requirements set forth in part 15 of these rules.

(b) "Intermediate care facility/mentally retarded" or "ICF/MR" means a nursing care facility, or distinct part thereof, which has been certified by the department as meeting the applicable requirements of part 15 of these rules.

(c) "Licensed bed capacity" means the authorized and licensed bed complement of a nursing home or nursing care facility as shown on or included within its license.

(d) "Licensee" means a person possessing a currently valid nursing home license.

(e) "Nursing care facility" means a licensed nursing home or county medical care facility or a hospital long-term care unit in a licensed hospital.

(f) "Nursing care facility for the care of mentally ill patients" means a nursing care facility, or distinct part thereof, which has been certified by the department as meeting the requirements of part 16 of these rules.

(g) "Nursing care facility for the care of mentally retarded patients" means a nursing care facility, or distinct part thereof, which has been certified by the department as meeting the requirements of part 17 of these rules.

(h) "Nursing home," for purposes of licensure under the code and these rules, includes a county medical care facility.

(i) "Nursing home task force" means task force 4 created by section 20127 of the code.

History: 1981 AACCS.

R 325.20104 Definitions; O to W.

Rule 104. As used in these rules:

(a) "Ownership interest" means the ownership or control of 5% or more of the equity in the capital of, or stock in, or interest in the profits of, a nursing home.

(b) "Provisional license" means a limited license issued pursuant to section 21757 of the code and R 325.20210.

(c) "Public place" or "area accessible to patients, employees, and visitors" means any 1 of the following locations in a home if open to patients, employees, and visitors:

(i) The main entry or hallway.

(ii) The reception area or foyer.

(iii) The patient dining room or multipurpose room.

(d) "Sale of a nursing home" means a change in ownership by sale.

(e) "Skilled nursing facility" means a nursing care facility, or distinct part thereof, which has been certified by the department as meeting the applicable requirements set forth in part 15 of these rules or which is so certified by the U.S. secretary of health and human services.

(f) "Warning notice" means an advisory letter to a nursing home indicating a problem or violation of the code or these rules which requires prompt correction.

History: 1981 AACCS; 1983 AACCS.

R 325.20106 Terms defined in code.

Rule 106. Terms defined in the code have the same meanings when used in these rules.

History: 1981 AACS.

R 325.20107 Document type size.

Rule 107. When the statute or these rules require a document or parts of a document to be printed in 12-point type, the distance between the top of the ascenders and the bottom of the descenders in all type used in such document or specified parts of such document shall be not less than 1/6 of an inch in height.

History: 1981 AACS.

R 325.20108 Licensure and certification; eligibility requirements.

Rule 108. (1) To be eligible for licensure as a nursing home, an applicant shall meet the applicable requirements of the code and parts 2 to 14 of these rules.

(2) To be eligible for certification as any of the following, a nursing care facility shall meet the requirements of the code and the applicable parts of parts 15 to 18 of these rules:

- (a) An intermediate (or basic nursing) care facility.
- (b) A skilled nursing facility.
- (c) An intermediate care facility/mentally retarded.
- (d) A nursing facility for the care of mentally ill patients.
- (e) A nursing facility for the care of mentally retarded patients.
- (f) A nursing facility for the care of tuberculosis patients.

History: 1981 AACS.

R 325.20109 State, federal, and local laws, rules, codes, and ordinances; compliance.

Rule 109. A nursing care facility which is licensed or certified shall comply with applicable state and federal laws and rules and shall furnish such evidence as the department may require to show compliance with such laws and rules and applicable local rules, codes, and ordinances, as a condition of licensure or certification.

History: 1981 AACS.

R 325.20110 Licensed bed capacity.

Rule 110. (1) The department shall endorse on the face of each nursing care facility license the number of beds for which the license is issued. The number of patients cared for in a nursing care facility and the number of unoccupied patient beds shall not exceed the number authorized by the license. A nursing care facility issued a license or certification is subject to the standards required for its authorized bed capacity without regard to any other licensure. Any proposed change in the number of patient beds shall be reported to the department in accordance with part 221 of the code. The department, with prior notification, may approve a temporary reduction for purposes including renovation, maintenance, or new construction when required for the health, welfare, and safety of patients. Any other reduction in the number of patient beds available for use, whether or not a certificate of need is required, shall automatically reduce the licensed bed capacity of the nursing care facility by the amount of such reduction.

(2) The issuance of a license or certification is not a determination of the need for a nursing care facility, or distinct part thereof, or of compliance with part 221 of the code.

History: 1981 AACS.

R 325.20111 Governing bodies, administrators, and supervisors; responsibilities.

Rule 111. (1) The governing body of a nursing home shall assume full legal responsibility for the overall conduct and operation of the home. In the absence of an organized governing body, the owner, operator, or person legally responsible for the overall conduct and operation of the home shall carry out the functions of the governing body.

(2) The governing body shall appoint a licensed nursing home administrator and shall delegate to the administrator the responsibility for operating the home in accordance with policies established by the governing body. An administrator and all other persons in supervisory positions shall be not less than 18 years of age.

(3) An administrator shall designate, in writing, a competent person who is not less than 18 years of age to carry out the responsibilities and duties of the administrator in the administrator's absence.

History: 1981 AACCS.

R 325.20112 Policy on patient rights and responsibilities.

Rule 112. (1) A nursing home shall develop, adopt, post in a public place, distribute, and implement a policy on the rights and responsibilities of patients in accordance with the requirements of sections 20201, 20202, and 20203 of the code.

(2) For purposes of section 20201(2)(a) of the code, denial of care on the basis of source of payment shall include, when a nursing home or nursing care facility is certified for medicare or medicaid, discrimination in favor of or against a beneficiary of 1 of those programs by giving unequal or priority preference to patients with other payment sources.

(3) For purposes of section 20201(2)(d) of the code, the term "privacy" means that private times are assured, including all of the following:

- (a) Toileting.
- (b) Dressing.
- (c) Bathing.
- (d) Medical treatment and consultation.
- (e) Conjugal visits.

The term also includes the assurance that a patient in a private room shall be allowed to have his or her door closed, except that a physician or nursing personnel may enter when required to provide necessary observation, care, or treatment and when the patient is advised in advance that such entry may be required.

(4) For purposes of section 20201(2)(i) of the code, the term "available through the facility" means all sources of payment accepted by the facility, and when the facility is certified for medicare or medicaid, the information shall include those benefits.

(5) For purposes of section 20201(3)(b) of the code, "special circumstances" shall include work hours, distance from the home, and the age of the visitor.

(6) For purposes of section 20201(4) of the code, "harassment" includes verbal as well as physical harassment and interference with the patient's daily activities.

(7) The policy prescribed in section 20201(3)(h) of the code shall include an assurance that the home will make a reasonable effort to provide access to records for purposes of inspection and copying at the time of receipt of a written request, if the request is made during normal office hours.

(8) The patient rights and responsibilities policy shall include provisions regarding smoking as provided by section 21733 of the code.

(9) The policy on patient rights and responsibilities shall be written in 12-point type and shall be explained to the patient or to the person legally responsible for the patient in a manner that he or she can reasonably be expected to understand. Inservice training provided by the home to its staff shall include instruction in the patient's rights and responsibilities adopted by the home and the manner in which such rights and responsibilities are respected and violations avoided.

History: 1981 AACCS.

R 325.20113 Adoption of written procedures to implement patient rights and responsibilities policy.

Rule 113. (1) A home shall adopt written policies and procedures to implement patient rights and responsibilities as provided by section 21765 of the code. Before and following the patient's admission, such policy and procedures shall be available, upon request, to all the following:

- (a) The patient.
- (b) Attending physician.
- (c) Next of kin.
- (d) Member of the family.
- (e) Guardian.
- (f) Designated representative.
- (g) Person or agency responsible for placing and maintaining the patient in the home.
- (h) Employees of the facility.
- (i) Public.

(2) The procedures shall include a procedure for the initiation, investigation, and resolution of complaints, subject to department approval, and, at a minimum, all of the following:

(a) A statement that a patient may have the alternative to complain either to the home or the department about any condition, event, or procedure in the home without citing a specific violation of the code or these rules.

(b) A procedure for submitting written complaints to the home identifying potential violations of law or rule, including a procedure to assist a complainant in reducing an oral complaint to writing when such oral complaint is not resolved to the satisfaction of the complainant. If a standard form is used for complaints, a copy of the form shall be provided to each patient at the time of admission and additional forms shall be available on request.

(c) The name, title, location, and telephone number of the individual in the home who is responsible for receiving complaints and conducting complaint investigations and a procedure for communicating with that individual.

(d) A requirement that all complaints be investigated within 15 days following receipt of the complaint by the home, and a requirement that, within 30 days following receipt of the complaint, the home shall deliver to the complainant a written report of the results of the investigation or a written status report indicating when the report may be expected.

(e) A mechanism for appealing the matter to the administrator of the home if the complainant is not satisfied with the investigation or resolution of the complaint.

(3) A home shall maintain for 3 years written complaints filed under its complaint procedure and all complaint investigation reports delivered to each complainant, and such records shall be available to the department upon request.

History: 1981 AACCS; 1983 AACCS.

R 325.20114 Complaints to the department.

Rule 114. (1) When a person files a written complaint against, and requests investigation of, a nursing home pursuant to section 21799a of the code, the following provisions apply:

(a) Such complaint, if alleging a nonrecurring violation, shall be made within 12 months of the discovery of the violation or, if the complaint has been initially filed with the home, within 12 months following a final determination in the matter by the home.

(b) Such complaint, if alleging a recurring violation, shall be made within 12 months of the last alleged occurrence cited in the complaint or within 12 months following a final determination in the matter by the home.

(2) If a complaint is not filed within the 12-month period specified in subrule (1)(a) and (b) of this rule, the department may consider the complaint based upon information supplied by the complainant as to the reasons for the failure to file within the 12-month period.

(3) Complaints shall be in writing, shall be signed by the complainant, and shall indicate the name and address of the home, the nature of the complaint, and the complainant's name, address, and telephone number. If a complaint is oral, the department shall assist the complainant in reducing the oral complaint to writing within 7 days after the oral complaint is made.

(4) Anonymous complaints shall be received and given to the appropriate licensing personnel to be evaluated not later than the next visit to the facility.

(5) A complainant who is dissatisfied with the written determination or investigation of the department may request a hearing in accordance with the procedures set forth in R 325.21918 of these rules.

(6) As used in this rule, "written determination" means a department complaint investigation report or a letter to the complainant if the letter supplants such report.

History: 1981 AACCS.

R 325.20115 Patient trust funds.

Rule 115. (1) A nursing home shall develop a policy regarding the holding of monies in trust for patients. A representative payee, unless authorized in writing by the patient or patient guardian, shall not function as the person designated to handle the personal property of the patient for purposes of this rule. The policy established by the nursing home may provide that the home will not handle monies of any patient which exceed the sum of \$5,000.00. A home may charge a reasonable fee, not to exceed the actual cost of providing the service, the fee charged to other patients, or the amount of interest which accrues all trust monies deposited for such patients for whom the service is provided. In the case of patients who are physically or mentally incapable of handling their own money and who do not have a legal guardian or other person designated in writing to handle the personal property of the patients, the home may charge a fee as specified in this rule.

(2) At the time of admission, a nursing home shall provide each patient and the patient's legal guardian or designated representative with a written statement which states all of the following:

(a) That there is no obligation for the patient to deposit his or her funds with the facility.

(b) The patient's rights regarding personal funds, including, at a minimum, all of the following:

(i) The right to receive, retain, and manage his or her personal funds or to have this done by a legal guardian, if any.

(ii) The right to apply to the social security administration to have a representative payee designated for purposes of federal or state benefits to which he or she may be entitled.

(iii) The right to designate, in writing, another person to act for the purpose of managing his or her personal funds.

(iv) The right to authorize, in writing, the nursing home to hold, safeguard, and account for the patient's personal funds in accordance with state law and the nursing home policy.

(c) The nursing home's policy for handling patient funds shall include the provision that it will provide the service of holding monies in trust for persons who are incapable of handling their own funds and who have no guardian or designated representative to provide the service.

(d) In summary form, the home's procedures for handling, accounting for, and giving access to, monies held in trust for patients.

(3) A nursing home shall establish written procedures for implementing its policies for handling patient funds in trust. The written procedures shall cover, at a minimum, all of the following items:

(a) How and where trust fund records will be kept.

(b) Patient or patient representative access to records, including the times when access is normally permitted.

(c) Periodic statements of account.

(d) Interest on account monies.

(e) Access to funds held within and outside the facility.

(f) How to get information regarding trust fund services.

These written procedures shall be made available for inspection by patients and patient representatives, upon request, during normal business hours.

(4) For each patient whose funds it holds, safeguards, and accounts for, the facility shall meet all of the following requirements:

(a) The nursing home shall maintain current, written, individual records of all financial transactions involving patients' personal funds which the facility has been given for holding, safeguarding, and accounting. The facility shall keep these records in accordance with the American institute of certified public accountants' generally accepted accounting standards, and the records shall include, at a minimum, all of the following:

(i) The patient's name.

(ii) Identification of the patient's representative, if any.

- (iii) Admission date.
 - (iv) Date and amount of each deposit and withdrawal.
 - (v) The name of the person who accepted withdrawn funds.
 - (vi) The balance after each transaction.
 - (vii) Receipts indicating the purpose stated by the person withdrawing the funds for which the withdrawn funds were to be spent, except that a patient may withdraw his or her own funds without stating a purpose for the withdrawal.
 - (viii) The patient's earned interest, if any.
- (b) The home shall provide each patient reasonable access to his or her own financial records, including not less than 2 hours each business day during normal business hours.
- (c) The facility shall provide a written statement, at least quarterly, to each patient or patient representative. The quarterly statement shall reflect any patient funds which the facility has deposited in an interest-bearing account or a non-interest-bearing account, as well as any patient funds held by the facility in a petty cash account. The statement shall include, at a minimum, all of the following:
- (i) The balance at the beginning of the statement period.
 - (ii) Total deposits and withdrawals.
 - (iii) Interest earned, if any.
 - (iv) Identification number and location of any account in which the patient's personal funds have been deposited.
 - (v) The ending balance.
 - (vi) The sources, disposition, and date of each transaction involving the patient's funds during the statement period.
- (d) The home shall keep any funds received from a patient for holding, safeguarding, and accounting separate from the facility's funds and from the funds of any person other than patients. Trust funds held by the home for patients may be pooled in an interest-bearing account, as provided in these rules, if individual records are kept and the other requirements of these rules are followed to assure that the funds of each patient are accounted for separately.
- (e) A nursing home may keep up to \$200.00 of a patient's money in a non-interest-bearing account or a petty cash fund. The home shall, within 15 days, deposit in an interest-bearing account any funds in excess of \$200.00 from an individual patient. The account may be individual to the patient or pooled with other patients. The account shall be in a form that clearly indicates that the facility does not have an ownership interest in the funds. The account shall be insured under federal or state law. At the election of the nursing home, the interest earned on any pooled interest-bearing account shall be distributed in either of the following ways:
- (i) Prorated to each patient on an actual interest-earned basis.
 - (ii) Prorated to each patient on the basis of his or her end-of-quarter balance.
- (f) At a minimum, in the case of patient monies held in a petty cash fund by the facility, a patient shall have access to his or her funds during normal business hours. The facility shall, upon request or upon the patient's transfer or discharge, return to the patient, the legal guardian, or the designated representative all or any part of the patient's personal funds which the facility has received for holding, safeguarding, and accounting and which are maintained in a petty cash fund. For a patient's personal fund that the facility has received and deposited in an account outside the facility, the facility, upon request or upon the transfer or discharge of the patient, shall, within 3 business days, return all or any part of those funds to the patient, legal guardian, or designated representative.
- (5) When a nursing home is serving as a representative payee under the social security act or otherwise receives monthly benefits to which the patient is entitled, it shall fulfill its duties as a representative payee in accordance with federal rules. Except for the patient care portion of such monthly benefits, the home shall deposit all such funds in excess of \$200.00, as provided in subrule (4)(e) of this rule, in the patient's trust account. Payments of amounts due from the patient to the nursing home or others shall be made from the patient's trust funds only upon the authorization of the patient or the legal representative of the patient. The home shall not interfere with the right of a patient or patient's representative to control all monies or benefits paid to the patient other than that portion of benefits designated for patient care.
- (6) Upon the sale or other transfer of ownership of the nursing home, the home shall provide the new owner with a written accounting, prepared in accordance with the American institute of certified public accountants' generally accepted auditing procedures, of all patient funds being

transferred and shall obtain a written receipt for those funds from the new owner. The facility shall also give each patient or his or her representative a written accounting of a personal fund held by the facility before any transfer of ownership occurs.

(7) A nursing home shall provide the executor or administrator of a patient's estate with a written accounting of the patient's personal belongings and funds within 10 business days of a patient's death. If a deceased patient's estate has no executor or administrator, the facility shall provide the accounting to the patient's next of kin, the patient's representative, and the clerk of the probate court of the county in which the patient died.

(8) A nursing home shall purchase a surety bond to guarantee the security of patients' funds held in trust by the facility, and the surety bond shall be in the name of the individual facility as licensed. The surety bond shall meet the requirements of section 21721(1) of the code, but shall not be less than \$2,000.00 for any licensed home.

(9) If a nursing home determines that a patient is incapable of managing his or her own personal funds and that the patient has no legal guardian or patient representative designated to handle the patient's personal property, the facility shall notify the Michigan department of social services, in writing, of its determination.

History: 1981 AACCS.

R 325.20116 Involuntary transfers.

Rule 116. (1) A patient shall not be involuntarily transferred or discharged, except as provided by section 21773 of the code and these rules.

(2) For purposes of section 21773 of the code, all of the following provisions apply:

(a) "Welfare of nursing home employees" means the physical safety of nursing home employees.

