

**WEST VIRGINIA**  
**SECRETARY OF STATE**  
KEN HECHLER  
**ADMINISTRATIVE LAW DIVISION**

Form #4

Do Not Mark In this Box

**FILED**

JAN 24 11 42 AM '94

OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF RULE MODIFICATION OF A PROPOSED RULE**

AGENCY: Department of Health and Human Resources TITLE NUMBER: 64

CITE AUTHORITY W. Va. Code §16-5B-8

AMENDMENT TO AN EXISTING RULE: YES X NO     

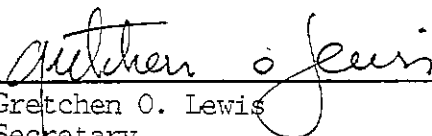
IF YES, SERIES NUMBER OF RULE BEING AMENDED: 12

TITLE OF RULE BEING AMENDED: Hospital Licensure

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED:                     

TITLE OF RULE BEING PROPOSED:                     

THE ABOVE PROPOSED LEGISLATIVE RULE, FOLLOWING REVIEW BY THE LEGISLATIVE RULE MAKING REVIEW COMMITTEE IS HEREBY MODIFIED AS A RESULT OF REVIEW AND COMMENT BY THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE. THE ATTACHED MODIFICATIONS ARE FILED WITH THE SECRETARY OF STATE.

  
\_\_\_\_\_  
Gretchen O. Lewis  
Secretary

12-90

[PROPOSED]  
TITLE 64

WEST VIRGINIA ADMINISTRATIVE RULES  
DIVISION OF HEALTH

HOSPITAL LICENSURE  
64 CSR 12

199\_

---

Modifications Requested by the  
Legislative Rule-Making Review Committee

[PROPOSED]  
WEST VIRGINIA ADMINISTRATIVE RULES  
DIVISION OF HEALTH  
HOSPITAL LICENSURE  
64 CSR 12

TABLE OF CONTENTS

§64-12-1. General	1
§64-12-2. Application and Enforcement.	1
§64-12-3. Definitions	1
<del>§64-12-4. Procedures Governing Adoption, Amendment and Revision of Regulations</del>	4
<del>§64-12-5. Inspections</del>	5
<del>§64-12-6. The License</del>	5
§64-12-4. State Administrative Procedures	7
§64-12-5. Penalties	10
§64-12-6. Miscellaneous Requirements	10
§64-12-7. Administration of the Hospital	7
§64-12-8. Physical Facilities	15
§64-12-9. Operational Services	19
§64-12-10. Paramedical Services	22
§64-12-11. Patient Care Department	28
§64-12-12. Outpatient Services	44
§64-12-13. Adjunct Diagnostic and Treatment Departments	45
§64-12-14. Professional Standards	50
§64-12-15. Specialized Hospitals and Other Institutions	54
§64-12-16. Administrative Due Process	54
§64-12-17. Severability	55

[PROPOSED]  
TITLE 64  
WEST VIRGINIA ADMINISTRATIVE RULES  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

FILED

JAN 24 11 42 AM '94

SERIES 12  
HOSPITAL LICENSURE

OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

[The modified rule as approved by the Legislative Rule-Making Review Committee has been renumbered to conform to current numbering standards.]

§64-12-1. General.

1.1. ~~Scope - These legislative rules establish rules~~ This legislative rule establishes standards and procedures for the licensing of hospitals and extended care facilities operated in connection with a hospital.

1.2. Authority - §16-5B-8.

1.3. Filing Date -

1.4. Effective Date -

1.5. ~~Supersession and Repeal of Former Regulations - This rule supersedes and repeals~~ amends and reenacts Hospital Licensure, West Virginia Department of Health and Human Resources Legislative Rules, Series-127-1983 64 CSR 12, 1987.

§64-12-2. Application and Enforcement.

2.1. ~~Application - These legislative rules shall apply to every person, partnership, association, corporation or any local governmental unit or any division, department, board or agency thereof which shall operate or apply to operate a hospital as defined in these rules and in Chapter 16, Article 5B of the West Virginia Code of 1931, as amended, except as herein specified.~~ This rule applies to any person, partnership, association, corporation or local governmental unit or any division, department, board or agency thereof which establishes, maintains or operates a hospital or an extended care facility in connection with a hospital.