(b) The 21-day notice period shall begin on the day the patient or patient's guardian actually receives the written notice.

(c) The home shall maintain a record of efforts to collect payment where nonpayment is the basis for involuntary transfer or discharge and shall be capable of documenting the nonpayment and efforts to collect payment upon request by the department.

(d) The written summary of the discussion required by section 21773(8) of the code shall be available to each person participating in the discussion at the time it is made part of the patient's clinical record.

(e) The home and the department shall assure that the counseling mandated in section 21773(9) of the code is provided.

(f) The department shall monitor counseling of patients who are involuntarily transferred or discharged utilizing appropriate members of the department staff. These same members of the department staff, as part of the monitoring activity, shall be responsible for approving a facility plan to effectuate the orderly and safe transfer or discharge of a patient.

(g) It shall be the objective of a transfer or discharge plan to assure all of the following:

(i) That the proposed new placement is appropriate for the patient's needs and considers the recommendations of the attending physician.

(ii) That the optimum placement is made, insofar as possible, the first time to avoid the necessity for additional transfers at a later date.

(iii) That the patient or the next of kin, guardian, designated representative, agency, or organization responsible for placing and maintaining the patient in a facility is involved in the choice of facility to which the patient is to be transferred.

(iv) That at least 1 counseling session shall be provided for each involuntarily transferred or discharged patient.

(v) That the patient shall have the opportunity to visit the proposed new placement at least once. The visit to the new site may only be waived if the attending physician documents in the patient's clinical record that such a visit is medically contraindicated or if the patient, guardian, or patient representative determines, in writing, that it is not in the patient's best interest. In such instances, the patient shall receive appropriate information, such as floor plans, brochures, pictures, and other documents, to familiarize the patient with the new facility.

(vi) That the department assures that a family member or other appropriate person is available to accompany the patient on the involuntary transfer or discharge from the home to a new placement, unless the patient requests otherwise.

(h) That the department assures that counseling in the new placement is provided following transfer or discharge and that counseling occurs within 72 hours following the transfer or discharge.

(3) For purposes of section 21774 of the code, both of the following provisions apply:

(a) Submission of a hearing request form shall be prerequisite to a patient's appeal of an involuntary transfer or discharge, and any written communication from the patient or the patient's representative to the department shall be accepted as a request for a hearing on the matter if the department has reason to believe the communication is intended to dispute the proposed transfer or discharge.

(b) Hearings shall be conducted informally by a representative of the department at the facility in which the patient is located. The patient and home, or their representative, may state their position and present documents and other proofs at the hearing. Following the hearing, the department shall issue its decision and reasons therefor in writing, which decision shall be final and not subject to further administrative appeal.

(4) This rule shall not apply when a facility discontinues, or is required to discontinue, operations.

History: 1981 AACS.

R 325.20117 Disaster plans.

Rule 117. (1) A home shall have a written plan or procedure to be followed in case of fire, explosion, or other emergency.

(2) A disaster plan shall be posted and shall specify all of the following:

(a) Persons to be notified.

(b) Locations of alarm signals and fire extinguishers.

(c) Evacuation routes.

(d) Procedures for evacuating patients.

(e) Frequency of fire drills.

(f) Assignment of specific tasks and responsibilities to the personnel of each shift.

(3) Personnel shall be trained to perform assigned tasks before such assignment.

(4) A disaster plan shall meet with the approval of the state fire marshal.

(5) A disaster plan shall be posted throughout the home in places accessible to employees, patients, and visitors.

(6) A regular simulated drill shall be held for each shift not less than 3 times per year.

History: 1981 AACS; 1983 AACS.

R 325.20118 Rescission.

Rule 118. R 325.1901 to R 325.1938, R 325.1941 to R 325.1954, R 325.1959 to R 325.1962, R 325.1964, R 325.1965, R 325.1968, R 325.1971 to R 325.1974, R 325.1981 to R 325.2018, and R 325.2020 to R 325.2097 of the Michigan Administrative Code, appearing on pages 1861 to 1892 of the 1979 Administrative Code, are rescinded.

History: 1981 AACS.

PART 2. LICENSURE

R 325.20201 Establishing, maintaining, or operating nursing home without a license prohibited.

Rule 201. A person shall not establish, maintain, or operate a nursing home unless licensed by the department in accordance with the code and this part.

History: 1981 AACS.

R 325.20202 Time of application.

Rule 202. An application for initial licensure may be made at any time. An application for renewed licensure shall be submitted to the department not less than 90 days before the expiration of the current license.

History: 1981 AACS.

R 325.20203 Content of application.

Rule 203. (1) An application for an initial or renewed license shall be made on a form authorized and provided by the department, which shall be completed in full in accordance with department instructions. The application form shall be accompanied by the attachments, additional data, and information required by the department.

(2) A complete application shall include, at a minimum, all of the following:

- (a) A completed application form, including the assurances described in section 20152 of the code.
- (b) Written evidence of appointment of an authorized representative as required by R 325.20204.
- (c) Identification of owners and of financially interested persons as required by R 325.20207.
- (d) The applicable license fee.
- (e) Evidence of a currently valid certificate of need if applicable.
- (f) Additional information specified in departmental instructions.

History: 1981 AACS.

R 325.20204 Authorized representative.

Rule 204. An application for an initial or renewed license or certification shall be signed by the owner or an authorized representative who shall, at a minimum, be authorized to act as agent for the owner or owners with respect to doing any of the following:

- (a) Submitting the application and making amendments thereto.
- (b) Providing the department with all information necessary for a determination with respect to the application.
- (c) Entering into agreements with the department in connection with licensure or certification.
- (d) Receiving notice and service of process on behalf of the applicant in matters relating to licensure or certification.

History: 1981 AACS.

R 325.20205 Processing the application.

Rule 205. (1) The department shall review all applications to determine whether they are complete and shall promptly notify the applicant in writing if additional information is required to complete the application or determine compliance with the code and these rules. The department shall investigate and consider each completed application.

(2) By applying for or accepting a license or a permit, an applicant or licensee authorizes the department and its representatives to conduct the surveys, inspections, and investigations necessary to determine compliance with applicable licensing standards.

History: 1981 AACS.

R 325.20206 Surveys and investigations.

Rule 206. (1) The department shall conduct a survey and investigation of a nursing home for initial licensure within the 3-month period following receipt of the application or, in the case of renewals, within the 3-month period before the expiration date of a license. A license shall only be issued or renewed if the

department, after completing such a survey and investigation, finds the facility to be in substantial compliance with the requirements of the code and these rules.

(2) The department may take additional visits, inspections, and investigations for the purpose of survey, evaluation, consultation, or enforcement of these rules and the code.

(3) Surveys and investigations pursuant to this part may include, but are not limited to, all of the following:

(a) Inspections of the facility and its operation and maintenance.

(b) Inspection and copying of books, records, patient clinical records, and other documents maintained by the facility.

(c) The acquisition of other information, including otherwise privileged or confidential information, from any other person who may have information bearing on the applicant's or licensee's compliance or ability to comply with the applicable requirements for licensure.

(4) When making a survey or investigation, the department representative or representatives shall present proper identification. For this purpose, "proper identification" means a card issued by the department certifying that the holder is an employee of the department.

History: 1981 AACS; 1983 AACS.

R 325.20207 Disclosure of ownership interests.

Rule 207. (1) An applicant or licensee shall include all of the following with its application for an initial or renewed license:

(a) The name, address, principal occupation, and official position of all persons who have an ownership interest in the home.

(b) The name, address, principal occupation, and official position of each trustee for a voluntary nonprofit corporation.

(c) The most recent disclosure of ownership and related information prepared pursuant to the federal medicare-medicare anti-fraud and abuse amendments of 1977, Public Law 95-142, 42 U.S.C. S1320 a-3 and regulations promulgated thereunder.

(d) If a home is located on or in leased real estate, the name of the lessor and any direct or indirect interest the applicant or licensee has in the lease other than as lessee.

(2) The department may accept reports filed with the securities and exchange commission as compliance with this rule, if the department determines that such reports contain the information required.

History: 1981 AACS.

R 325.20208 Action on applications for licensure.

Rule 208. (1) With respect to any application for licensure, on the basis of the information supplied by the applicant and any other information available to it, including facility survey inspection and investigation, the department shall take 1 of the following actions:

(a) Issue or renew the license.

(b) Issue or renew a provisional license.

(c) Issue a temporary unrenovable permit.

(d) Issue or renew a license based upon an approved building program.

(e) Issue a limited license with such conditions or restrictions, or both, as the department determines necessary to carry out the purposes of the code.

(f) Deny an initial or renewed license.

(g) Take other action consistent with the purposes of the code.

(2) Action by the department pursuant to subrule (1) (b), (c), (e), or (f) of this rule shall be preceded by a notice of intent and an opportunity for a hearing in accordance with part 19 of these rules. In all other cases, the determination of the department shall be final.

History: 1981 AACS.

R 325.20209 Term of license or certification.

Rule 209. A license or certificate shall expire on the date shown on its face or 1 year after the date of issuance, whichever is sooner, unless renewed or terminated in accordance with the code or these rules.

History: 1981 AACS.

R 325.20210 Provisional licenses.

Rule 210. When a provisional license is issued by the department, such license shall expire on the date set forth on its face or the first anniversary of its issuance, whichever is sooner. The holder of a provisional license shall apply for a license not less than 90 days before the expiration date of the provisional license. The department may renew a provisional license 1 time only for 1 year or a shorter period if, in its discretion, the department determines that the purposes of the code will be served thereby.

History: 1981 AACS.

R 325.20211 Temporary permits.

Rule 211. (1) The department may issue a temporary permit to an applicant pursuant to section 20162(3) of the code when, in the department's discretion, additional time is needed for the department's survey, inspection, or investigation of the applicant or additional time is needed for the applicant, including initial applicants and applicants applying because of changes in ownership, to undertake remedial action as described in section 20162(2) of the code.

(2) A temporary permit shall expire on the date set forth on its face or 6 months after the date of its issuance, whichever is sooner. The holder of a temporary permit shall apply for a license not less than 90 days before the expiration date of the temporary permit. A temporary permit is not renewable.

History: 1981 AACS.

R 325.20212 Notice to department of change in information required; transfer of license; posting.

Rule 212. (1) A license is issued on the basis of information available to the department on the date of issuance. An applicant or licensee shall give written notice to the department within 5 business days of any change in information submitted as part of an application for initial or renewed licensure.

(2) A license is not transferable between buildings, properties, or owners, from one location to another, or from one part of an institution to another. A change in ownership shall be reported pursuant to section 20142(3) of the code.

(3) The current license shall be posted in a conspicuous public place in the home. For purposes of this rule, the term "license" includes a provisional license, limited license, or a temporary permit.

History: 1981 AACS.

R 325.20213 Construction and major alterations of nursing homes.

Rule 213. (1) A home shall not contract for or initiate either of the following projects without first obtaining a construction permit from the department:

(a) A project for which a construction permit is required by section 20145 of the code.

(b) A project to expand or change service areas for services provided which involves major alterations.

(2) The owner or governing body of a home or proposed home shall submit plans for projects described in subrule (1) of this rule to the department for review and approval before contracting for and initiating such projects. The department shall approve the plans if it determines that the project is designed and constructed in accord with applicable statutory and regulatory requirements.

(3) A major alteration is deemed to be any extensive structural alteration of an existing building area involving significant changes in the interior configurations or intended use by the moving of partitions of

a number of rooms and involving an expenditure in an amount in excess of \$25,000.00. Removal of a partition between 2 adjacent rooms to provide additional room space is not deemed to be a major alteration, unless it exceeds \$25,000.00 in cost or unless multiple changes are to be made for a changed use of an entire wing or area and extensive plumbing or electrical wiring changes are required.

(4) The department may waive the applicability of this rule if it determines the waiver will not affect the public health, safety, and welfare.

History: 1981 AACS.

R 325.20214 Prohibited terms.

Rule 214. In addition to the terms whose use is limited by the code, the use of the words "state approved" or words having a similar meaning is prohibited unless the home is operated under a current license.

History: 1981 AACS.

R 325.20215 Public inspection of license records.

Rule 215. (1) Unless otherwise provided by law, records pertaining to licensure and certification are available for public inspection and copying during business hours on the days when the bureau of health care administration, Michigan department of public health, is open for business.

(2) The department shall delete from licensing and certification records made available for inspection any matters or items of information exempt from disclosure under law. Fees related to requests for inspection or copies of licensing and certification records shall be assessed in accordance with applicable law and department procedures.

(3) Arrangements for the inspection or copying of licensing and certification records shall be made with the bureau of health care administration in the department.

History: 1981 AACS.

PART 3. ACCESS TO NURSING HOMES AND PATIENTS

R 325.20301 Access to nursing home patients by approved organizations; application.

Rule 301. (1) Organizations which are approved pursuant to this part, or the designated and properly identified representatives, shall have access to nursing home patients as provided in section 21763 of the code.

(2) An organization shall not represent itself as an approved organization for purposes of section 21763 of the code, unless approved by the director pursuant to this part.

(3) An organization desiring to have access to a home and its patients, as provided in section 21763 of the code, shall apply to the director for approval.

(4) An application for approval shall include, at a minimum, all of the following:

(a) The name, address, principal occupation, and official position of all persons who have an ownership interest, all directors, officers, officials, and trustees.

(b) A copy of the articles of incorporation and bylaws of the organization, if any.

(c) The applicant's proposed service area, the services proposed to be delivered, and a statement that the services provided to nursing home patients shall be without charge.

(d) Evidence that the applicant is a bona fide community organization or legal aid society with nonprofit status which has as 1 of its primary purposes the rendering of assistance to nursing home patients without charge.

(e) Additional information specified in the department's instructions required to determine compliance with the code and these rules.

(5) The provisions of this part shall not diminish the right of patients to receive or refuse to receive visitors pursuant to section 20201(3)(b) of the code.

History: 1981 AACS.

R 325.20302 Patient access application; processing procedure.

Rule 302. (1) The department shall determine whether an application for approval is complete and shall notify the applicant in writing if additional information is required to complete the application or determine compliance with the code or these rules.

(2) When an application is deemed complete, the department shall forward the application and any related information to the nursing home task force for consideration. The task force, in accord with its procedures, shall advise the director on the application within 10 working days.

(3) By applying for or accepting approval pursuant to section 21764 of the code, an organization authorizes the department to conduct the investigation necessary to determine initial and continued compliance with the requirements for approval at any time before or after the grant of approval.

(4) On the basis of the information supplied by the applicant or any other information available, including the advice of the nursing home task force, the director shall grant or deny approval to the applicant, shall notify the applicant of the decision, and shall notify the nursing care facilities in the applicant's service area of any decision of approval.

(5) An appeal of the director's decision to the nursing home task force pursuant to section 21764(4) of the code shall be conducted informally, as prescribed by the task force, and the decision of the task force is final, binds the director, and is not subject to further administrative appeal.

History: 1981 AACCS; 1983 AACCS.

R 325.20303 Patient access approval; change in circumstances; review of approvals; termination of approvals.

Rule 303. (1) Patient access under section 21764 of the code is issued on the basis of information available on the date of issuance, and an approved organization shall give written notice to the department within 10 business days of any changes in information submitted to the department in the application. An approval is effective until terminated by the department at any time for failure to meet the requirements of the code and these rules. The department's decision to terminate approval may be appealed as provided in R 325.20302(5).

(2) The nursing home task force shall annually, in accord with its procedures, or at the request of the director, review approvals granted and in force pursuant to section 21764 of the code and shall make recommendations to the director as to whether such approvals shall be continued or cancelled.

History: 1981 AACCS; 1983 AACCS.

R 325.20304 Patient access; adoption of a procedure to identify representatives of approved organizations; complaints.

Rule 304. (1) A nursing home shall adopt a procedure by which a representative of an approved organization may be identified to the home and the patient, as provided in section 21763(2) of the code, without undue delay not to exceed 30 minutes. Representatives of approved organizations shall carry and, upon request, shall show official identification issued by the organization.

(2) Complaints by nursing homes pursuant to section 21763(4) of the code shall be made to the nursing home task force in accordance with procedures established by that body. Complaints shall be reviewed by the task force under procedures established by it, and a decision of the task force following such review is final, binds the director, and is not subject to further administrative appeal.

History: 1981 AACCS; 1983 AACCS.

PART 4. ADMINISTRATIVE MANAGEMENT OF HOMES

R 325.20401 Administrative policy manual.

Rule 401. (1) The home shall make immediately available for on-site inspection by the department an administrative policy manual which shall include, at a minimum, all of the following:

- (a) Admission policies, including a copy of the contract form used by the home when admitting patients.
- (b) Governing body bylaws or equivalent, if any.
- (c) The nursing home departmental policies.
- (d) Personnel policies and job descriptions.
- (e) Patient bill of rights and responsibilities.
- (f) Transfer agreements.
- (g) Contracts with providers of health care and health services.
- (h) Disaster and emergency plans.
- (i) A list of approved abbreviations used in recording administrative orders.

(2) The administrative policy manual shall be reviewed annually by the governing body, owner, or operator and shall be revised as appropriate. Dates of reviews and revisions shall be a matter of record in the home.

History: 1981 AACCS.

R 325.20402 Health of employees and others providing care.

Rule 402. (1) An employee on duty in the home shall be in good health and free from communicable disease. Files shall be maintained by the home containing evidence of adequate health supervision, such as results of preemployment and periodic physical examinations, including intradermal skin tests for tuberculosis and chest x-rays, and records of illness and accidents occurring on duty.

(2) An employee shall have an intradermal test for tuberculosis at the beginning of employment and annually thereafter. If at any time the skin test is positive, the local health department shall be notified and the employee shall have a chest x-ray to determine the presence of disease. The facility shall develop and implement a policy prescribing the frequency of subsequent chest x-rays. This policy shall be based upon the employee's risk of developing active disease and exposing others. A report of the results of such tests and any treatment received shall be included in the individual employee's personnel file.

(3) Volunteers, students, and other persons who have direct physical contact with patients or food while providing care or services in the facility shall only be permitted to participate when free of signs of infection. The facility shall adopt and implement an educational program to ensure that these care providers are aware of and practicing acceptable infection control measures.

History: 1981 AACCS.

R 325.20403 Admission policies.

Rule 403. (1) A home shall have a written admission policy that is available upon request, before and following the patient's admission, to all of the following:

- (a) The patient.
- (b) Attending physician.
- (c) Next of kin or member of the family.
- (d) Guardian.
- (e) Designated representative.
- (f) Person or agency responsible for placing and maintaining the patient in the home.
- (g) Employees of the facility.
- (h) The public.

(2) A patient shall only be admitted to a home on the recommendation and referral of a physician licensed to practice in Michigan.

(3) Before but not later than at the time of admission of a patient, an attending physician shall be designated to be responsible for the medical care and supervision of the patient.

(4) A home shall not accept a patient for care who is less than 15 years of age, unless that home is specifically licensed and approved by the director to accept children as patients; however, the director, upon written application by a child's parent or guardian and written

recommendation by a child's physician, may authorize a child's admission to a home not so licensed when the director determines that there is no licensed child care home or child care unit in the subareas, as defined by the department, and the admission is determined to be in the interest of the child's health and welfare.

History: 1981 AACCS.

R 325.20404 Illnesses; accidents; and incidents.

Rule 404. (1) In case of an accident or incident involving a life-threatening change in a patient's condition, the administrator or his or her designated representative shall immediately notify the attending physician and the legal guardian, if any. In the absence of a legal guardian, or if unable to contact the guardian, the home shall notify the next of kin, the person responsible for placing the patient in the home, or the patient's designated representative. A record of the notification, including the names and the time notified, shall be recorded in the patient's clinical record.

(2) Immediate investigation of the cause of an accident or incident involving a patient, employee, or visitor shall be initiated by the administrator or his or her designated representative, and an appropriate accident record or incident report shall be completed.

(3) The suspected occurrence of any reportable disease or condition shall be reported to the department and to the local health department in accordance with published regulations.

(4) The administrator or his or her designated representative shall furnish all available pertinent information related to such disease or poisoning to the department and the local health department and shall cooperate with the department, local health department, or others designated by the department as appropriate to the resolution of the problem.

History: 1981 AACCS; 1983 AACCS.

R 325.20405 Patient deaths.

Rule 405. When a patient dies, the administrator or his or her designated representative shall immediately notify the attending physician, the next of kin, the legal guardian or designated representative, and, as soon as possible, the person or agency responsible for placing and maintaining the patient in the home. A signed record of this notification, including the names of the persons notified and the time notification was made, shall be recorded on the patient's clinical record.

History: 1981 AACCS.

R 325.20406 Patient bill of rights provisions.

Rule 406. To protect the rights of patients under section 20201 of the code and other relevant provisions of the code, the following requirements shall be complied with:

(a) A nursing home shall assure that information transmitted to a patient or designated representative shall be communicated in such a manner that there is reasonable assurance that the patient understands. Where the patient's condition is such that he or she cannot be made to understand, the information shall be communicated to the patient's representative or guardian in such a manner that the representative or guardian can understand. Nothing in this rule shall be deemed to limit the obligation to provide information to the patient's representative or guardian. Health status information communicated to a patient may be explained by a physician or registered nurse or other licensed health personnel unless medically contraindicated.

(b) When a patient refuses treatment, a determination shall be made by the attending physician as to whether or not the patient's refusal of treatment prevents the facility from providing appropriate care according to ethical and professional standards. The physician's determination in this matter shall be in writing and shall be made a part of the patient's clinical record. When a relationship between a nursing home and patient is terminated in conjunction with the physician's determination and the action results in an involuntary transfer or discharge, such transfer or discharge shall be handled in accordance with the provisions of sections 21773 and 21774 of the code.

(c) A plan of care for a patient that provides for the patient performing services for the home shall be authorized by the physician's written order. The order shall include the specific benefits to be derived by the patient from such activity, and such written order shall become part of the patient's record. The patient shall have the right to refuse to perform such services for the facility, and such refusal shall not be deemed to prevent the facility from providing appropriate care.

(d) The nursing home shall assure, through the minimum following steps, that a patient is provided with information about health facility rules and regulations affecting patient care and conduct:

(i) The home shall provide a written copy of facility rules and regulations to the patient or the patient's representative upon admission and when the rules and regulations are changed.

(ii) The home shall assure that policies, rules, and regulations are communicated effectively to all patients, including patients who are unable to read.

(iii) The home shall post such rules and regulations in a public place.

(e) A home shall provide every reasonable opportunity, at the request of the patient, the legal guardian, the patient's representative, or the next of kin, to permit a limited number of individuals to remain in the facility 24 hours a day when the patient is considered terminally ill.

History: 1981 AACS; 1983 AACS.

R 325.20407 Enforcement of nondiscrimination on the basis of source of payment for care.

Rule 407. (1) When a nursing home is enrolled as a provider in the medicare and medicaid programs and holds a valid provider agreement with the designated federal or state agency, discrimination with respect to source of payment for purposes of sections 21799c(3) and 20201(2)(a) of the code includes action to require a cash payment before admission from any person determined to be eligible to receive medicare or medicaid, to require cash payment instead of medicare or medicaid payment authorized by the designated federal or state agency for any period of time, or to require any unauthorized supplemental cash payment in addition to medicare or medicaid payment for care.

(2) A home which violates a patient's rights with respect to the matters described in subrule (1) of this rule shall, in addition to any civil penalties assessed under the code, repay any and all cash payments improperly required of the patient, the patient's family, or designated representative, with interest, at the prime interest rate on the day the violation is identified, to be added and compounded for the period the cash payment has been inappropriately in the home's possession.

History: 1981 AACS.

PART 5. PATIENT CARE

R 325.20501 Care in general.

Rule 501. The feelings, attitude, sensibility, and comfort of a patient shall be fully respected and given meticulous attention at all times by all personnel.

History: 1981 AACS.

R 325.20502 Policies and procedures for care.

Rule 502. (1) The home shall have a written policy governing the nursing care and other services provided to a patient, which shall be implemented through written procedures which are maintained and available to personnel at all times. All personnel shall be oriented to the facility and their responsibilities.

(2) The policy shall be developed by a patient care policy committee consisting of at least 1 licensed physician, the director of nursing, and the administrator, with such additional members as the committee determines appropriate. When a nursing home owner is responsible for more than 1 home, the owner may establish 1 patient care policy committee which has the responsibility for developing appropriate policies for each individual home.

(3) The policy shall be presented to the governing body, owner, or operator for review and approval before implementation, and a record of such approval shall be maintained with the policy.

(4) The policy shall be reviewed by the patient care policy committee at least annually and amended as necessary to meet the needs of patients in the home. Revisions shall be approved by the governing body, owner, or operator. A record of such approval shall be maintained with the policy.

(5) The policy shall govern, at a minimum, all of the following:

- (a) Admission, discharge, and transfer of patients.
- (b) Categories of patients accepted and not accepted by the home.
- (c) Clinical records.
- (d) Physician services.
- (e) Nursing services.
- (f) Dietary services.
- (g) Rehabilitative services.
- (h) Pharmaceutical services.
- (i) Diagnostic services.
- (j) Consultation services.
- (k) Dental services.
- (l) Podiatry services.
- (m) Social services, including counseling services.
- (n) Mental health services.
- (o) Diversional activities.
- (p) Interdisciplinary patient care planning.
- (q) Discharge planning.
- (r) Care of patients in an emergency, during a communicable disease episode, when critically ill, or when mentally disturbed.

History: 1981 AACCS; 1983 AACCS.

R 325.20503 Oxygen administration.

Rule 503. A written policy shall govern the administration of oxygen to a patient in the home. This policy shall include the requirements that only personnel who have been trained to administer oxygen shall do so and that oxygen shall only be administered on the order of a physician or as authorized in emergency situations.

History: 1981 AACCS.

R 325.20504 Blood and blood substitute administration.

Rule 504. A written policy shall govern the administration of blood and blood substitutes to a patient in the home. This policy shall include a requirement that blood or blood substitutes administered to a patient in the home shall be started by a physician or registered nurse.

History: 1981 AACCS.

R 325.20505 Parenteral fluid administration.

Rule 505. A written policy shall govern the administration of parenteral fluids administered to a patient in the home. Parenteral fluids shall be administered only on the order of a physician, shall be started by either a physician or registered nurse, and shall be supervised in the course of administration by a physician or licensed nurse.

History: 1981 AACCS.

R 325.20506 Tuberculosis testing.

Rule 506. (1) The facility shall develop and implement policies governing the periodic intradermal tuberculin testing of patients in addition to the requirement for a chest x-ray on admission.

(2) If a patient has a positive skin test or an x-ray abnormality, the local health department shall be notified and the patient shall be evaluated to determine the presence of disease. The facility shall then develop and implement a policy regarding the subsequent periodic monitoring of these patients, based upon their risk of developing active tuberculosis or exposing others.

History: 1981 AACCS.

R 325.20507 Infection control.

Rule 507. A written policy shall govern the control of communicable disease and infections in the nursing home and shall require the establishment and operation of an infection control committee, which shall include at least the director of nursing and representatives of administration, dietary, housekeeping, and maintenance services. The infection control committee, at a minimum, shall conduct all of the following activities and shall submit periodic reports and recommendations for change to the governing body, owner, or operator:

- (a) Provide surveillance to detect the presence of communicable disease or infections.
- (b) Provide for the immediate control of disease, when identified, through the formulation of policies and procedures.
- (c) Develop and monitor the implementation of procedures for aseptic and isolation techniques.
- (d) Periodically review, and revise as needed, all policies and procedures relating to infection control.
- (e) Establish effective communication with the local health department in order to obtain available assistance and to provide for the interchange of information necessary for the control of disease in the nursing home and prevent the potential spread of disease to the community.

History: 1981 AACCS.

R 325.20508 Policy availability.

Rule 508. The written patient care policies shall be made available for review on request to all of the following:

- (a) A patient.
- (b) Physician.
- (c) Nursing personnel.
- (d) Next of kin.
- (e) Guardian or designated representative.
- (f) Agency or organization responsible for placing or maintaining the patient in the home.

History: 1981 AACCS.

R 325.20509 Training for unlicensed nursing personnel.

Rule 509. For purposes of interpreting section 21795(1) of the code, the "buddy system" method of instruction for unlicensed nursing personnel shall not be permitted as the only method of such instruction.

History: 1981 AACCS.

PART 6. PHYSICIAN SERVICES

R 325.20601 Medical direction of patients.

Rule 601. (1) The care of a patient admitted to a home shall be under the continuing direction of a physician licensed to practice in Michigan.

(2) The administrator of the home shall be responsible for assuring or promptly arranging for this continuing medical care and direction by a licensed physician.

(3) The name and telephone numbers of the attending licensed physician and the licensed physician to be called in case of emergency when the attending physician is not available shall be posted at each nursing station. The telephone numbers of the attending physician or his or her replacement in case of emergency shall be provided to the patient, guardian, or designated representative on request.

History: 1981 AACCS.

R 325.20602 Medical examination of patients.

Rule 602. (1) Except in the case of a Friday admission, in which case a patient shall be examined by a licensed physician within 72 hours, a patient admitted to a home shall be examined by a licensed physician within 48 hours after admission, unless the patient has been examined by a licensed physician within 5 days before admission and a copy of that examination is available in the home at the time of the patient's admission.

(2) A written record of the clinical history and physical examination, together with a diagnosis and treatment plan, shall appear in the patient's clinical record.

(3) The examination shall include a chest x-ray, unless a chest x-ray has been taken within 90 days of admission and a report of the results of that x-ray examination is available in the home at the time of the patient's admission for inclusion in the patient's clinical record.

History: 1981 AACCS.

R 325.20603 Medical visits to patients.

Rule 603. (1) A patient in a home shall be seen and, to the extent appropriate, shall be examined by a licensed physician at least once every 60 days, unless justified otherwise and documented by the attending physician in the patient's clinical record. At a minimum, a patient in a home shall be seen and, to the extent appropriate, shall be examined by the attending physician at least once in each 6-month period, and a record of each physician visit to a patient shall be recorded with pertinent clinical observations in the patient's clinical record by the physician.

(2) Not later than at the time of admission of a patient, an attending physician shall be designated to be responsible for the medical care and supervision of the patient. This shall not preclude a patient from also receiving health services from another provider of choice, unless medically contraindicated.

History: 1981 AACCS; 1983 AACCS.

R 325.20604 Treatment of patients.

Rule 604. (1) Treatment rendered to a patient shall be in accordance with the specific or standing written orders of the attending licensed physician. Standing orders shall be reproduced in the patient's clinical record and shall be signed by the attending physician within 48 hours.

(2) Telephone or other verbal orders from the physician shall be written on the patient's clinical record by the licensed nurse in charge and shall be signed by that licensed nurse. Telephone or other verbal orders recorded by the licensed nurse in charge shall be countersigned by the physician within 48 hours.

History: 1981 AACCS.

R 325.20605 Physicians' assistants in homes.

Rule 605. (1) A physician's assistant working under the supervision of a licensed approved physician, as set forth in parts 170 and 175 of the code, may carry out appropriate delegated functions in a home in accordance with written policies of the home formally adopted by the governing body, owner, or operator.

(2) The written policies governing the functions of the physician's assistant within the home shall be consistent with law and rules applicable to the home, the physician's assistant, and the supervising physician.

(3) The physician's assistant shall not substitute for the licensed physician insofar as the overall responsibility for a patient's care is concerned.

(4) The physician's assistant shall not be or function as an employee of the home and shall be limited to providing care for the patients of the supervising physician.

(5) The attending physician supervising a physician's assistant shall be required to visit the patient in a home at intervals prescribed in law and rule; shall check, renew, or amend physician orders at prescribed intervals; shall review and participate in the development of patient care plans following admission and at prescribed intervals; and shall review, approve, and countersign all physician assistant entries in the clinical record. Orders written in the clinical record by the physician's assistant shall be countersigned by the attending supervising physician within 48 hours.

History: 1981 AACCS; 1983 AACCS.

R 325.20606 Applicability.

Rule 606. The provisions of R 325.20601 to R 325.20605 shall apply to all homes, except those subject to the provisions of section 21707(2)(b) of the code.

History: 1981 AACCS.

PART 7. NURSING SERVICES

R 325.20701 Director of nursing.

Rule 701. (1) The director of nursing shall be a registered nurse with specialized training or relevant experience in the area of gerontology and shall be employed full time by only 1 nursing home.

(2) The director of nursing shall be responsible for all of the following:

(a) The development and maintenance of nursing service objectives, standards of nursing practice, nursing policy and procedure manuals, and written job descriptions for each level of personnel.

(b) Scheduling of rounds to ensure that all patients are seen daily by a licensed nurse.

(c) Methods for coordination of nursing services with other patient services.

(d) Recommending the number and levels of nursing personnel to be employed.

(e) Nursing staff development.

History: 1981 AACCS; 1983 AACCS.

R 325.20702 Charge nurses.

Rule 702. (1) A licensed nurse shall be the charge nurse on each shift or tour of duty and shall be responsible for the immediate direction and supervision of nursing care provided to patients. In homes with less than 30 beds, the director of nursing may serve as charge nurse on a shift when present for a full shift.

(2) The charge nurse shall be accountable at all times to the director of nursing or her or his designee.

(3) The charge nurse assigns responsibility to personnel for the direct nursing care of specific patients during each tour of duty on the basis of staff qualifications, size and physical layout of the facility, characteristics of the patient load, and the emotional, social, and nursing care needs of patients.

History: 1981 AACCS; 1983 AACCS.

R 325.20703 Nursing personnel.

Rule 703. (1) A licensed nurse shall have immediately available evidence of a valid and current license or permit required by the state of Michigan.

(2) A person employed in the home to give nursing care shall be not less than 17 years of age, except that a student in a board of education-approved cooperative educational program may provide nursing care under supervision of a licensed nurse.

(3) A person employed in the home to give nursing care on the night shift shall be not less than 18 years of age.

(4) A person shall not be assigned to duty on the night shift if that person has been on duty either in the home or any other place of business during the preceding 8 hours, but may assume temporary duty on the night

shift if the facility has made every reasonable effort to otherwise eliminate a staffing emergency.

(5) A member of the nursing staff shall not be deemed to be on duty unless awake, fully dressed, and on the premises.

(6) The administrator of the home shall not serve as the director of nursing in homes of 50 or more beds.

(7) At all times during each shift, the home shall meet the minimum staffing requirements specified in the code. For the purposes of determining compliance with nursing personnel-to-patient ratios specified in the code or these rules, a member of the nursing staff who works less than 2 continuous hours shall be counted as part of a full-time equivalent personnel only if such member was scheduled to work more than 2 continuous hours.

History: 1981 AACCS; 1983 AACCS; 1986 AACCS.

R 325.20704 Reporting and enforcement of nurse staffing requirements.

Rule 704. (1) A home shall maintain, for a period of not less than 2 years, employee time records, including time cards or their equivalent and payroll records.

(2) A home shall submit nurse staffing reports to the department at least quarterly. The department may require more frequent reports when a quarterly report on annual or other survey and evaluation visit or a complaint investigation indicates that deficiencies in nurse staffing requirements may exist.

(3) Nurse staffing reports shall cover the employed nursing staff of the home, including registered nurses, licensed practical nurses, nurse aides, and orderlies. Only those nursing personnel listed in this subrule who actually provide direct patient care shall be counted in meeting nurse staff requirements. Ward clerks shall not be included as members of the nursing staff.