2.2. ~~Enforcement - The enforcement of these rules is vested with the West Virginia department of health.~~ This rule is enforced by the director of the division of health or his or her designee.

§64-12-3. Definitions.

[Note: In addition to changes in the text of various definitions, which are indicated by strike-through and underlining, the definitions have been rearranged in alphabetical order. Former Sections 7.2.2.a through j, 11.2.1 (part), 11.9.1, 11.10.1 and 14.1.1.b have been incorporated into the definition section.]

3.1. Applicant - ~~Shall-mean~~ The person who submits an application for a license, or a renewal of a license, to operate a hospital, sanitarium or extended care facility operated in connection with a hospital.

3.2. Bed Capacity - Means The greatest number of beds the a hospital is licensed to offer for patient care. ~~No-hospital shall-admit-more-patients-than-the-number-of-beds-for-which-it-is-licensed-except-in-the-case-of-public-catastrophe-or-emergency, and-then-only-as-a-temporary-measure.~~

3.3. Board of Directors or Board - means The voting members of the governing authority of an applicable a hospital, or if a religious organization holds a hospital license, means the hospital board established by the religious organization.

3.4. Consumer Representative - means A member of an applicable-hospital's a section 6a hospital's board of directors who ~~has-been-designated-as-such-by-the-board-by-virtue-of-qualifying-as-a-person-from-one-(1)-of-the-four-(4)-consumer-categories-and-who-is-not-a-member-of-management-of-the-applicable-hospital-nor-a-member-of-management-of-one-(1)-of-its-related-organizations.~~ who is not a member of management of the hospital or one (1) of its related organizations, and who has been designated by the board as a person representing of one (1) of the following four (4) consumer categories: small businesses; organized labor; elderly persons; or persons whose income is less than the national median income.

3.5. Definition Coronary Care Unit - means A specialized area of the hospital containing a grouping of single bedrooms or ~~enclosures-accommodating-not-more-than-six-(6)-beds-or-less-than-two-(2)-beds~~ or single bed enclosures wherein constant, intensive visual observation and immediate emergency and prescribed non-emergency coronary care and treatment can be provided.

3.6. Director - The director of the division of health of the department of health and human resources.

3.7. Elderly Persons - means ~~persons~~ Individuals who are sixty (60) years of age or older.

3.8. Extended Care Facility - Means A hospital or a distinct part unit thereof engaged ~~in-providing-to-inpatients~~ which provides skilled nursing and related services for long-term care patients (exclusive-of-tubercular-or-mentally-ill-persons) who require medical, nursing and rehabilitation other professional health care services.

3.9. Family - means A group of two (2) or more persons related by blood, marriage or adoption who reside together.

3.10. Hospital - Means Any institution, place, building or

agency in which an accommodation of five (5) or more beds is maintained, furnished or offered for the hospitalization of the sick or injured.

3.11. Hospitalization - ~~is defined as~~ The reception, in-house accommodation, and care of any person for a continuous period of time longer than twenty-four (24) hours, for the purpose of providing room, board, ~~nursing service, and medical,~~ nursing and other professional health care services, and other hospital facilities required in connection with diagnosis and treatment of any condition or infirmity.

3.12. Intensive Care Unit - means A specialized area of the hospital containing a grouping of single-bed rooms or enclosures wherein critically and seriously ill patients requiring highly skilled nursing care and close and frequent, if not constant, nursing observation are assigned.

~~3.7. License - Means The document issued by the state department of health and constitutes the authority to receive patients and perform services included within the scope of these regulations.~~

3.13. Medical Staff - The group of physicians and other licensed health care professionals who practice in the hospital in accordance with Section 14.1.1 of this rule.

3.14. Member of Management - means Any individual having authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward or discipline other employees, or responsibly to direct them, or to adjust their grievances, or effectively to recommend such actions, if in connection with the foregoing the exercise of such authority is not of a merely routine or clerical nature, but requires the use of independent judgment.

3.15. Organized Labor Members - means Members of organized labor unions covered by the National Labor Relations Act, the Railroad Labor Act or other federal labor acts.

3.16. Patient Care Unit - means A designated area of the hospital that provides a bedroom or a grouping of bedrooms with supporting facilities and services to provide adequate nursing care and clinical management of inpatients and that is thereby planned, organized, operated and maintained to function as a separate distinct unit.

3.17. Person - ~~Shall include~~ Any individual, partnership, association, corporation, or any local governmental unit or any division, department, board, or agency thereof.

3.18. Persons Whose Income is Less than the National Median Income - means: ~~(1)~~ Individuals whose gross family income, is

~~less than the national median family income, or (2) individuals whose gross personal income is less than the national median income of unrelated individuals.~~ or gross individual income in the case of individuals not residing with a family member, is less than the national median family income. The director of health shall establish and periodically revise the national median family income figures for families and unrelated individuals figure after consideration of Bureau of Census Current Population Reports, Consumer Income, Series P-60.

3.19. Principal Stockholder - means Any person who beneficially owns, holds or has the power to vote ten percent (10%) or more of any class of securities issued by a corporation.

3.20. Applicable Section 6a Hospital - means all nonprofit hospitals, A nonprofit hospital, as identified in W. Va. Code §16-5B-6a, whether governed by an in-state or out-of-state board of directors, and all hospitals or a hospital owned by a county, city or other political subdivision of the State of West Virginia, except for existing nonprofit hospitals which are owned and have been were owned prior to March 9, 1983, by a corporation incorporated in another state: Provided, however, this definition does not include the corporation defined in W. Va. Code §18-11C-1(d).

3.21. Small Business Representatives - means Officers, directors, general partners, sole owner or principal stockholders of any activity subject to business taxation, which activity employs fewer than one hundred (100) full-time employees or which had gross annual receipts of less than four (4) million dollars, based on 1984 dollars, in its last fiscal year.

3.22. Swing Bed - A bed which is approved for dual use and reimbursement under the federal medicare program for both acute and extended care.

3.23. Unit Dose - The ordered amount of a drug dispensed by a pharmacist in a dosage form ready for administration to a particular person as prescribed by the physician or other individual authorized by State law to prescribe medication.

3.24. Violation - Means Failure to comply with the licensing law W. Va. Code §§16-5B-1 et seq. or any provisions of these regulations this rule. A violation constitutes a misdemeanor as set forth in Section 11, Article 5B, Chapter 16, Code of West Virginia, 1931, as amended W. Va. Code §16-5B-11.

~~§64-12-4. Procedures Governing Adoption, Amendment and Revision of Regulations~~

~~The state department of health, with the advice and counsel of the advisory board, shall have the power to make, enforce, modify, amend or rescind rules and regulations governing the~~

operation and conduct of hospitals and other related institutions, as specified in Section 8, Article 5B, Chapter 16, Code of West Virginia, 1931, as amended.

#### §64-12-5. -- Inspections.

5.1. -- Duty authorized representatives of the state department of health shall have the right to enter upon or into the premises of any hospital in order to make whatever inspection is deemed necessary in accordance with the licensing authority vested in the department.

5.2. -- All institutions which are required to be licensed under the provisions of Article 5B, Chapter 16, Code of West Virginia, 1931, as amended, shall comply with and conform to all laws of the state of West Virginia, and all rules and regulations which provide minimum standards for the prevention of fire and for the protection of life and property against loss or damage by fire or panic. -- A certificate of approval shall be obtained from the State Fire Marshal by any institution required to be licensed. -- Written approval of the institution shall be filed with the state department of health and a copy of such certificate shall be posted in a conspicuous place on the premises of the licensee.

#### §64-12-6. -- The License.

6.1. -- Institutions To Be Licensed -- A license is required of all places that are conducted as hospitals, within the meaning of the term as defined in Section 3, of these regulations and in Section 1, Article 5B, Chapter 16, Code of West Virginia, 1931, as amended, provided that such place is not specifically excluded by the Code.

#### 6.2. -- Institutions Exempted From These Regulations

6.2.1. -- Hospitals operated by the federal government or the state government.

6.2.2. -- Institutions regularly licensed by the department of welfare, such as child-caring institutions, day nurseries, child-care centers and foster boarding homes. -- However, institutions having dual functions, one of which is clearly subject to licensure under these regulations, are not exempt.