(4) Nurse staffing reports shall be submitted on forms provided by the department and shall, at a minimum, cover a 7-day period specified by the department, including a Saturday and Sunday, but need not necessarily include 7 consecutive days.

(5) The administrator of record, or the acting administrator in the absence of the administrator, in the home shall certify to the accuracy of the nurse staffing reports submitted to the department.

History: 1981 AACCS; 1986 AACCS.

R 325.20705 Enforcement.

Rule 705. If the department believes there has been a violation of section 21720a of the code, it shall take any of the following actions:

(a) Issue a facility evaluation report pursuant to R 325.20706.

(b) Issue a correction notice pursuant to section 21799b of the code and R 325.21903(1).

(c) Initiate an action for denial, limitation, suspension, or revocation of a license by issuing a notice pursuant to R 325.21903(2).

(d) Take any other action authorized by law to assure compliance with the law and these rules.

History: 1981 AACCS.

R 325.20706 Facility evaluation reports.

Rule 706. When the department issues a facility evaluation report which cites 1 or more violations of section 21720a of the code or these rules, a copy of the facility evaluation report shall be sent to the licensee, together with a request to respond within 14 days. The licensee's response shall state that the violations cited in the facility evaluation report have been eliminated or corrected or shall state why the violations have not been eliminated or corrected. Failure to respond within 14 days shall be deemed to be an acknowledgement of the violations.

History: 1981 AACCS.

R 325.20707 Nursing care and services.

Rule 707. (1) A patient in a home shall receive preventive, supportive, maintenance, habilitative, and rehabilitative nursing care directed to the physiologic and psychosocial needs and well-being of that patient.

(2) Patient observations by nursing personnel shall be accurately recorded in the clinical record in accordance with established and written procedures.

(3) Treatments administered to a patient shall be modified according to the patient response consistent with the orders of the attending physician and nursing assessment. All modifications shall be documented in the patient's clinical record.

(4) Nursing care and services shall include, at a minimum, all of the following:

(a) Care of the skin, mouth, teeth, hands, and feet and shampooing and grooming of the hair.

(b) Oral hygiene shall be provided at least daily and more often as required. Special mouth care shall be regularly provided to the acutely ill patient in accordance with individual need or as ordered by the physician.

(c) A patient's hair shall be combed or brushed daily. A patient's hair shall be shampooed on a routine basis at least weekly and more often as required, unless the attending physician writes an order to the contrary.

(d) A patient shall be offered the opportunity and facilities for, and assistance with, shaving, if necessary, as often as is required for comfort and appearance, unless the patient requests otherwise or the physician writes an order to the contrary. Daily shaving shall be made available on request or for comfort and appearance as needed.

(e) A complete tub or shower bath shall be taken, under staff supervision, by, or administered to, an ambulatory patient at least once a week, unless the physician writes an order to the contrary.

(f) A bedfast patient shall be assisted with bathing or bathed completely at least twice a week and shall be partially bathed daily and as required due to secretions, excretions, or odors.

(g) A patient shall be provided the opportunity for, and, as necessary, assisted with, personal care, including toileting, oral hygiene, and washing of hands and face before the breakfast meal. A patient's hands shall be washed before and, as required, after all meals and snacks.

(h) A patient's clothing or bedding shall be changed promptly when it becomes wet or soiled.

(i) A patient shall receive skin care as required according to written procedures to prevent dryness, irritation, itching, or decubitus.

(j) A patient shall receive care as required according to written procedures to prevent complications of inactivity or prolonged periods of being bedfast.

(k) An inactive or bedfast patient shall be positioned according to written procedures so that major body parts are in natural alignment. Such position shall be changed appropriately at regular and specified intervals. Supportive devices shall be employed as indicated to maintain posture, support weakened body parts, or relieve undue pressure.

(l) A patient shall have, during each day, planned periods of rest, exercise, and diversional activities consistent with the patient's health status and desires.

(m) A patient shall be weighed and have his or her temperature, pulse, respirations, and blood pressure taken and recorded on admission and at least monthly thereafter or more frequently if ordered by a physician. The patient's measured or estimated height shall be recorded on admission.

(n) Provisions shall be made for the marking, laundering, ironing, and mending of the clothing of each patient. The clothing of each patient shall be stored individually. A system of inventory for patient clothing shall be implemented and maintained to prevent and control loss or theft insofar as possible.

(o) A patient who is out of bed in the daytime shall be dressed in comfortable clothing, unless contraindicated by the patient's medical condition or preference and justification thereof is documented in the patient's clinical record. Ambulatory patients shall wear appropriate footwear. Nonambulatory patients shall at least wear appropriate protective foot coverings.

History: 1981 AACCS; 1983 AACCS.

R 325.20708 Rehabilitative nursing care.

Rule 708. (1) Rehabilitative nursing care shall be provided as part of the home's nursing care program for patients. Such care shall be directed to restoring and maintaining a patient's optimum level of independence, particularly in terms of activities of daily living.

(2) A patient's care plan for purposes of rehabilitative nursing care shall include, at a minimum, all of the following:

- (a) An evaluation of a patient's disabilities and care needs.
- (b) An estimation of rehabilitation potential.
- (c) A program for relearning activities of daily living.
- (d) A program of assistance in adjusting physiologically and psychosocially to impairments, disabilities, and utilization of prosthetic appliances and devices.

(3) Nursing personnel in a home shall be competent and experienced in providing, at a minimum, all of the following:

- (a) A range of motion exercises.
- (b) Positioning and body alignment.
- (c) Preventive skin care.
- (d) Transfer and ambulation training.
- (e) Bowel and bladder training.
- (f) Training in activities of daily living, including eating, dressing, personal hygiene, and toilet activities.

(4) Rehabilitative nursing procedures and techniques shall be available, provided, and recorded in the patient's clinical record on a weekly summary basis or in accordance with a physician's orders and nursing assessment.

(5) Necessary equipment utilized in application of rehabilitative nursing techniques and procedures shall be available in adequate supply to meet the needs of all patients. Such equipment shall include the following:

- (a) Bedboards, footboards, footstools.
- (b) Trochanter rolls, positioning pillows, bed cradles.
- (c) Wheelchairs, geriatric chairs, canes, crutches, slings, splints, and lifts.
- (d) Trapeze equipment.

(6) Rehabilitative nursing policies, procedures, and techniques shall be an integral part of inservice education for nursing personnel in the home.

History: 1981 AACCS.

R 325.20709 Patient care planning.

Rule 709. (1) Nursing care provided to each patient in a nursing home shall be based on all of the following:

- (a) Written assessment of the patient.
- (b) Identification of health problems.
- (c) A written plan of care or intervention.
- (d) Implementation of the care plan.
- (e) Evaluation of the results of the planned care or intervention.

(2) An assessment of a patient shall be initiated by licensed nursing personnel within 24 hours of admission, and the results of the assessment shall be documented in the patient's clinical record.

(3) The written plan of care shall be available to all individuals involved in the care of the patient and shall document all of the following:

- (a) The patient's problems and needs.

- (b) Goals and objectives of care.
- (c) Methods of approach to care.
- (d) Treatment and orders.

The disciplines responsible for each element of care shall be identified in the plan. The written plan of care for a patient shall be considered to be part of the patient's clinical record and shall be included with the record at the time of discharge.

(4) The patient care plan shall be reviewed and the care shall be evaluated periodically, as required, to reflect the patient's current condition.

(5) The nursing home shall make reasonable efforts to discuss the patient care plan with the patient, next of kin, guardian, or designated representative so that such parties can contribute to the plan's development and implementation.

(6) A patient care conference shall be held periodically, but not less than once every 90 days, to evaluate a patient's needs and to provide for the appropriate revision of the patient care plan while promoting continuity of care. The patient care conference shall include representatives from the professional disciplines providing services to the patient, and observations and recommendations of the health professionals participating in the patient care conferences shall be summarized in the patient's clinical record or plan of care.

History: 1981 AACCS; 1983 AACCS; 1984 AACCS.

R 325.20710 Discharge planning.

Rule 710. Discharge planning shall be provided for each patient in conjunction with patient care planning.

History: 1981 AACCS.

R 325.20711 Equipment and supplies.

Rule 711. (1) Each patient shall be provided with all of the following:

(a) An individual bed not less than 36 inches wide and 72 inches long, or longer when necessary, with springs in good condition, and a mattress not less than 5 inches thick in good condition, with a nonabsorbent cover.

(b) A bedside stand which is designed to hold small personal articles and necessary bedside equipment.

(c) A flameproof cubicle curtain or its equivalent which shall be used to ensure privacy.

(d) A reading light.

(e) A comfortable cushioned chair.

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

(3) Each bed shall be maintained as follows:

(a) Covered with a mattress pad.

(b) Made daily with clean linen in good repair.

(c) Changed immediately when soiled and at least twice weekly for bedfast patients and once weekly for ambulatory patients.

(4) Each patient shall be provided linen sufficient to meet his or her needs for comfort and privacy, and the following minimum amounts of linen shall be available for each patient:

(a) At least 1 pillow, 1 bedspread, and 1 blanket.

(b) Not less than 2 mattress pads, 2 pillow cases, 2 towels, and 2 washcloths.

(c) Not less than 4 sheets.

(d) At least 1 bath blanket for each bedfast patient, which shall be changed at each bed bath.

(e) A bib or protective cover for each patient requiring such protection during eating or feeding.

(f) A clean individual towel and washcloth which shall be changed at least every other day and more often if they become soiled.

(5) The following items of equipment shall be available in sufficient quantities so that patients who require them may have them assigned for personal use:

(a) Washbasins.

(b) Mouthwash cups.

- (c) Denture cups.
- (d) Emesis basins.
- (e) Bedpans and urinals.
- (f) Water carafes and drinking glasses or cups.
- (g) Oral and rectal clinical thermometers.
- (h) Bedside safety rails.
- (6) Equipment and supplies shall be stored, handled, dispensed in a sanitary manner.
 - (a) Bedpans, urinals, and emesis basins shall be emptied and cleaned immediately after use.
 - (b) Mouthwash cups, denture cups, water carafes, and bedside drinking cups and glasses shall be cleaned daily.
 - (c) Single service equipment shall be used only once, and disposable equipment shall be used only by the patient to whom it was originally dispensed.
 - (d) Individual personal equipment shall not be transferred from one patient to another without being thoroughly disinfected.
- (7) Each patient shall be provided with clean clothing in good repair, as needed.

History: 1981 AACCS; 1983 AACCS.

R 325.20712 Diversional activities.

Rule 712. (1) A home shall provide an ongoing diversional activities program that stimulates and promotes social interaction, communication, and constructive living.

(2) There shall be a qualified staff member and such additional staff as necessary to plan, conduct, and evaluate individual and group activities. Individual and group activities shall be available 7 days a week.

(3) There shall be adequate recreational and therapeutic areas, equipment, and supplies to conduct ongoing recreational and therapeutic activities.

(4) Adequate storage space shall be provided for equipment close to the space utilized for such activities.

(5) A patient shall be provided diversional activities suited to the patient's needs, capabilities, and interests as an adjunct to treatment to encourage the patient, insofar as possible, to resume self-care and normal activities.

History: 1981 AACCS; 1983 AACCS.

R 325.20713 Patient evaluation by mental health worker; therapy.

Rule 713. All patients in need of mental health services shall receive an evaluation by a professional mental health worker and, when ordered by the physician, shall receive indicated therapy through arrangements with a community mental health center or comparable agency or provider.

History: 1981 AACCS.

R 325.20714 Patient councils.

Rule 714. (1) The home shall permit the formation of a patient council by interested patients and, at the time of admission to the home, shall inform patients and their representatives of either the right to establish a patient council if one does not exist or to participate in the activities of an operating patient council in the home.

(2) The patient council shall be entitled to meet privately or to invite members of the home's staff, members of patients' families, patients' friends, and members of community organizations to participate in meetings of the patient council.

(3) The home shall designate a staff person to serve as liaison to the patient council, to attend council meetings as requested, and to make available support services and assistance to the council, such as the typing of minutes and correspondence; provision of policies, procedures, and other documents related to the operation of the home; and such other assistance as may be reasonably requested. The home shall provide space for meetings and necessary assistance to patients requiring assistance to attend meetings.

History: 1981 AACCS; 1983 AACCS.

PART 8. DIETARY SERVICES

R 325.20801 Supervisor of dietary or food services; qualifications.

Rule 801. (1) Dietary or food services in a home shall be supervised by an individual who meets any of the following qualifications:

- (a) Is registered by the commission on dietetic registration of the American dietetic association.
- (b) Has completed all nutrition and related coursework necessary to take the registration examination required to become a registered dietitian.
- (c) Is a graduate of a dietetic technician training program approved by the American dietetic association.
- (d) Is a graduate of an approved correspondence or classroom dietetic assistant training program which qualified such person for certification by the hospital, institution, and educational food service society.
- (e) Is a graduate of a dietetic assistant training program granted approved status by the Michigan department of public health before July 6, 1979.

(2) When the dietary or food services supervisor is other than a registered dietitian, the supervisor shall receive routine consultation and technical assistance from a registered dietitian (R.D.). Consultation time shall not be less than 4 hours every 60 days. Additional consultation time may be needed based on the total number of patients, incidence of nutrition-related health problems, and food service management needs of the facility.

History: 1981 AACCS; 1983 AACCS.

R 325.20802 Policies and procedures.

Rule 802. There shall be written policies and procedures for food storage, preparation, and service; written job descriptions for dietary personnel; and in-service training for dietary personnel.

History: 1981 AACCS.

R 325.20803 Nutritional needs of patients.

Rule 803. (1) Food and nutritional needs of a patient shall be met in accordance with the physician's orders in keeping with accepted standards of practice which includes most recent recommended daily dietary allowances of the food and nutrition board of the national research council adjusted for age, sex, and activity.

(2) Not less than 3 meals or their equivalent shall be served daily, at regular times, with not more than a 14-hour span between a substantial evening meal and breakfast, except that when a substantial snack is served after the evening meal, this time span may be increased to 14-3/4 hours.

(3) Therapeutic or special diets shall be provided upon written prescription or order of the physician.

(4) Supplementary fluids and special nourishments, as required, shall be provided.

(5) A meal shall be prepared and served in an appetizing and sanitary manner.

(6) A table or individual freestanding tray of table height shall be provided for a patient who is able to be out of bed to eat, but who does not go to a dining room.

History: 1981 AACCS.

R 325.20804 Menus; posting; filing.

Rule 804. The menu for regular and therapeutic or special diets for the current week shall be posted in the dietary department and either in the patient dining room or a public place as defined in R 325.20104. Changes shall be written on the planned menu to show the menu as actually served. The menu as actually served to patients for the preceding 3 months shall be kept on file in the home.

History: 1981 AACS; 1983 AACS.

R 325.20805 Meal census; food record.

Rule 805. A meal census, to include patients, personnel, and guests, and a record of the kind and amount of food used for the preceding 3 months shall be kept on file in the home.

History: 1981 AACS.

R 325.20806 Food acceptance record.

Rule 806. (1) The food acceptance of a patient shall be recorded as follows:

- (a) For a period of 14 days immediately following admission.
 - (b) For a period of 14 days immediately following initiation of a change in diet, unless otherwise ordered by a physician.
 - (c) Under any other circumstances, such as abnormal weight loss, for a period ordered by a physician.
- (2) Food acceptance records shall be retained in the facility.

History: 1981 AACS; 1983 AACS.

PART 9. PHARMACEUTICAL SERVICES

R 325.20901 Medication kits.

Rule 901. (1) A medication kit for medical emergency use, which is accessed only on the direct order of a physician and which is maintained in a locked cabinet, shall be accessible only to the licensed nurse in charge.

(2) The emergency kit shall be obtained only on the order of a licensed physician and shall be prepared and sealed by a pharmacist.

(3) The kit shall contain a list of its contents and expiration date on the outside surface of the lid, and a complete record of usage and disposal shall be available.

History: 1981 AACS; 1983 AACS.

R 325.20902 Medications; dispensing and storage.

Rule 902. (1) A legend drug shall not be dispensed except by a pharmacist according to established pharmacy policies and procedures. It shall be contained in properly labeled individual containers, kept in a locked cabinet, and shall be accessible only to the nurse in charge. Labeling and relabeling of all drugs shall only be done by a pharmacist.

(2) A controlled substance shall be kept in a separate locked box within the locked medication cabinet, except that under a unit dose system, a single dose or limited number of doses shall be stored separately for each patient as indicated in subrule (1) of this rule.

(3) A medication requiring refrigeration shall be kept in a separate locked box within a refrigerator. Drugs and biologicals requiring refrigeration shall be stored at a temperature recommended by the manufacturer.

(4) A medication for external use only shall be kept in a locked cabinet separate from other medications.

History: 1981 AACS.

R 325.20903 Medications; administration.

Rule 903. (1) Medications shall be administered only by medical or nursing personnel in accordance with the written or verbal order of the attending physician.

(2) A dose of medication administered shall be properly recorded in the patient's clinical record and, when applicable, in special records for controlled substances as required by law. Abbreviations used in

recording medication orders and administration shall be standardized in the home according to a written source document.

(3) A medication shall be listed on an approved medication card or its equivalent and shall be checked against the physician's orders before being administered.

(4) A medication prescribed for a patient shall not be administered to another patient.

(5) A medication prescribed for a patient shall be administered promptly after the appropriate dose is prepared for administration.

(6) Self-administration of medication by a patient shall not be permitted, except when special circumstances exist and when supported by a physician's written order and justification.

(7) An unused portion of a previously prepared medication dose not administered to a patient shall not be returned to its original container, but shall be disposed of appropriately.

History: 1981 AACS.

R 325.20904 Medications; errors; reactions.

Rule 904. Medication error or drug reaction shall be immediately reported to the charge nurse, physician, and the pharmacist as soon as possible and shall be recorded in the patient's clinical record as well as on an incident report form which shall be forwarded to the administrator and kept on file. Corrective action shall be initiated promptly by the physician, administrator, director of nursing, or pharmacist as appropriate.