6.2.3. -- Homes or institutions regularly licensed by the West Virginia nursing home licensing board.

6.2.4. -- First-aid stations and emergency care facilities which do not provide accommodations for hospitalization.

#### 6.3. -- Application For License.

6.3.1.--Applicants for license shall file applications with the bureau of hospitals and medical facilities, state department of health upon forms prescribed by the department and shall pay an annual fee as required in Section 4, Article 5B, Chapter 16, Code of West Virginia as follows:--"Those with five beds but less than 50 beds shall pay a fee of \$20.00; those with 50 beds or more and less than 100 beds shall pay a fee of \$30.00; those with 100 beds or more and less than 200 beds shall pay a fee of \$40.00; and those with 200 beds or more shall pay a fee of \$50.00."--No such fee shall be refunded.

6.3.2.--Furnishing of an application form is in no way a guarantee that the completed application will be acceptable or that a license will be issued by the state department of health.

6.3.3.--Each new applicant must provide at least two (2) letters of reference from reputable citizens with whom he is personally acquainted and who certify to his character and qualifications.

6.3.4.--Each application for license shall specify the maximum number of beds established by the state department of health as the institution's legal bed capacity.

6.3.5.--Every hospital shall be specifically identified as such by an appropriate name, which shall be used in applying for the license.--It shall not be changed without the approval of the state department of health.

#### 6.4.--Issuance of License.

6.4.1.--The license will be issued on a form prescribed by the state department of health and shall set forth the name, location, type of ownership, type of institution and number of beds for which the institution is licensed.

6.4.2.--The license shall be posted in a conspicuous place on the licensed premises.

6.4.3.--The license is not transferable or assignable.--The state department of health shall be immediately notified of any change relative to the ownership, locations or operation of the institution, and an application for a new license shall be requested.

6.4.4.--Each license is separate and distinct and shall be issued to a specific licensee for a specific location which is to be indicated on the license certificate.--The institution shall be operated and conducted in the name of the licensee as indicated on the license certificate.

6.4.5.--Only one (1) license shall be required for any person, partnership, association, corporation, or any local govern-

mental unit or any division, department, board or agency thereof who operates any combination of a hospital, sanatorium or extended care facility operated in connection with a hospital, or more than one (1) thereof, at the same location.

6.5.--Expiration and Renewal of License.

6.5.1.--All licenses shall expire on the thirtieth of June following the date of their issuance unless continued pursuant to the provisions of Section 4, Article 5B, Chapter 16, Code of West Virginia, 1931, as amended.

6.5.2.--Applications for the renewal of licenses will be mailed to each institution, and shall be completed and returned by the applicant, with the required license fee, to the state department of health, before April 30.--The renewal of a license shall be contingent upon evidence of compliance with the licensing law and all minimum standards and regulations.--Each applicant will be duly notified of any noncompliances and shall comply with the provisions of the law rules and regulations before the issuance of a license.

6.6.--Revocation and Reissuance of License.

6.6.1.--After an opportunity for a hearing, the state department of health may revoke the license of any institution found in violation of the licensing law or the rules and regulations issued pursuant thereto.

6.6.2.--If a license is revoked, a new application for a license will be considered by the state department of health when the conditions upon which revocation was based have been corrected and evidence of this fact has been furnished.

6.6.3.--Each license shall be returned by the licensee to the state department of health immediately upon its revocation, or when the institution voluntarily ceases operation.

§64-12-4. State Administrative Procedures.

4.1. License Required.

4.1.1. No person or local governmental unit or any sub-unit of the local government unit may establish, conduct or maintain in West Virginia any hospital or extended care facility operated in connection with a hospital without first obtaining a license: Provided, That only one (1) license is required for any person or any local governmental unit or any sub-unit of the local government unit which operates any hospital, extended care facility operated in connection with a hospital, or more than one, at the same location.

4.1.2. A license is not transferable or assignable.

4.1.3. If the ownership of a hospital with a valid unexpired license changes, the new owner shall immediately apply for a new license. The application of the new owner for a license has the effect of a valid license for three (3) months from the date the application is received by the director.