History: 1981 AACS.

R 325.20905 Stop orders and policies.

Rule 905. An automatic stop order and policy governing the use of drugs shall be formulated and shall be made a part of the written patient care policy implemented and in effect in the home.

History: 1981 AACS.

R 325.20906 Medications; disposal and release.

Rule 906. (1) A medication no longer in use or outdated shall be disposed of immediately and in accordance with federal or state laws and regulations.

(2) A medication shall not be released or sent with a patient upon discharge, except on the written order of the physician.

History: 1981 AACS.

PART 10. OTHER SERVICES

R 325.21001 Diagnostic service.

Rule 1001. (1) An arrangement shall be made by the administrator for obtaining promptly and conveniently a clinical laboratory, x-ray, or other diagnostic service ordered by the physician.

(2) A diagnostic test or service shall be provided only on a written order of the physician.

(3) An arrangement for transporting a patient to and from a source of services outside the home shall be made by the administrator or designated representative.

(4) A written report of each diagnostic test and service shall be included in the patient's clinical record within 1 week. When written reports are not received within 1 week, the home shall continue to take action to obtain a report at the earliest possible time. A record of this action shall be maintained in the patient's clinical record.

History: 1981 AACS.

R 325.21002 Dental services.

Rule 1002. A patient shall be assisted in obtaining regular and emergency dental care.

History: 1981 AACCS.

R 325.21003 Social services.

Rule 1003. Social services shall be provided for as follows:

(a) A designated member of the staff shall be responsible for assisting the patient and the patient's family in securing help with the patient's social service needs.

(b) In providing the assistance specified in subdivision (a) of this rule, the designated member of the staff shall be aware of the public and private resources available in the community.

History: 1981 AACCS; 1983 AACCS; 1986 AACCS.

PART 11. RECORDS

R 325.21101 Required records.

Rule 1101. All of the following records shall be kept in the home and shall be available to the director or his or her authorized representative for review and copying if necessary:

- (a) A current patient register.
- (b) Contracts between the home and patients.
- (c) Patient clinical records.
- (d) Accident records and incident reports.
- (e) Employee records and work schedules.

History: 1981 AACCS; 1983 AACCS.

R 325.21102 Patient clinical records.

Rule 1102. (1) A clinical record shall be provided for each patient in the home. The clinical record shall be current and entries shall be dated and signed.

(2) The clinical record shall include, at a minimum, all of the following:

- (a) The identification and summary sheet, which shall include all of the following patient information:
 - (i) Name.
 - (ii) Social security number.
 - (iii) Veteran status and number.
 - (iv) Marital status.
 - (v) Age, sex, and home address.
- (b) Name, address, and telephone number of next of kin, legal guardian, or designated representative.
- (c) Name, address, and telephone number of person or agency responsible for patient's maintenance and care in the home.
- (d) Date of admission.
- (e) Clinical history and physical examination performed by the physician within 5 days before or on admission, including a report of chest x rays performed within 90 days of admission and a physician's treatment plan.
- (f) Admission diagnosis and amendments thereto during the course of the patient's stay in the home.
- (g) Consent forms as required and appropriate.
- (h) Physician's orders for medications, diet, rehabilitative procedures, and other treatment or procedures to be provided to the patient.

- (i) Physician's progress notes written at the time of each visit describing the patient's condition and other pertinent clinical observations.
 - (j) Nurse's notes and observations by other personnel providing care.
 - (k) Medication and treatment records.
 - (l) Laboratory and x-ray reports.
 - (m) Consultation reports.
 - (n) Time and date of discharge, final diagnosis and place to which patient was discharged, condition on discharge, and name of person, if any, accompanying patient.
- (3) Copies of clinical history and physical examination report, discharge summary, transfer form, and other pertinent information arriving at the home with the patient upon transfer from another health facility shall be maintained in the facility.
- (4) Clinical records of discharged patients shall be completed within 30 days following discharge.
- (5) Clinical records shall be under the supervision of a full-time employee of the home.
- (6) Clinical records are retained for a minimum of 6 years from the date of discharge or, in the case of a minor, 3 years after the individual comes of age under state law, whichever is longer.
- (7) If a facility ceases to operate, the clinical records shall be transferred with the individual to another health care facility. It is the responsibility of the owner or corporate body to maintain clinical records of discharged patients for the length of retention as stated in subrule (6) of this rule.
- (8) If the department believes that patient clinical records are not being properly maintained or completed, the department may order a home to secure from a registered record administrator or accredited record technician on-site consultation of up to 4 hours per quarter until the problem is corrected.

History: 1981 AACCS; 1983 AACCS.

R 325.21103 Patient registers.

Rule 1103. A current register or file of patients shall be maintained and shall include all of the following information for each patient:

- (a) Name, social security number, veteran status and number, marital status, age, sex, and home address.
- (b) Name, address, and telephone number of next of kin or legal guardian.
- (c) Name, address, and telephone number of person or agency responsible for patient's maintenance and care in the home.
- (d) Date of admission.
- (e) Date of discharge and place to which patient was discharged, if applicable.

History: 1981 AACCS.

R 325.21104 Accident records and incident reports.

Rule 1104. An accident record or incident report shall be prepared for each accident or incident involving a patient, personnel, or visitor and shall include all of the following information:

- (a) Name of person involved in accident or incident.
- (b) Date, hour, place, and cause of accident or incident.
- (c) A description of the accident or incident by any observer who shall be identified and a statement of the effect of the accident or incident on the patient and any other individual involved.
- (d) Name of physician notified and time of notification when appropriate.
- (e) Physician's statement regarding extent of injuries, treatment ordered, and disposition of person involved.
- (f) Corrective measures taken to avoid repetition of accident or incident.
- (g) Record of notification of the person or agency responsible for placing and maintaining the patient in the home, the legal guardian, and, in a case where there is no legal guardian, the designated representative or next of kin.

History: 1981 AACCS.

R 325.21105 Employee records and work schedules.

Rule 1105. (1) A record shall be maintained for each employee in the home and shall include all of the following:

- (a) Name, address, telephone number, and social security number.
 - (b) License or registration number, if applicable.
 - (c) Results of any preemployment or periodic physical examination.
 - (d) Summary of experience and education.
 - (e) Beginning date of employment and position for which employed.
 - (f) References, if obtained.
 - (g) Results of annual chest x ray or intradermal skin test for tuberculosis.
 - (h) For former employees, the date employment ceased and the reasons therefor.
- (2) A daily work schedule for employees shall be prepared in writing and shall be maintained to show the number and type of personnel on duty in the home for the previous 3 months.
- (3) A time record for each employee shall be maintained for not less than 2 years.

History: 1981 AACS; 1983 AACS.

PART 12. MEDICAL AUDIT, UTILIZATION REVIEW, AND QUALITY CONTROL

R 325.21201 Definitions.

Rule 1201. As used in this part:

- (a) "Medical audit" means the retrospective examination, review, and evaluation of the clinical application of medical knowledge utilized in the diagnosis and treatment of patients as revealed in the patient's clinical record and carried out for purposes of education, accountability, and quality control.
- (b) "Quality control" means the planned and systematic medical management actions which assure the consistent acceptable quality of health care and services rendered to patients including the use of various monitoring techniques.
- (c) "Utilization review" means retrospective, concurrent, and prospective review of the provision and utilization of health care services by providers and recipients in terms of cost, effectiveness, efficiency, and quality.

History: 1981 AACS.

R 325.21203 Medical audits.

Rule 1203. (1) The home, through its medical director, if applicable, and the participation of 1 or more attending physicians, shall complete at least 1 medical audit annually for the following purposes:

- (a) To assure the adequacy of documentation, clinical information, and data in the patient's clinical record.
- (b) To evaluate continuity and coordination of patient care and identify problems requiring corrective action.
- (c) To assess the quality of medical and other health care and services provided.

(2) Audit results and specific recommendation for corrective action or improvements, if indicated, shall be reported to the governing body, owner, or operator through the administrator. Audit reports shall be retained on file in the home for 1 year.

History: 1981 AACS.

R 325.21204 Utilization review; quality control.

Rule 1204. For purposes of certification, the home shall carry out such utilization review and quality control programs and activities as may be required by the federal certification standards for skilled nursing and intermediate care facilities.

History: 1981 AACCS.

PART 13. BUILDINGS AND GROUNDS

R 325.21301 Definitions.

Rule 1301. As used in this part:

(a) "Bed" or "licensed bed" means a patient bed in a nursing home authorized by the department, included within the licensed capacity, and available for use at a location designated by the home and acceptable to the department.

(b) "Construction project" means an addition to, or major change in, an existing nursing home, construction of a new home, or conversion of an existing structure for use as a home.

History: 1981 AACCS.

R 325.21302 Floor plans.

Rule 1302. A floor plan of the nursing home as licensed, with designated rooms showing size, use, door locations, window area, and number of beds, shall be on file in the home and in the department.

History: 1981 AACCS.

R 325.21303 Narrative program; architectural plans and specifications; construction permit.

Rule 1303. (1) A nursing home, through its governing body, administrator, designated representative, or architect under contract to the home, shall provide a narrative program for each construction project before submitting architectural plans and specifications to the department for review and approval or disapproval. The narrative program shall include, at a minimum, a description of all 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. A copy of a narrative program prepared for submission in conjunction with a certificate of need application or for some other purpose may be accepted for purposes of compliance with this rule to the extent it provides the required data and information as determined by the department.

(2) Construction projects involving alterations of, and additions to, existing nursing homes remaining in operation during the construction shall be planned, programmed, and phased so that on-site construction permits the continued operation of the home without significant disruption or effect on patient care.

(3) Complete architectural plans and specifications for construction projects shall be submitted to the department for review and approval or disapproval to assure compliance with the code and these rules. Construction projects shall not be initiated until the plans and specifications have been approved by the department and a permit has been issued for the initiation of such construction.

(4) Changes in architectural plans and specifications proposed in the course of construction shall be brought to the attention of the department for review and approval or disapproval before altering the course of construction.

(5) Architectural and engineering plans and specifications shall be prepared and sealed by architects and professional engineers licensed to practice in Michigan.

(6) Projects involving normal building maintenance, repair, upkeep, and equipment replacement not requiring a certificate of need shall not be submitted for review.

(7) A permit for construction shall not be issued until such time as an acceptable valid certificate of need has been issued if required for the construction project and if the project conforms with the code and these rules as determined by the department.

(8) A construction project requiring a permit shall not be occupied until all of the following occur:

(a) An architect or professional engineer has evaluated the project on-site and has forwarded findings and appropriate documentation to the department to indicate that the project is substantially complete and constructed in accordance with approved plans and specifications.

(b) The department has determined and so notified the project sponsor of its determination that the project component is acceptable for occupancy.

(c) The fire marshal division, department of state police, has certified the project or project component for use and occupancy.

History: 1981 AACS; 1983 AACS.

R 325.21304 Home location; exterior.

Rule 1304. (1) The home shall be located in an area free from hazards to the health and safety of patients, 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) An exterior step or ramp shall have a handrail on both sides. A porch shall have a railing on open sides.

History: 1981 AACS.

R 325.21305 Home entrances for physically handicapped.

Rule 1305. In a new construction, addition, major change, or conversion after August 22, 1969, at least 1 entrance to the home shall provide easy access for the physically handicapped.

History: 1981 AACS; 1983 AACS.

R 325.21306 Interior construction.

Rule 1306. (1) A building shall be of safe construction and shall be free from hazards to patients, 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 patients, personnel, and visitors.

(3) Each area of the home shall be provided with lighting commensurate with the use made of each area and in accord with generally recognized standards acceptable to the director.

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

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

(6) Each area of the home shall be provided with a type and amount of ventilation commensurate with its use to minimize the occurrence of transmissible disease, control odors, and contribute to comfort.

(7) A patient room shall open to a corridor, lobby, or dayroom. Traffic to and from any room shall not be through a sleeping room, kitchen, bathroom, utility room, toilet room, or service room, except where a utility room, toilet room, or bathroom opens directly off the room or rooms which it serves.

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

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

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

(11) A minimum of 20 square feet of floor space per patient bed shall be provided for dayroom, dining, recreation, and activity purposes.

(12) All occupied rooms shall have a minimum ceiling height of 7 feet, 6 inches. Floor area under a part of a drop or slant ceiling which is less than 7 feet, 6 inches from the floor shall not be used in computing the dayroom, dining, recreation, and activity space per patient bed.

(13) A basement or cellar shall not be used for sleeping or living facilities, except that recreation and activity space may be provided in a basement in addition to dayroom, dining, recreation, and activity space required in subrule (11) of this rule.

(14) A handrail shall be provided in a corridor used by patients.

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

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

(17) Functionally separate living, sleeping, dining, lavatory, water closet, and bathing accommodations shall be provided for personnel and members of their families who live on the premises.

(18) A new construction, addition, major change, or conversion after August 22, 1969, shall provide all of the following:

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

(b) Twenty feet of unobstructed vision space outside of any window in a room requiring 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 space.

(c) A minimum of 30 square feet of floor space per bed in any room used for dayroom, dining, recreation, and activity purposes.

(d) A handrail with ends returned to the wall on both sides of a corridor, ramp, or stairway used by patients.

History: 1981 AACS; 1983 AACS.

R 325.21307 Elevators and emergency electrical service.

Rule 1307. A new construction, addition, major change, or conversion after August 22, 1969, shall provide the following:

(a) An elevator, if patient bedrooms are situated on more than 1 floor level. An elevator shall have a cab size of not less than 5 feet by 7 feet, 6 inches.

(b) Emergency electrical service capable of providing not less than 4 hours of service at full load. It shall serve lights at all of the following locations:

(i) Nursing stations.

(ii) Telephone switchboard.

(iii) Night lights.

(iv) Exit and corridor lights.

(v) Heating plant controls.

(vi) Other critical mechanical equipment essential to the safety and welfare of patients, personnel, and visitors in the home.

History: 1981 AACS; 1983 AACS.

R 325.21308 Public and personnel areas.

Rule 1308. (1) A lobby or waiting area for visitors shall be functionally separate from patient care units.

(2) A public lavatory and water closet which is convenient to the lobby or waiting area shall be provided.

(3) Office space shall be provided for the administrator.

(4) Office space shall be provided for the director of nursing.

(5) Separate dressing rooms shall be provided for male and female employees. A lavatory and water closet shall be convenient to the dressing rooms.

History: 1981 AACS.

R 325.21309 Patient rooms.

Rule 1309. (1) A patient bedroom shall have the floor surface at or above grade level along exterior walls with windows.

(2) A single patient room shall have not less than 80 square feet of usable floor space.

(3) A multibed patient room shall have not less than 70 square feet of usable floor space per bed.

(4) Floor area under any part of a drop or slant ceiling which is less than 7 feet, 6 inches shall not be used in computing usable floor space per patient bed.

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

(6) A patient room shall provide a minimum of 5 square feet of floor space per bed for wardrobe and closet, in addition to other requirements for usable floor space per bed.

(7) A bedroom shall permit the functional placement of furniture and equipment essential to patient care, comfort, and safety.

(8) A multibed patient room shall have a 3-foot clearance between beds.

(9) A patient room, toilet room, or corridor shall be provided with night lighting.

(10) A bed in a multibed patient room shall have flameproof cubicle curtains or their equivalent.

(11) A patient room shall have not less than 2 duplex electrical receptacles, at least 1 of which shall be near the head of each bed.

History: 1981 AACS.

R 325.21310 Skilled homes; patient room requirements.

Rule 1310. (1) A multibed patient room in a skilled home shall have not less than 70 square feet of usable floor space per bed.

(2) A patient shall be provided with a nurse call signal which registers at the nursing station.

History: 1981 AACS.

R 325.21311 Patient room requirements; requirements for new construction, addition, major changes, or conversions.

Rule 1311. In a new construction, addition, major change, or conversion after August 22, 1969, all of the following shall be required:

(a) A patient room shall have not more than 4 beds.

(b) A patient room shall have not less than a 3-foot clearance available on both sides and at the foot of each bed.

(c) An isolation room shall be a single patient room with attached lavatory, water closet, and bathing facility reserved for the use of the occupants of the isolation room only.

(d) A door to a patient water closet compartment shall be not less than 2 feet, 10 inches in width, and shall be equipped with suitable hardware to assure the safety of the patient.

(e) A single patient room shall have not less than 100 square feet of usable floor space.

(f) A multi-bed patient room shall have not less than 80 square feet of usable floor space per bed.

(g) Usable floor space shall not include a toilet room, closet, or vestibule.

(h) A patient room shall be provided with a lavatory and toilet room opening into the room.

History: 1981 AACS; 1983 AACS.

R 325.21312 Isolation rooms.

Rule 1312. (1) A room shall be available for the isolation of patients with, or suspected of having, transmissible infections.

(2) An isolation room shall be a single patient room with attached lavatory and water closet reserved for use of the occupants of the isolation room only.

History: 1979 ACS 7, Eff. Aug. 4, 1981.

R 325.21313 Nursing stations.

Rule 1313. (1) A nursing station shall be provided for a nursing care unit not more than 120 feet from any patient room which it serves.

(2) A nursing station shall have all of the following:

(a) A telephone connected to an outside service line.

(b) Space for charting on patient clinical records and space for other recordkeeping related only to patient care.

(c) A nurse call system from each patient bed, patient toilet room, and bathtub and shower room which registers at the nursing station.

(3) A room with lavatory and water closet located near the nursing station shall be provided for the nursing staff.

History: 1981 AACS.

R 325.21314 Nursing care units.

Rule 1314. A nursing care unit shall have all of the following:

(a) A medication storage and preparation area which shall be well lighted and equipped with a sink with a gooseneck inlet, hot and cold water, and locked storage for medications.