4.1.4. Any change in locations, the total or numbers of types of beds or other operation of the hospital requires the issuance of a new license. The hospital or extended care facility operated in conjunction with a hospital shall notify the director of any proposed change in the locations, the total or numbers of types of beds, or operation of the hospital or extended care facility operated in conjunction with a hospital, and shall request an application form for a new license.

#### 4.2. Application For License.

4.2.1. Applicants for a license shall complete and submit an application to the department on forms provided by the director and shall pay the annual fee as required by W. Va. Code §16-5B-4. The name used on the application forms shall be the legal name of the hospital or extended care facility operated in conjunction with a hospital.

4.2.2. The application for license shall specify the hospital's or extended care facility's proposed total bed capacity and the numbers of beds categorized by service provided, including newborn, intensive care nursery and swing beds.

4.2.3. A section 6a hospital shall include a list of the voting members of its board of directors who have been designated as consumer representatives and specify which of the consumer members are women, members of racial minorities, or handicapped in its application for licensure.

#### 4.3. Issuance of License.

4.3.1. The director shall issue a license if:

4.3.1.1. The hospital or extended care facility operated in conjunction with a hospital is in compliance with this rule and applicable sections of W. Va. Code §§16-5B-1 et seq.;

4.3.1.2. The hospital or extended care facility operated in conjunction with a hospital is in compliance with the rules of the State fire commission;

4.3.1.3. The hospital or extended care facility operated in conjunction with a hospital has submitted a complete application, with all required documentation;

4.3.1.4. In the case of a project reviewable under W. Va. Code §16-2D-1 et seq., the State health planning and development

agency has issued a finding, after a final conformance review, that the completed project conforms to the terms of the certificate of need decision issued for the project; and

4.3.1.5. In the case of a section 6a hospital, the composition of the hospital's board of directors is in conformance with Section 7.3 of this rule or a plan of correction has been accepted. However, the director shall not withhold a license for non-compliance with Section 7.3 of this rule in the case of the corporation defined in W. Va. Code §18-11C-1(d).

4.3.2. The director shall issue a separate license for each separate and distinct location of the hospital or extended care facility operated in conjunction with a hospital.

4.3.3. The license shall state the legal name of the hospital or extended care facility operated in conjunction with a hospital to which it applies, the location of the hospital or extended care facility operated in conjunction with a hospital, the maximum number of beds classified by type for which it is granted, and the dates of issuance and expiration of the license.

#### 4.4. Expiration and Renewal of License.

4.4.1. All licenses expire on the thirtieth day of June following the date of their issuance unless continued pursuant to the provisions of W. Va. Code §16-5B-4.

4.4.2. Licensed hospitals and extended care facilities shall annually complete and return applications for licensure renewal with the required license fee to the director on or before April 30. The director shall mail licensure renewal forms to each licensed hospital and extended care facility.

4.4.3. A section 6a hospital shall include a list of the voting members of its board of directors who have been designated as consumer representatives and specify which of the consumer members are women, members of racial minorities, or handicapped in its application for license renewal.

4.4.4. The director shall renew a license if:

4.4.4.1. The hospital or extended care facility operated in conjunction with a hospital is in compliance with the provisions of this rule and W. Va. Code §§16-5B-1 et seq.;

4.4.4.2. The hospital or extended care facility operated in conjunction with a hospital is in compliance with the rules of the State fire commission;

4.4.4.3. In the case of a project reviewable under W. Va. Code §16-2D-1 et seq., the State health planning and development agency has issued a finding, after a final conformance review,

that the completed project conforms to the terms of the certificate of need decision issued for the project;

4.4.4.4. In the case of a section 6a hospital, the composition of the hospital's board of directors is in conformance with Section 7.3 of this rule or a plan of correction has been accepted. However, the director shall not withhold a license for non-compliance with Section 7.3 of this rule in the case of the corporation defined in W. Va. Code §18-11C-1(d); and

4.4.4.5. The hospital or extended care facility operated in conjunction with a hospital has submitted the appropriate fee according to the provisions of W. Va. Code §16-5B-4.

4.5. Inspections.

4.5.1. The director has the right to enter upon or into the premises of any hospital or extended care facility in order to make inspections necessary to determine compliance with this rule.

4.5.2. The director shall notify a hospital or extended care facility operated in conjunction with a hospital of any violations of this rule.