(b) Space for storage of clean linen, equipment, and supplies.

(c) A toilet utility room.

(d) A janitor's closet.

History: 1981 AACS.

R 325.21315 Toilet and bathing facilities.

Rule 1315. (1) A patient toilet facility shall be located in a separate room or stall and shall be provided on each patient floor at least in the ratio of 1 lavatory and water closet for every 8 patient beds on that floor.

(2) A bathing facility shall be provided at least for every 20 patient beds on that floor.

(3) At least 1 of each 5 bathing facilities shall provide sufficient clearance to accommodate a wheelchair and attendant, except that at least 1 bathing facility per floor shall meet this requirement on floors where wheelchairs are used.

(4) A water closet or bathing facility shall have substantially secured grab bars at least 1 foot long.

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

History: 1981 AACS.

R 325.21316 Lavatories and nursing stations; requirements for new construction, additions, major changes, or conversions.

Rule 1316. A new construction, addition, major change, or conversion after August 22, 1969, shall provide for both of the following:

(a) A patient room with a lavatory in the room or in an attached toilet room.

(b) At least 1 nursing station on each floor of the home.

History: 1981 AACS; 1983 AACS.

R 325.21317 Water supply systems.

Rule 1317. (1) A home located in an area served by a public water system shall connect to and use that system.

(2) When a public water system is not available, the location and construction of a well or wells and all other portions of the water system shall comply with applicable statutes, rules, and regulations.

(3) A home using a private water system shall take at least 1 water sample for bacteriologic testing each 3 months and shall submit the sample to the department laboratory, or to a laboratory approved by the department, for examination. The administrator shall report all unsatisfactory examination results to the department within 72 hours of receipt of the report.

(4) A home with 30 beds or more served by a private water system shall provide a secondary well or other reserve source of water.

(5) 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.

(6) The minimum water pressure available to each plumbing fixture shall exceed 20 pounds per square inch.

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

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

(9) The temperature of hot water at plumbing fixtures used by patients shall be regulated to provide tempered water not less than 105 degrees or more than 120 degrees Fahrenheit.

History: 1981 AACS; 1983 AACS.

R 325.21318 Liquid wastes.

Rule 1318. (1) Liquid wastes shall be discharged into a public sanitary sewage system when such a system is available.

(2) When a public sanitary sewage system is not available and a private liquid wastewater disposal system is used, the type, size, construction, and alteration of, or major repairs to, the system shall be approved by the department and shall comply with all applicable laws.

(3) The wastewater disposal system shall be maintained in a sanitary manner.

History: 1981 AACS.

R 325.21319 Solid wastes.

Rule 1319. (1) The collection, storage, and disposal of solid wastes, including garbage, refuse, and dressings, shall be accomplished in a manner which will minimize the danger of disease transmission and avoid creating a public nuisance or a breeding place for insects and rodents.

(2) Suitable containers for garbage, refuse, dressings, and other solid wastes shall be provided, emptied at frequent intervals, and maintained in a clean and sanitary condition.

(3) Dressings, bandages, and similar materials shall be disposed of in an incinerator provided with auxiliary fuel or in some other manner approved by the department.

History: 1981 AACS.

R 325.21320 Heating.

Rule 1320. (1) A home shall provide a safe heating system in accordance with applicable law.

(2) A room in a home used for patients shall be maintained at a regular daytime temperature of not less than 72 degrees Fahrenheit measured 3 feet above the floor.

History: 1981 AACS.

R 325.21321 Laundry and linens.

Rule 1321. (1) The collection, storage, and transfer of clean and soiled linen shall be accomplished in a manner which will minimize the danger of disease transmission.

(2) A home that processes its own linen shall provide a well-ventilated laundry of sufficient size which shall include all of the following:

- (a) Commercial laundry equipment with the capacity to meet the needs of the home.
- (b) A separate soiled linen room.
- (c) A separate laundry processing room.
- (d) A separate clean linen storage area.
- (e) A lavatory for handwashing in the laundry processing area.

(3) 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.

History: 1981 AACS.

R 325.21322 Kitchen and dietary area.

Rule 1322. (1) A home shall have a kitchen and dietary area of adequate size to meet food service needs of patients. It shall be arranged and equipped for the refrigeration, storage, preparation, and serving of food, dish and utensil cleaning, and refuse storage and removal.

(2) The kitchen and dietary area shall be equipped with a lavatory for handwashing. A lavatory shall have a gooseneck 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 food 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 patients, 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 shall be maintained in a clean and sanitary condition and in good repair.

(13) A multi-use utensil used in food storage, preparation, transport, 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.

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

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

History: 1981 AACS.

R 325.21323 Kitchen and dietary area ventilation.

Rule 1323. In a new construction, addition, major change, or conversion after August 22, 1969, the design and operation of the filtered makeup air and exhaust air systems in the kitchen and dietary area shall be adequate for the comfort of employees and control of odors and shall minimize the danger of disease transmission.

History: 1981 AACCS; 1983 AACCS.

R 325.21324 Insect and vermin control.

Rule 1324. (1) A home shall be kept free from insects and vermin.

(2) Breeding places for insects and vermin shall be eliminated from a home.

(3) Insect and vermin control procedures involving the use of insecticides or pesticides shall be carried out in a manner consistent with the health and safety of patients, personnel, and visitors.

History: 1981 AACCS.

R 325.21325 Maintenance and storage generally.

Rule 1325. (1) The building, equipment, and furniture shall be kept clean and in good repair.

(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 safely and in accordance with applicable law.

History: 1981 AACCS.

R 325.21326 General storage space in new construction, additions, major changes, or conversions.

Rule 1326. In a new construction, addition, major change, or conversion after August 22, 1969, 10 square feet of general storage space shall be provided per bed in the home.

History: 1981 AACCS; 1983 AACCS.

R 325.21327 Examination and treatment rooms in new construction, additions, major changes, or conversions.

Rule 1327. In a new construction, addition, major change, or conversion after August 22, 1969, an examination and treatment room equipped with a treatment table, instrument table, and lavatory with gooseneck inlet and wrist, knee, or foot controls shall be provided.

History: 1981 AACCS; 1983 AACCS.

R 325.21328 Autoclaves; personal cleanliness of personnel; water closet room accommodation of wheelchair and attendant; soap and towels for employees and visitors.

Rule 1328. (1) An autoclave shall be provided in all homes reusing medical supplies which require sterilization between uses.

(2) Personnel shall wear clean garments, maintain a high degree of personal cleanliness, and conform to hygienic practices while on duty.

(3) At least 1 patient water closet room on a patient floor where wheelchair patients are located shall be of sufficient size to accommodate wheelchair, patient, and attendant.

(4) Soap and single use towels shall be available for the use of employees and visitors at all times. Use of a common towel is prohibited.

History: 1981 AACCS.

PART 14. CHILD CARE HOMES AND CHILD CARE UNITS

R 325.21401 Compliance with skilled nursing home requirements.

Rule 1401. A child care home or a child care unit shall comply with all requirements for a skilled nursing home.

History: 1981 AACCS.

R 325.21402 Admission policies.

Rule 1402. (1) A child shall not be admitted to a home or child care unit unless the home is licensed and approved by the director as a child care home or a child care unit.

(2) A person 15 years of age or older shall not be admitted to a child care home or a child care unit.

(3) A patient shall be admitted to a child care home or a child care unit only on recommendation of a licensed physician and concurrence of the home's consulting pediatrician and administrator.

(4) The name, address, and telephone number of the parent or legal guardian and the person or agency responsible for placing and maintaining the child in the home shall be on file in the administrator's office and on the patient's clinical record.

History: 1981 AACCS.

R 325.21403 Physician services.

Rule 1403. (1) A child care home or child care unit shall have a consulting physician who is a board-certified pediatrician on its staff.

(2) The consulting pediatrician shall provide pediatric consultation and recommend policies concerning the management of children who are patients in the home with regard to their total welfare and their physical, mental, and social health. When the attending physician does not comply with rules governing the frequency of visits to patients or fails to record physician orders and other medical information as required, the consulting pediatrician and the administrator together shall undertake corrective measures.

(3) The consulting pediatrician may serve as attending physician for 1 or more of the individual patients or may serve as a staff pediatrician for the home.

(4) The consulting pediatrician may serve as 1 of the physicians to be called in case of emergency.

(5) The initial examination of the patient shall be completed on admission and shall include an evaluation of physical and mental health and diagnosis.

(6) A written plan for continuing care and eventual discharge shall be prepared at the time of the admission examination and shall be placed in the patient's clinical record.

(7) A hematocrit, hemoglobin, and a urine analysis shall be included in a patient's initial examination and shall be repeated at least semiannually thereafter.

(8) An intradermal tuberculin skin test shall be included in a patient's initial examination and shall be repeated at least annually. If at any time this test is positive, the patient shall be studied to determine whether or not disease is present and shall be given appropriate treatment if indicated. Annual repetition of the skin test shall not be made if the skin test is positive, but the patient shall have appropriate follow-up as ordered by the attending physician consistent with written patient care policies.

(9) A patient is not required to have a routine admission chest x-ray, unless the patient's tuberculin test is positive or unless the physician considers it necessary.

(10) Medical service shall include physician visits at least every 30 days, recommended medical treatment, and consultation by medical specialists as ordered by the physician.

(11) A patient who has been immunized for diphtheria, tetanus, pertussis, measles, rubella, mumps, and poliomyelitis shall receive booster inoculations as ordered by the physician.

(12) A patient who has not been immunized for diphtheria, tetanus, pertussis, measles, rubella, mumps, and poliomyelitis shall be immunized as ordered by the physician, unless it is against the religious convictions of the patient as stated in writing by the parent or guardian.

History: 1981 AACCS.

R 325.21404 Nursing services.

Rule 1404. (1) In addition to all licensure requirements for a skilled nursing facility, a child care home or a child care unit shall employ sufficient nursing personnel to provide continuous 24-hour nursing care to meet the needs of each patient in the nursing home.

(2) The director of nursing in a child care home or the charge nurse on duty in the daytime in a child care unit shall be a registered nurse who, in the opinion of the director, is qualified to supervise pediatric nursing care.

(3) A charge nurse who is either a registered nurse or a licensed practical nurse shall be on duty at all times during a shift in a child care home or unit. She shall receive regular inservice training in pediatric nursing care.

(4) Nursing personnel assigned to provide care to children who are patients in the home shall not be assigned to provide care to adult patients in the home on the same shift.

(5) A patient shall not be physically punished.

(6) A restraint shall not be used unless ordered by the physician for a specified and limited time or as necessitated by emergency.

(7) A patient's identity shall be displayed on his or her person by 1 or more commonly used methods of patient identification.

History: 1981 AACCS.

R 325.21405 Patient care policies.

Rule 1405. (1) A child care home and the child care unit shall have a written patient care policy governing the nursing care and other services provided to patients.

(2) The professional patient care policy group which advises in the development of a written patient care policy, as required by these rules, shall include at least 1 board-certified pediatrician, the administrator, director of nursing, and such other persons as may be required.

(3) The patient care policy shall cover those items of patient care required in these rules and shall be applicable to children and consistent with the age and condition of the patients.

History: 1981 AACCS.

R 325.21406 Food services; formula room.

Rule 1406. (1) Food and liquid served to children who are patients in the home shall be appropriate for the child's age, level of maturity, and physical condition.

(2) A separate room shall be provided for the preparation of infant formulas and water solutions and shall be reserved for this purpose only.

(3) The formula room shall contain a handwash lavatory with tempered running water, soap, and individual towels in a towel dispenser.

(4) The formula room shall have a double compartment sink with hot and cold running water for use in preparation of infant formulas and water solutions.

(5) The formula room shall contain enclosed cabinets for the storage of supplies used in the preparation of infant formulas and water solutions.

(6) Cleaning supplies used in the formula room shall be stored in a separate cabinet clearly identified for this purpose only.

(7) A refrigerator shall be available exclusively for the storage of infant formulas and water solutions requiring refrigeration.

(8) After nipping and capping each individual unit of infant formula or water solution prepared in the formula room, the unit shall be subjected to a terminal sterilizing process at a minimum of 230 degrees Fahrenheit at 7 pounds pressure for 10 minutes.

(9) Nipples shall not be changed following sterilization. Provisions shall be made to protect the sterility of the units in transportation from the formula room to the infant.

(10) The sterility of infant formulas and water solutions and the attached nipples prepared in the formula room shall be checked by bacteriologic methods at least once a month.

(11) Records of the bacteriologic check of infant formulas and water solutions and the attached nipples prepared in the formula room shall be available for inspection. Records shall be maintained for 1 year from the date of bacteriologic check.

(12) The home shall develop and have available written policies for the preparation, storage, distribution, and use of infant formulas and water solutions prepared in the formula room.

History: 1981 AACS.

R 325.21407 Commercial infant formulas and water solutions.

Rule 1407. (1) The director shall approve each type of package unit of commercially prepared and prepackaged infant formula and water solution before it is used for infant feeding.

(2) A disposable component of commercially prepared and prepackaged infant formula and water solution units shall not be reused.

(3) An enclosed cabinet shall be provided for the short-term storage of commercially prepared and prepackaged infant formulas and water solutions removed from their original shipping carton and not requiring refrigeration.

(4) A nipple shall not be changed following assembly of commercially prepared and prepackaged infant formula and water solution units.

(5) A refrigerator shall be available exclusively for storage of infant formulas and water solutions requiring refrigeration.

(6) Provision shall be made to protect the sterility of the commercially prepared and prepackaged formula and water solution units in transportation from the point of unit assembly to the infant.

(7) A home shall develop and have available a written policy for the storage, assembly, distribution, and use of commercially prepared and prepackaged units of infant formula and water solution used for infant feeding.

History: 1981 AACS.

R 325.21408 Patient activities and rehabilitation.

Rule 1408. (1) Recreational and social activity shall be provided in sufficient amount and variety to meet the needs and interests of a patient and shall be consistent with the patient's age, maturity, and physical condition.

(2) An individual shall be designated as being in charge of patient recreation and activities and shall be responsible for supervising and directing these activities.

(3) A bed patient shall be taken out of bed at least twice daily, unless there are written physician orders to the contrary.

(4) The physician and the administrator are responsible for making necessary arrangements to obtain physical therapy, occupational therapy, and such other special forms of therapy as may be required in the care of a patient.

History: 1981 AACS.

R 325.21409 Educational activities.

Rule 1409. (1) The administrator shall notify the board of education having jurisdiction that the administrator is operating a child care home or a child care unit and that there are children of school age in the home.

(2) The administrator shall request assistance from the board of education having jurisdiction in providing for the educational needs of children of school age.

History: 1981 AACS.

R 325.21410 Physical environment.

- Rule 1410. (1) Not more than 4 beds or 4 bassinets shall be in a patient room.
- (2) A room used for the care of small infants shall be used exclusively for that purpose.
- (3) A minimum of 40 square feet of usable floor space per bassinet shall be provided in a room used for the care of small infants.
- (4) A minimum of 30 square feet of floor space per bed shall be provided for dayroom, dining, recreation, and activity purposes.
- (5) A minimum of 75 square feet of outdoor play space per bed shall be provided, shall be safely enclosed, and shall be supervised when in use.
- (6) A choice of toys, games, books, and recreational equipment shall be available for children who can use them. A radio and a television shall be available for the use of the children.

History: 1981 AACCS.

R 325.21411 Transfer agreements.

Rule 1411. A written, signed transfer agreement shall be in effect between the child care home or a home with a child care unit and at least 1 hospital that has a pediatric department certified by the department to provide care services to children. The transfer agreement shall provide reasonable assurance that transfer of patients will be effected between the home and the hospital when such transfer is medically indicated, as determined by the physician. The transfer agreement shall also provide for the interchange of necessary medical and other information.

History: 1981 AACCS.

PART 15. CERTIFICATION

R 325.21501 Certification; effect.

Rule 1501. A nursing home or nursing care facility, or distinct part thereof, shall not be eligible to participate in a federal or state health program requiring certification as an intermediate (basic nursing) care facility (ICF), intermediate care facility/mentally retarded (ICF/MR), skilled nursing facility (SNF), nursing facility for care of mentally retarded patients, nursing facility for care of mentally ill patients, or nursing facility for care of tuberculosis patients unless certified as such by the department in accordance with this code, these rules, and applicable federal and state law and regulations or unless certified by the U.S. secretary of health and human services.

History: 1981 AACCS.

R 325.21502 Time of application.

Rule 1502. Applications for initial certification may be made at any time by a currently licensed nursing care facility. If the applicant is not currently licensed, the application for certification shall be accompanied by an application for initial license. Applications for renewed certification shall be made at the same time as application for renewed licensure.

History: 1981 AACCS.

R 325.21503 Content of application.

Rule 1503. (1) An application for initial or renewed certification shall be made on a form authorized and provided by the department which shall be completed in full in accordance with department instructions. The application form shall be accompanied by the attachments, additional data, and information required by the department.

- (2) A complete application form shall include, at a minimum, all of the following:

(a) A completed application form indicating the type of certification requested and, if the certification is not requested for the entire facility, the distinct part thereof for which certification is requested.

(b) Evidence that the person submitting the application is the authorized representative as defined by R 325.20204.

(c) Additional information specified in department instructions to determine compliance with the code or these rules.

History: 1981 AACS.

R 325.21504 Processing the application.

Rule 1504. (1) The department shall determine whether an application for initial or renewed certification is complete and shall notify the applicant in writing if additional information is required to complete the application or determine compliance with the code, these rules, and applicable federal law and regulations. The department shall consider each completed application and make a determination in the matter.

(2) By applying for or accepting certification, a facility authorizes the department and its representatives to conduct the surveys, inspections, and investigations necessary to determine compliance with applicable certification standards.