§64-12-5. Penalties.

5.1. After an opportunity for a hearing, the director may revoke the license of any hospital or extended care facility operated in conjunction with a hospital found in violation of this rule.

5.2. If the director revokes a license, the director shall consider a new application for a license when there is evidence that the conditions upon which the revocation was based have been corrected.

5.3. The licensee shall return a revoked license to the director immediately upon receiving notice of its revocation. If a hospital or extended care facility operated in conjunction with a hospital voluntarily ceases operation, it shall return its license to the director.

§64-12-6. Miscellaneous Requirements.

6.1. Every hospital shall be specifically identified as a hospital in its legal name, and it shall operate and conduct business in this name. Any word which suggests a type of facility other than a hospital shall not be used in the name of a hospital.

6.2. A hospital may not change its name without the written approval of the director. A hospital shall submit a written

request for a change in its name. An approved name change is shown in the next license issued.

6.3. All hospitals and extended care facilities operated in conjunction with a hospital shall comply with applicable rules of the State fire commission and the State air pollution control commission.

6.4. The hospital or extended care facility shall post its license in a conspicuous place on the licensed premises.

6.5. No hospital shall admit more patients than the number of beds for which it is licensed except in the case of public catastrophe or emergency, and then only as a temporary measure.

§64-12-7. Administration of the Hospital.

7.1. Scope

The governing body, owner or board of trustees is the highest authority responsible for the management and control of the entire institution hospital including employment of a hospital administrator and appointment of medical staff. The administrator is responsible for the direction and control of the hospital operation in accordance with policies established by the governing authority. The medical staff is responsible for the quality of medical care provided and for submitting reports on the quality of this care to the governing board of the hospital at frequent intervals.

7.2. Governing Authority.

7.2.1. There shall be a governing authority legally and morally responsible for the management and control of the hospital. In the discharge of its duties, the governing authority places responsibility for the care of patients upon the medical staff. It is responsible for the establishment of policies, and compliance with the requirements of this rule.

7.2.1.1. The governing authority shall adopt and amend bylaws which ~~shall~~ require that-body it to:

7.2.1.1.1. Appoint members to the medical staff;

7.2.1.1.2. Approve the bylaws and regulations of the medical staff;

7.2.1.1.3. Define the committees of the governing authority and the their functions and responsibilities; ~~thereof;~~

7.2.1.1.4. Develop and maintain suitable formal liaison with the medical staff ~~by-means-of-a-joint-conference-committee;~~

7.2.1.1.5. Appoint a full-time qualified administrator and delegate to him or her executive authority and responsibility; and

7.2.1.1.6. Provide for the proper control of all assets and funds, including annual audits thereof.

~~b.--Minutes of all meetings of the governing authority and of its committees, including a record of attendance, shall be recorded, signed and retained in the hospital as a permanent record.~~

7.2.1.2. The governing authority shall record, sign and retain in the hospital as a permanent record minutes of all of its meetings and of its committees, including a record of attendance.

7.2.1.3. The governing authority shall ~~be~~ is responsible for providing a safe physical plant equipped and staffed to maintain adequate facilities and services for hospital patients.

### 7.3. Consumers on Boards of Directors of Certain Hospitals.

7.3.1. The boards of directors of applicable section 6a hospitals shall designate at least forty percent (40%) of their voting members as consumer representatives with an equal portion of such number of the representatives in the each of the following four (4) consumer categories: of small business representatives, organized labor members, elderly persons and persons whose income is less than the national median income. except if, when 0.40 is multiplied by the number of the voting members, the product, when rounded to the next higher whole number, is not a multiple of four (4), then the number of representatives in the consumer categories may be unequal, provided that the number of representatives in any consumer category is only one (1) consumer in excess of the number of consumers in any other consumer category. If the product of .4 multiplied by the number of the voting members, when rounded to the next higher whole number, is not a multiple of four (4), then the number of representatives in the consumer categories may be unequal. The number of representatives in any consumer category shall not exceed the number of consumers in any other category by more than one (1).

~~As used in subsections 7-2-2 through 7-2-9:~~

~~k.--"Unrelated individuals" means persons fifteen (15) years old and over (other than inmates of institutions) who are not living with any person related to them by blood, marriage or adoption.~~

~~7-2-3.--After the effective date of this rule all applicable hospitals shall include in their next application for hospital licensure a list of the voting members of its board of directors~~

~~who have been designated as:-- (1) consumer representatives; and (2) such the members who are women; members of racial minorities; or who are handicapped.~~

7.3.2. No member of the board of directors of a section 6a hospital shall be designated by the hospital in more than one (1) consumer representative category. ~~Within ninety (90) days of the effective date of these rules, all applicable hospitals shall either be in compliance with Section 7.2 of these rules or shall have on file with the department of health an accepted plan of correction for coming into compliance. -- Thereafter, -- 1) such information shall be provided annually to the department in the applicable hospital's license application; and 2) a license shall not be issued unless the composition of an applicable hospital's board of directors is in conformance with Section 7.2 of these rules or a plan of correction has been accepted; -- except, a license shall not be withheld for noncompliance with this regulation in the case of the corporation defined in West Virginia Code Chapter 18, -- Article 11C, -- Section 1, -- Subdivision (d) -- or in the case of Cabell County General Hospital as its board of directors exists under the authority of Chapter 157 of the Acts of the Legislature, regular session, 1945 and Chapter 166 of the Acts of the Legislature, regular session, 1947.~~

7.3.3. An applicable A section 6a hospital may change the designation of its consumer representatives from one (1) category to another by filing the change with the department of health director.

7.3.4. If a person designated as a consumer representative on an applicable a section 6a hospital's board of directors ceases to meet the definition of a consumer representative, then the person may retain his or her designation until the end of his or her term or until the next license application is submitted for the applicable hospital, whichever occurs first.

7.3.5. Each applicable section 6a hospital shall maintain a file containing affidavits by its consumer representatives as to their consumer category. The affidavits shall be in a form approved by the department of health director.

7.3.6. If a hospital's designation of a consumer representative is selected for verification or is the subject of a complaint received by the department of health director, upon request from the department of health director, the consumer representative ~~will be required to~~ shall provide the department director with whichever of the following documentation which are is applicable to document his or her consumer designation:

7.3.6.1. For small business representatives, a copy of the business financial statement, workers' compensation filing, or other evidence of business size acceptable to the department of health director;

7.3.6.2. For organized labor members, written verification of membership from the union;

7.3.6.3. For elderly persons, a birth certificate, a copy of his or her driver's license, copy or other evidence of age acceptable to the department director; or

7.3.6.4. For persons whose income is less than the national median income, written verification by the Internal Revenue Service, as authorized by the board member, that the incomes of the persons are less than the established national median income, or copies of the signature pages of federal income tax returns, or an affidavit that the filing of such the returns with the federal government was not required.

7.3.7. If the consumer representative designation of a board member of an-applicable a section 6a hospital is selected for verification or if the consumer representative designation of a board member of an-applicable a section 6a hospital is the subject of a complaint and if, upon request by the department-of health director, the consumer representative does not provide adequate documentation to justify such the designation, and if, after written notice to the applicable hospital, the board member has not been replaced before the then current license for the hospital is no longer in effect, the department director may-deem shall consider the hospital to be out of compliance with Section 7-2-2-of-these-rules 7.3 of this rule.

7.3.8. Each applicable section 6a hospital shall also maintain a file which shall-contains contains the procedure established by the board of directors to assure the consideration of women, racial minorities and the handicapped in the selection of consumer representative board members and documentation that such the procedure has been followed. ~~except-no-such-file-is-required-to-be-maintained-by-the-corporation-defined-in-West-Virginia-Code Chapter-187-Article-11C-Section-1-Subdivision-(d)-or-by-Cabell County-General-Hospital-as-its-board-of-directors-exists-under-the-authority-of-Chapter-157-of-the-Acts-of-the-Legislature, regular-session, 1945-and-Chapter-166-of-the-Acts-of-the-Legislature, regular-session, 1947.~~

7.3.9. In no event shall a board of directors of an-applicable a section 6a hospital be required to be composed of more consumer representatives than are necessary to achieve forty (40) percent (40%) of the voting members of the board, regardless of the number of hospitals for which the board is the governing authority.