(3) On the basis of the information supplied to it by the applicant and any other information available to it, including the facility survey and evaluation, the department may take any of the following actions with respect to the application for certification:

(a) Issue or renew the certification, except as provided in subdivision (c) of this subrule.

(b) Deny or limit the certification, except as provided in subdivision (c) of this subrule.

(c) In the case of a skilled nursing facility which has applied for certification for purposes of participating in both the medicare and medicaid programs, recommend to the U.S. secretary of health and human services that certification be issued, renewed, limited, or denied.

(4) Except as otherwise provided by federal law and regulation, action by the department pursuant to subrule (3)(b) of this rule shall be preceded by a notice of intent to deny, suspend, limit, or revoke the certification and opportunity for a hearing in accordance with part 19 of these rules. The department's final decisions with respect to the granting, suspension, limitation, or revocation of a certification shall be sent simultaneously to the facility and to the department of health and human services and to the department of social services as required.

History: 1981 AACS.

R 325.21505 Term of certification.

Rule 1505. (1) The term of a certification shall be concurrent with the term of the facility's license and shall expire on the date shown on the face of the license, unless renewed or terminated in accordance with applicable law and rule.

(2) A complete application for renewal of certification shall be submitted annually in accordance with the code, these rules, the instructions of the department at the time of application, and applicable federal law and regulations.

History: 1981 AACS.

R 325.21506 Surveys and investigations.

Rule 1506. (1) The department shall conduct a survey and investigation of a facility applying for initial or renewed certification within the 3-month period following receipt of the application and, in the case of renewals, within the 3-month period before the expiration date of the current certification. The department shall not issue or renew a certification until the completion of such a survey and investigation.

(2) Surveys and investigations pursuant to these rules may be a part of the facility's licensure survey and investigation and may include inspections of the facility; inspection and copying of books,

records, patient clinical records, and other documents maintained by the facility; and the acquisition of other information, including otherwise privileged or confidential information, from any other persons who may have information bearing on the facility's compliance or ability to comply with the applicable requirements for certification.

(3) A representative of the department or the state fire marshal division of the department of state police shall be granted entrance to the premises of a certified facility or an applicant for certification upon presenting proper identification which shall include a card issued by the department or the department of state police certifying that the holder is an employee of that department.

History: 1981 AACS.

R 325.21507 Notice of change in circumstances; transfer of certification; posting.

Rule 1507. (1) A certification is issued on the basis of information available to the department on the date of issue. A facility shall give written notice to the department within 5 business days of any change in information submitted as part of an application for initial or renewed certification.

(2) A certification may not be transferred from one owner to another, from one location to another, or from one part of an institution to another. Changes in ownership shall be reported pursuant to section 20142(3) of the code.

(3) The current certification shall be posted in a facility in the same place as the facility's license.

History: 1981 AACS.

R 325.21508 Requirements for certification as an intermediate (basic nursing) care facility (ICF).

Rule 1508. A licensed nursing care facility shall, at the facility's request, be certified by the department as an intermediate care facility when it is determined by the department, on the basis of facility survey, inspection, investigation, and evaluation that the facility complies with applicable state and federal statutes, rules, and other standards for intermediate care facilities. Such federal regulations are generally available from the Health Care Financing Administration, U.S. Department of Health and Human Services, Washington, D.C. 20024, and the Bureau of Health Care Administration, Michigan Department of Public Health, Lansing, MI 48909.

History: 1981 AACS.

R 325.21509 Requirements for certification as an intermediate care facility/mentally retarded (ICF/MR).

Rule 1509. A licensed nursing care facility shall, at the facility's request, be certified by the director of the department as an intermediate care facility/mentally retarded when it is determined by the director of the department, on the basis of facility survey, inspection, investigation, and evaluation, that the facility complies with applicable state and federal statutes, rules, and other standards for intermediate care facilities/mentally retarded. Such federal regulations are generally available from the Health Care Financing Administration, U.S. Department of Health and Human Services, Washington, D.C. 20024, and the Bureau of Health Care Administration, Michigan Department of Public Health, Lansing, MI 48909.

History: 1981 AACS.

R 325.21510 Requirements for certification as a skilled nursing facility (SNF).

Rule 1510. (1) A licensed nursing care facility shall, at the facility's request, be certified by the department or, when required, by the U.S. secretary of the department of health and human services as a skilled nursing facility when it is determined by the director of the department or the secretary of the department of health and human services, on the basis of facility survey, inspection, investigation, and evaluation, that the facility complies with applicable state and federal statutes, rules, and other standards for skilled nursing facilities. Such federal regulations are generally available from the Health Care Financing Administration, U.S. Department of Health and Human Services, Washington, D.C. 20024, and the Bureau of Health Care Administration, Michigan Department of Public Health, Lansing, MI 48909.

(2) A licensed nursing care facility certified as a skilled nursing facility shall comply with the following provisions:

(a) There shall be at least 1 licensed nurse on duty for each 64 patients, or fraction thereof, on the day shift, at least 1 licensed nurse on duty for each 96 patients, or fraction thereof, on the afternoon shift, and at least 1 licensed nurse on duty for each 120 patients, or fraction thereof, on the night shift.

(b) Additional licensed nurses shall be employed and on duty when such additional licensed nursing personnel are required to meet minimum nursing care needs because of any of the following:

(i) The physical layout or size of the facility or nursing unit.

(ii) The complexity of patient care needs.

(iii) The qualifications of the nursing staff in terms of training and experience.

(iv) The number of therapeutic treatments to be provided.

(v) The number of medications to be administered.

History: 1981 AACCS.

R 325.21511 Requirements for certification as a nursing facility for the care of mentally retarded patients.

Rule 1511. An applicant for certification as a nursing facility for the care of mentally retarded patients shall be a licensed nursing care facility and shall meet the requirements of part 16 of these rules.

History: 1981 AACCS.

R 325.21512 Requirements for certification as a nursing facility for the care of mentally ill patients.

Rule 1512. An applicant for certification as a nursing facility for the care of mentally ill patients shall be a licensed nursing care facility and, in addition, shall meet the requirements of part 17 of these rules.

History: 1981 AACCS.

R 325.21513 Requirements for certification as a nursing facility for the care of tuberculin patients.

Rule 1513. Requirements for certification as a nursing facility for the care of tuberculosis patients shall be that the nursing care facility be licensed and, in addition, that the facility meet the requirements of part 18 of these rules.

History: 1981 AACCS.

R 325.21514 Denial, limitation, suspension, or revocation of certification.

Rule 1514. (1) The department may deny, limit, suspend, or revoke a certification for failure to comply with the code, these rules, or applicable provisions of federal law and regulation.

(2) Except when the department of health and human services has denied, limited, suspended, or revoked certification, the procedures to deny, limit, suspend, or revoke a certification shall be the same as those used to deny, limit, suspend, or revoke a license.

(3) The department's action to deny, limit, suspend, or revoke a certification may be taken in the same proceeding and concurrently with action to deny, limit, suspend, or revoke a license.

(4) The issuance of a certification shall be considered an action independent of the issuance of a license, and the certification may be reviewed, renewed, denied, limited, suspended, or revoked for noncompliance with the code or these rules without initiating a similar action with respect to the nursing care facility's license.

History: 1981 AACS.

R 325.21515 Issuance of certification.

Rule 1515. When the department issues a certification pursuant to the code and these rules, it shall cause a separate certificate to be issued which indicates any distinct parts of the nursing care facility being certified and the type of certification granted to each such distinct part.

History: 1981 AACS.

PART 16. NURSING FACILITIES FOR CARE OF MENTALLY ILL PATIENTS

R 325.21601 Applicability.

Rule 1601. A nursing home or nursing facility requesting special certification to the department of social services for the care of mentally ill patients under the medicaid program, in addition to all other applicable requirements for licensure and skilled nursing facility certification under these rules, shall comply with this part.

History: 1981 AACS.

R 325.21602 Patient capacity and admission.

Rule 1602. A special mental illness nursing home or nursing facility shall comply with both of the following provisions:

(a) Be an entire facility or a distinct part of a facility of not more than 150 nor less than 16 patient beds and be able to care for a mentally ill patient of any age in need of nursing care.

(b) Have a written agreement in effect with the department of mental health and admit only mentally ill individuals as defined and authorized by the department of mental health under that agreement.

History: 1981 AACS.

R 325.21603 Specialized physician services.

Rule 1603. A special mental illness nursing home or nursing facility shall have on its staff a physician who is a specialist in the diagnosis, treatment, and care of the mentally ill. The physician specialist, in accordance with written policy of the facility, shall comply with all of the following provisions:

(a) Have special training and experience in the diagnosis, treatment, and care of the mentally ill.

(b) Serve as a consultant to the administrator of the facility in planning and implementing a continuing program designed to meet the special needs of patients in the facility.

(c) Serve as consultant to other physicians attending patients in the facility.

(d) Care for mentally ill patients, as may be appropriate, at the request of the patient or his or her guardian, the patient's attending physician, and the facility.

(e) Assist the facility in the development of, and approve written patient care policies for, the diagnosis, treatment, and care of patients in the facility.

(f) Assist the facility in the writing of individual patient care plans and approve such plans.

(g) Assure that patients are seen and evaluated by the attending physician not less than every 30 days and more often as may be required to adequately care for patients.

History: 1981 AACS.

R 325.21604 Specialized nursing services.

Rule 1604. Specialized nursing services in a mental illness nursing home or nursing facility shall comply with all of the following provisions:

(a) Be directed by a registered nurse who has at least 1 year of work experience in the care of mentally ill patients or who, in the opinion of the physician specialist on the staff of the facility, is qualified to supervise the nursing care and other specialized services necessary for the care of mentally ill patients, particularly those with aberrant behavior.

(b) Provide that nursing care for patients on all shifts in the facility shall be in the charge of a registered nurse or licensed practical nurse experienced in the care of mentally ill patients.

(c) Provide that the nursing staff shall receive orientation of the provision of nursing care and other specialized services necessary to the care of mentally ill patients. Nursing personnel shall receive specialized inservice training on a regular and continuing basis.

(d) Provide, in addition to personnel required for compliance with nurse staffing requirements for licensure and skilled nursing facilities certification, additional licensed and unlicensed personnel required to meet the needs of individual patients, but not less than an average of 3.35 hours of nursing care per patient per day.

History: 1981 AACS.

R 325.21605 Other specialized services.

Rule 1605. A mental illness nursing home or nursing facility shall comply with all of the following:

(a) Provide an organized program of diversional activities and training services required to meet the needs of individual mentally ill patients, particularly those who exhibit aberrant behavior. Such programs, in accordance with the needs of individual patients, shall be consistent with the patient's physical condition, level of functioning, and mental capacity.

(b) Provide necessary arrangements to obtain other specialized diagnostic services and forms of therapy as may be required by the individual patient.

(c) Keep the state hospital, which is designated by the department of mental health, in the home's or facility's area advised on a monthly basis, by mail, of the availability of beds for the care of patients and the name of the physician specialist on its staff.

History: 1981 AACS.

PART 17. NURSING FACILITIES FOR CARE OF MENTALLY RETARDED PATIENTS

R 325.21701 Applicability.

Rule 1701. A nursing home or nursing care facility requesting special certification to the department of social services for the care of mentally retarded patients under the medicaid program, in addition to all other applicable requirements for licensure and skilled nursing facility certification under these rules, shall comply with this part.

History: 1981 AACS.

R 325.21702 Patient capacity and admissions.

Rule 1702. A special mental retardation nursing home or nursing facility shall comply with both of the following provisions:

(a) Be an entire facility or a distinct part of a facility of not more than 150 nor less than 16 patient beds and be able to care for a mentally retarded patient of any age in need of nursing care.

(b) Have a written agreement in effect with the department of mental health and admit only mentally retarded individuals as defined and authorized by the department of mental health under that agreement.

History: 1981 AACCS.

R 325.21703 Specialized physician services.

Rule 1703. A special mental retardation nursing home or nursing facility shall have on its staff a physician who is a specialist in the diagnosis, treatment, and care of the mentally retarded. The physician specialist, in accordance with written policy of the facility, shall comply with all of the following provisions:

- (a) Have special training and experience in the diagnosis, treatment, and care of the mentally retarded.
- (b) Serve as a consultant to the administrator of the facility in planning and implementing a continuing program designed to meet the special needs of patients in the facility.
- (c) Serve as a consultant to other physicians attending patients in the facility.
- (d) Care for mentally retarded patients, as may be appropriate, at the request of the patient or his or her guardian, the patient's attending physician, and the facility.
- (e) Assist the facility in development of, and approve written patient care policies for, the diagnosis, treatment, and care of patients in the facility.
- (f) Assist the facility in the writing of individual patient care plans and approve such plans.
- (g) Assure that patients are seen and evaluated by the attending physician not less than every 30 days and more often as may be required to care adequately for patients.

History: 1981 AACCS.

R 325.21704 Specialized nursing services.

Rule 1704. Specialized nursing services in a mental retardation nursing home or nursing facility shall comply with all of the following provisions:

- (a) Be directed by a registered nurse who has at least 1 year of work experience in the care of mentally retarded patients or who, in the opinion of the physician specialist on the staff of the facility, is qualified to supervise the nursing care and habilitative and developmental training services for mentally retarded patients.
- (b) Provide that nursing care for patients on all shifts in the facility shall be in the charge of a registered nurse or licensed practical nurse experienced in the care of mentally retarded patients.
- (c) Provide that the nursing staff shall receive orientation in the provision of habilitative and developmental training services necessary to the care of mentally retarded patients. Nursing personnel shall receive specialized inservice training on a regular and continuing basis.
- (d) Provide, in addition to personnel required for compliance with nurse staffing requirements for licensure and skilled nursing facility certification, additional licensed and unlicensed personnel required to meet the needs of individual patients, but not less than 4.35 hours of nursing care per patient per 24 hours of residence. In addition, the following provisions shall be complied with:
 - (i) The ratio of patients present to nursing care personnel from the hours of 6 a.m. to 8 p.m. shall not exceed 4 patients to 1 nursing care personnel.
 - (ii) For the hours of 8 p.m. to 6 a.m., the ratio of patients to nursing care personnel shall not exceed 12 patients to 1 nursing care personnel.
 - (iii) In addition to the provisions of paragraphs (i) and (ii) of this subdivision, there shall be sufficient nursing care personnel available on duty to assure coverage for patients at all times during each shift.

History: 1981 AACCS.

R 325.21705 Other specialized services.

Rule 1705. A mental retardation nursing home or nursing facility shall comply with all of the following provisions:

- (a) Provide an organized program of diversional activities and training services required to meet the needs of individual mentally retarded patients. Such programs, in accordance with the needs of individual patients, shall be consistent with the patient's physical condition, level of functioning, and mental capacity.

(b) Provide necessary arrangements to obtain other specialized diagnostic services and forms of therapy as may be required by the individual patients.

(c) Keep the state mental retardation facility, which is designated by the department of mental health, in the home's or facility's area advised on a monthly basis, by mail, of the availability of beds for the care of patients and the name of the physician specialist on its staff.

History: 1981 AACCS.

PART 18. NURSING FACILITIES FOR CARE OF TUBERCULOSIS PATIENTS

R 325.21801 Applicability.

Rule 1801. (1) A nursing home or nursing facility, when not prohibited by law or rule, may request authorization and certification from the department to establish and maintain the nursing facility or a distinct part of the facility as a tuberculosis nursing home or facility.

(2) In the interest of protecting the health and welfare of the large number of elderly patients in nursing facilities from tuberculosis, the department shall issue the authorization and certification when it determines, on the basis of available information and surveys, all of the following:

- (a) That a tuberculosis nursing home or facility is needed in a particular health facility planning region.
- (b) That an applicant is licensed or complies with the standards of licensing.
- (c) That an applicant can safely establish and maintain a program of care for tuberculosis patients in compliance with this part.

History: 1981 AACCS.

R 325.21802 Patient capacities and admissions.

Rule 1802. A tuberculosis nursing facility shall comply with both of the following provisions:

(a) Be an entire facility or distinct part of a facility of not more than 30, nor less than 4, patient beds and be able to care for a tuberculosis patient of any age in single or multiple patient rooms as ordered by the physician in charge. The physician in charge shall be approved by the department to direct or supervise the care.

(b) Have a written agreement with the department and admit only tuberculosis patients as defined and authorized by the department in the agreement.

History: 1981 AACCS.

R 325.21803 Specialized physician services.

Rule 1803. A tuberculosis nursing facility shall have a physician in charge approved by the department to render medical care to patients and to direct or supervise care provided to patients in the facility. The physician in charge, in accordance with written policies of the facility, shall comply with all of the following provisions:

- (a) Be the attending physician to patients in the facility.
- (b) Have special training and experience in the diagnosis, treatment, and care of patients with tuberculosis.
- (c) Serve as a consultant to the administrator of the facility in planning and implementing a continuing program designed to meet the special needs of tuberculosis patients in the facility.
- (d) Assist the facility in the development of, and approve written patient care policies for, the treatment and care of patients in the facility.
- (e) Assist the facility in the writing of individual patient care plans and approve such plans.

History: 1981 AACCS.

R 325.21804 Specialized nursing services.

Rule 1804. Specialized nursing services in a tuberculosis nursing facility shall comply with both of the following provisions:

(a) Be directed by a registered nurse who has at least 1 year of work experience in the care of tuberculosis patients or who, in the opinion of the physician in charge, is qualified to supervise the nursing care and other specialized services necessary for the care of tuberculosis patients.

(b) Provide that nursing personnel receive orientation and inservice training in the provision of nursing care and other specialized services necessary to the care of tuberculosis patients.

History: 1981 AACCS.

R 325.21805 Other specialized services.

Rule 1805. A tuberculosis nursing facility shall comply with both of the following:

(a) Provide an organized program of diversional activities designed to meet the needs of the patients.

(b) Provide organized programs of physical and occupational therapy designed to meet the needs of individual patients requiring such services.

History: 1981 AACCS.

R 325.21806 Visitation.

Rule 1806. In accordance with written facility policies and the orders of the physician in charge, patients in a tuberculosis nursing facility shall be permitted to visit other patients in the tuberculosis nursing facility and receive visitors.

History: 1981 AACCS.

R 325.21807 Record requirements.

Rule 1807. A tuberculosis nursing facility shall submit such forms as may be required by the department to provide information on the status of patients entering and leaving the facility.

History: 1981 AACCS.

PART 19. HEARING PROCEDURE

R 325.21901 Applicability.

Rule 1901. (1) The procedures set forth in this part apply to the hearings required by sections 20165, 20166, 20168, 21799a(9), 21799b(2), and 21799c of the code.

(2) This article shall apply to certification and other proceedings under federal statutes where required by federal law or regulation.

(3) Unless otherwise provided by the code or these rules, the procedures for a hearing shall comply with sections 71 to 92 of Act No. 306 of the Public Acts of 1969, as amended, being SS24.271 to 24.292 of the Michigan Compiled Laws.

History: 1981 AACCS.

R 325.21902 Definitions.

Rule 1902. In addition to the definitions of the code, Act No. 306 of the Public Acts of 1969, as amended, being S24.201 et seq. of the Michigan Compiled Laws, and these rules, the following definition applies to this part: "Authorized representative" means the representative designated pursuant to R 325.20204.

History: 1981 AACCS.

R 325.21903 Correction notice; opportunity to show compliance.

Rule 1903. (1) When the department issues a correction notice under the provisions of section 21799b of the code, the correction notice shall set forth all findings mandated by section 21799b of the code, and the department shall inform the licensee that he or she has a right to a hearing within 72 hours and that, if he or she wishes to be heard, the department will have a hearing officer present at the time and place specified in the correction notice. The time of hearing shall be within 72 hours of the time of service. Upon request, an adjournment, for a period not to exceed 10 days, may be granted by a hearing officer. Failure to raise a defense on or before the hearing, or to appear at the hearing, shall be deemed an admission of the matters asserted in the correction notice. If the respondent fails to make an appearance or to contest the notice, the correction notice shall be final without any further proceeding whatsoever.

(2) Before commencing the proceedings for denial, limitation, suspension, or revocation of a license pursuant to sections 20165 and 20166 of the code, the department shall give notice to the applicant or licensee, personally or by registered or certified mail, of the facts or conduct which warrants the intended action and shall provide the applicant or licensee with an opportunity to show compliance with the code and these rules at a compliance conference. The notice shall state the date, time, and location of compliance conference. If the licensee is unable to demonstrate, to the satisfaction of the department at the compliance conference, compliance with all lawful requirements for retention of its license, the department may proceed with a hearing. This rule does not apply to notices issued under section 20162, 20168, 21799a(9), 21799b(2), or 21799c of the code or section 63 of Act No. 306 of the Public Acts of 1969, as amended, being S24.263 of the Michigan Compiled Laws.

History: 1981 AACCS.

R 325.21904 Initiation of hearings.

Rule 1904. (1) A hearing is initiated by the department by giving notice thereof personally or by registered or certified mail. The notice shall include all of the following:

- (a) The time, date, place, and nature of the hearing.
 - (b) The action intended by the department, and a brief statement of the facts involved.
 - (c) The legal authority and jurisdiction under which the hearing is to be held.
 - (d) A reference to the applicable sections of the code and rules.
- (2) The hearing shall be conducted by the director or 1 or more hearing officers designated by the director.

History: 1981 AACCS.

R 325.21905 Service.

Rule 1905. Unless otherwise specified, service of a document upon any party shall be made by personal delivery or mailing by registered, certified, or first-class mail to the last known address of the party or the authorized representative of a party as indicated on the records of the department, and proof of service shall be filed with the department.

History: 1981 AACCS.

R 325.21906 Appearances.

Rule 1906. A party may appear in person, by an authorized representative, or by legal counsel.

History: 1981 AACCS.

R 325.21907 Form of pleadings.

Rule 1907. (1) All pleadings shall contain the department's caption and docket number, if assigned, and shall include a clear and plain statement of facts alleged and the relief sought.

(2) A pleading, other than an exhibit, shall be typewritten, double spaced, and on letter-size opaque paper, approximately 8 1/2 inches by 11 inches. The left margin shall be 1 1/2 inches and the right margin 1 inch. A pleading and other documents shall be fastened in the upper left corner.

History: 1981 AACS.

R 325.21908 Pleading captions.

Rule 1908. (1) A hearing shall be titled "In the matter of (name of respondent)." This caption shall appear at the upper left side of the first page of each filed pleading or document other than an exhibit.

(2) The first page of a pleading or document, other than an exhibit, shall show at its upper right side, opposite the caption, the docket number assigned by the department, if known.

History: 1981 AACS.

R 325.21909 Extensions of time.

Rule 1909. A request for an extension of time for the filing of a pleading or document shall be made in writing and served on the presiding officer and all parties 5 days before the date on which the pleading or document is due to be filed.

History: 1981 AACS.

R 325.21910 Answers.

Rule 1910. Within 15 days after service of a notice of hearing, a respondent shall file a written answer with the department. The answer shall respond to all allegations in the notice of hearing which the party plans to contest, and a respondent shall raise any affirmative defenses not later than 10 days prior to the hearing. All allegations not denied by written answer are deemed admitted. This rule shall not apply to proceedings under R 325.21903(1).

History: 1981 AACS.

R 325.21911 Consolidation and severance of cases.

Rule 1911. (1) Cases may be consolidated, for good cause, on the motion of any party or the hearing officer's own motion, when justice and the administration of the code and these rules require. A motion for the consolidation of cases shall be filed within 20 days after service of the notice of hearing on each party to the cases which would be consolidated. Within 10 days after service of the motion, the other parties may file a response thereto. Unless a request for oral argument is made and granted, the determination on the motion shall be made on the pleadings.

(2) Upon his or her own motion, or upon motion of any party, the hearing officer, for good cause, may order any case severed as to some or all issues or parties.

History: 1981 AACS.

R 325.21912 Presiding officer; powers and duties.

Rule 1912. (1) A presiding officer shall have all powers necessary or appropriate to conduct a fair, full, and impartial hearing, including the power to do all of the following:

- (a) Administer oaths and affirmations.
- (b) Rule upon offers of proof and receive relevant evidence.
- (c) Provide for the taking of testimony by deposition.

(d) Regulate the course of the hearings, set the time and place for continued hearings, fix the time for the filing of briefs and other documents, and issue subpoenas.

(e) Consider and rule upon procedural requests.

(f) Hold conferences for the settlement or simplification of the issues by consent of the parties.

(g) Prepare proposed decisions, if required.

(2) When a hearing officer believes that he or she is disqualified to preside over a particular hearing, he or she shall withdraw therefrom by notice on the record directed to the director. A party who claims that a hearing officer should be disqualified to preside, or to continue to preside, over a particular hearing may timely file with the director a motion to disqualify. The motion shall be supported by affidavits setting forth the alleged grounds for disqualification. The director shall rule upon the motion, and the decision shall be determinative for purposes of the hearing.

History: 1981 AACS.

R 325.21913 Prehearing conference.

Rule 1913. (1) The presiding officer, upon request of any party or on his or her own motion, may order a prehearing conference for the purpose of facilitating the disposition of a contested case.

(2) The following are the purposes of the prehearing conference:

(a) To state and simplify the factual and legal issues to be litigated.

(b) To admit matters of fact and the authenticity of documents and to resolve other evidentiary matters to avoid unnecessary proof.

(c) To exchange lists of witnesses and the nature of their testimony.

(d) To estimate the time required for the hearing.

(e) To resolve other matters which may aid in the disposition of the case.

(3) At the prehearing conference, the presiding officer may make rulings on motions pertaining to evidence, law, and the procedure when practicable. A record shall be made of all motions and rulings and other matters deemed appropriate at the presiding officer's discretion and shall become a part of the hearing record.

(4) The parties to a hearing are encouraged to voluntarily confer for the purpose of facilitating the disposition of a case.

History: 1981 AACS.

R 325.21914 Adjournment.

Rule 1914. A party may request an adjournment of a scheduled hearing by motion to the presiding officer assigned to conduct the hearing. The presiding officer shall not rule on the request until opposing parties have had an opportunity to be heard on the request. However, if all parties agree to the adjournment, then the presiding officer may rule on the request immediately.

History: 1981 AACS.

R 325.21915 Consent findings and orders.

Rule 1915. (1) At any time before a final order is issued, the parties may negotiate an agreement containing consent findings and an order disposing of the whole or a part of the case. This agreement shall be submitted to the presiding officer who shall rule upon it after considering the nature of the proceeding, the representatives of the parties, and the probability of an agreement which would result in a just disposition of the issues involved.

(2) The agreement containing consent findings and an order disposing of a proceeding shall contain all of the following provisions:

(a) That the consent finding and order shall have the same force and effect as if made after a full hearing.

(b) That the record on which an order may be based shall consist solely of the pleadings and the agreement.

- (c) A waiver of any further proceedings before the hearing officer and the director.
- (d) A waiver of any right to challenge or contest, in any forum, the validity of the consent findings and order made in accordance with the agreement.

History: 1981 AACS.

R 325.21916 Discovery and depositions.

Rule 1916. (1) The same rights to discovery and depositions provided in the general court rules of this state applicable to civil cases shall apply to all hearings commenced and conducted under the code and these rules. The presiding officer shall rule on all motions relative to depositions and discovery.

(2) Discovery depositions and motions for discovery shall not be allowed by the presiding officer if they are likely to interfere with the efficient conduct of the hearing, unless substantial prejudice would result therefrom.

History: 1981 AACS.

R 325.21917 Complaints.

Rule 1917. Any person who believes that a provision of the code relating to nursing homes, any other law administered by the department relating to nursing homes, or these rules has been violated may file a complaint with the department. The complaint shall include a statement of the facts, without repetition, upon which the complainant relies to fully note his or her complaint and may include a statement of the relief requested.

History: 1981 AACS.

R 325.21918 Investigation of complaints and hearings.

Rule 1918. (1) The department shall review the complaint and shall investigate the same. The substance of the complaint shall be provided to the licensee not earlier than at the commencement of the on-site inspection of the nursing home which takes place pursuant to the complaint. At the conclusion of its review on investigation, the department shall inform the complainant of its disposition of the complaint. If the complainant is dissatisfied with the disposition of the complaint made by the department, and if the code or other applicable statute gives the complainant the right and standing to do so, the complainant may demand a hearing on the complaint under R 325.21917 by filing written request therefor.

(2) A hearing on a complaint shall be noticed in the same manner as a hearing initiated by the department, except that the notice need not comply with the provisions of R 325.21904(b). If the person complained against is a licensee, a copy of the complaint shall be appended to the notice.

(3) When the person complained against is a licensee, the licensee shall be the respondent, but the department may, if it chooses, intervene as of right in the proceedings, in which case, the department shall have all the rights of a party.

History: 1981 AACS.

R 325.21919 Motion practice.

Rule 1919. (1) Not less than 5 days before the date set for hearing in the notice, all preliminary motions shall be filed, unless the presiding officer, for good cause shown, permits the filing of such motions at a later date. These motions include all of the following:

- (a) Motions for a more definite statement.
- (b) Motions to strike pleadings.
- (c) Motions to amend pleadings.
- (d) Motions for accelerated judgment.
- (e) Motions for summary judgment.

(f) Discovery motions.

(g) Motions relative to depositions.

(2) On the date set for hearing in the notice, the presiding officer shall first hear all pending preliminary motions. He or she shall decide them in the same manner as provided for in the general court rules of this state for civil cases. Thereafter, all motions are to be made, heard, and decided at the discretion of the presiding officer.

(3) After hearing all pending preliminary motions, if any, the presiding officer may hold a prehearing conference as provided for in these rules.

History: 1981 AACS.

R 325.21920 Direct testimony and exhibits.

Rule 1920. When in any case it is deemed necessary, the presiding officer may direct that the direct testimony of any witness or witnesses be submitted in written form, together with any exhibits to be sponsored by the witness, before hearing. Such direct testimony shall be submitted in typewritten form on 8 1/2 inch by 11-inch paper and shall be in question and answer form. The direct testimony of each witness so submitted shall be made a separate exhibit, and the name and address of the witness, together with the caption of the case, shall appear on a cover sheet. Each witness is required to be present at the hearing to introduce his or her written testimony as an exhibit and for cross-examination at such date, time, and place as directed by the presiding officer. In any case, and upon request therefor, a party shall have the right, notwithstanding any provision of this rule, to have any witness on his or her behalf present his or her direct testimony orally before the hearing officer.

History: 1981 AACS.

R 325.21921 Transcripts.

Rule 1921. Hearings shall be recorded, but need not be transcribed, unless requested by a party. The party requesting the transcript shall pay for the transcription.

History: 1981 AACS.

R 325.21922 Proposal for decision and final order.

Rule 1922. (1) Following the conclusion of a hearing, the hearing officer, if other than the director, shall deliver to the department the official case file and his or her proposal for decision. The department shall serve the proposal for decision upon the parties by registered or certified mail or personal service, and each party shall have 10 days from the date of service of the proposal for decision to file exceptions or present written arguments to the department.

(2) Following review of the record or the proposal for decision and exceptions thereto, if any, the department shall issue an order stating the findings of fact, conclusions of law, and the final order or an order for further proceedings. The department shall serve copies of the order upon all parties.

(3) If no exceptions are filed, the proposal for decision shall become the final order of the department, unless the director issues his or her order within 90 days from the date of service of the proposal for decision.

History: 1981 AACS.

PART 20. EDUCATION AND TRAINING OF UNLICENSED NURSING PERSONNEL

R 325.22001 Minimum criteria for education and training of unlicensed nursing personnel.

Rule 22001. (1) Each facility shall adopt and implement an education and training program that shall specify minimum competencies, performance objectives, and methods of evaluation which cover at least

the content listed in subrule (2) of this rule. If the facility, by policy, does not permit unlicensed nursing personnel to perform a specific procedure covered in subrule (2) of this rule, training in that specific procedure may be excluded.

(2) The following content shall be presented, except as noted in subrule (1) of this rule:

(a) Personnel policies, including the facility's personnel policies, job responsibilities, legal and ethical responsibilities, and the importance of the individual's position as a member of the health care team.

(b) Concepts of care, including physical, psychological, cultural, and social components of care; the impact on the patient of physical and psychological changes that occur with trauma, the aging process, and developmental disabilities; the legal rights and privileges of patients; and communication techniques necessary to provide care.

(c) Environment, including what constitutes a safe and comfortable environment for giving care; safety and fire prevention; emergency procedures, including cardiopulmonary resuscitation, the Heimlich maneuver, and fire and disaster procedures; bed-making and when bed linen should be changed; restraint procedures, including protecting the safety and dignity of the patient; prevention and control of infections; and information necessary to assist the new patient to become aware of the facility's routines and available services.

(d) Collecting and sharing information, including observation of the individual patient and how to recognize changes from normal; vital signs; reporting and documenting observations; and medical terms and abbreviations necessary for the tasks performed.

(e) Personal care, including bathing a patient in a safe and dignified manner while encouraging independence; skin care, including preventive and supportive care; routine morning and evening mouth care, hair and nail care; shaving; dressing and undressing, with emphasis on encouraging and maintaining independence; and prosthetic devices used in providing care.

(f) Nutrition, including the importance of a balanced diet and how to help bring this about; the importance of making meal times a pleasant experience; measuring and recording the patient's food and fluid intake; how to carry out orders to increase or reduce fluid intake, and techniques to assist a patient to eat, with emphasis on encouraging and maintaining independence and dignity.

(g) Elimination, including encouraging and maintaining independence in toileting; the use of the bed pan and urinal; catheter care; preventing incontinence; prevention of constipation; observation, reporting, and recording of significant information about a patient's urine and stool; perineal care; measuring and recording output; urine testing; and bowel and bladder training.

(h) Rehabilitation, including principles of rehabilitation; complications of immobility and their prevention; techniques of turning a patient; maintaining proper body alignment; range of motion exercises; the use of ambulation aids, including wheelchairs, walkers, canes, and crutches; transfer techniques; proper body mechanics involved in lifting patients or objects; and use of bed boards, foot boards, foot stools, trochanter rolls, pillows for positioning, bed cradles, slings, splints, lifting equipment, and trapezes.

History: 1981 AACCS.

R 325.22002 Verification of competency.

Rule 2002. (1) The director of nursing, or a registered nurse designee, shall verify that each unlicensed employee providing nursing care is competent to perform all assigned tasks prior to the time the employee is assigned to perform them, unless the employee is under supervision, as defined in section 16109 of the code, for training purposes.

(2) Verification of competency shall be indicated by an appropriate entry in the employee's personnel record which is signed by the director of nursing or other registered nurse and which specifies the date and method by which each competency was verified. This information shall be maintained in each employee's personnel file for the duration of his or her employment in the facility.

(3) Personnel files shall also include the number of classroom hours and the hours of planned clinical experience supervised by a licensed nurse.

History: 1981 AACCS.

R 325.22003 Class outline and lesson plans.

Rule 2003. Class outlines and lesson plans shall be retained in the facility for not less than 2 years.

History: 1981 AACCS.

R 325.22003a Testing for competency.

Rule 2003a. The department shall test the competency of unlicensed nursing personnel by observation of care given and may interview unlicensed nursing personnel to evaluate the adequacy of the training program.

History: 1984 AACCS.

R 325.22004 Plan of correction.

Rule 2004. If a violation of R 325.22001 to R 325.22003 is cited, within 30 days the facility shall submit a written plan to assess and revise the training program to correct the deficiency. Staff of the department shall assist with this process and shall reevaluate the program within 120 days of the date of the citation of the violation to assure compliance.

History: 1983 AACCS.