7.3.10. To the extent that any provisions of the charter or bylaws of an-applicable a section 6a hospital regarding board member qualifications are in conflict with the requirements of ~~these-regulations~~ this rule, such the provisions are null and void for purposes of complying with ~~these-regulations~~ this rule.

7.4. Hospital Administrator - There shall be a hospital administrator who is qualified by education and experience shall be and who is responsible at all times for directing, coordinating and supervising the administration of the hospital and for carrying out the policies of the governing authority and the rules and regulations of the medical staff. The administrator shall serve in an administrative liaison capacity between the medical staff and the governing authority.

§64-12-8. Physical Facilities.

8.1. General Requirement - The provisions of this part shall Section 8 of this rule apply to all hospitals. coming-into-existence-after-the-effective-date-of-these-regulations. If the director determines that changes necessary for compliance with the new-regulations this rule would create undue hardship, existing hospitals or additions or renovations in existence at the time this rule becomes effective may be governed by previously established-requirements-that-have-been-approved-by-the-state-department-of-health rules which were in effect at the time the hospital or addition or renovation was completed. Compliance with the standards adopted in Section 8.3.1 of this rule is acceptable in lieu of compliance with the standards applicable at the time of construction for these hospitals.

8.2. Site Selection.

8.2.1. The site of any hospital should be located in relation to the center of population, close to where patients live and where competent medical and surgical consultation is readily available and where employees can be recruited and retained. There shall be good drainage, approved-sewage-disposal, safe water-supply, electricity, telephone, public transportation and other necessary facilities available on or near the site.

8.2.2. Local building codes and zoning restrictions shall be observed. Information as to zoning restrictions may be obtained from local civic authorities. Where local codes or regulations permit lower standards than required by these-regulations this rule, the standards contained herein in this rule shall govern.

8.2.3. Institutions Hospitals shall be located in an environment which is free from excessive noises of railroads, freight yards, traffic arteries, schools, playgrounds, airports, etc. The site shall not be exposed to smoke, foul odors or dust, or be subject to flooding.

8.2.4. Transportation shall be facilitated by roads which are kept passable at all times. There shall be walks and parking areas provided.

8.2.5. An inspection of the site for a proposed hospital

shall be requested in writing and approval shall be obtained from the state department of health director before construction is started.

### 8.3. New Construction.

8.3.1. For construction of new hospitals required to be licensed, the state department of health has adopted Appendix "A" of the public health service regulations, Part 53, Subpart N, general standards of construction and equipment, pertaining to the construction and modernization of hospital and medical facilities, as amended. Hospitals constructed subsequent to the effective date of this rule shall comply with the General and Psychiatric Hospital sections, as applicable, of the 1992-93 edition of Guidelines for Construction and Equipment of Hospital and Medical Facilities.

8.3.2. Drawings and outline specifications for any new hospital or buildings to be used as a part of or in conjunction with any institution required to be licensed under the provisions of Article 5B, Chapter 16, Code of West Virginia, as amended shall be presented in the schematic and preliminary stages to the state department of health for approval prior to the preparation and submission of final working drawings and specifications, and before construction is begun. Complete construction drawings and specifications for any hospital construction project which alters a floor plan, impacts life safety, requires approval under W. Va. Code §16-2D-1 et seq., or involves a cost in excess of two hundred thousand dollars (\$200,000) shall be submitted to the director for review, following approval under W. Va. Code §16-2D-1 et seq., if required, prior to the beginning of work on the project. The drawings and specifications shall include architectural, structural and mechanical drawings and specifications and shall be prepared and signed by an architect registered to practice in West Virginia.

a. Such drawings shall be signed by an architect registered in West Virginia;

b. Drawn to a scale of not less than one-eighth inch (1/8") equals a foot; and

c. Shall show, properly identified, the general arrangement and construction of the building and location of all fixed equipment.

### 8.4. Additions; Renovations.

8.4.1. Additions and alterations to all hospitals and related institutions shall conform to the minimum standards for new construction. Additions to and renovations or alterations of any hospital, which are begun after the effective date of this rule, shall comply with the General and Psychiatric Hospital sections,

as applicable, of the 1992-93 edition of Guidelines for Construction and Equipment of Hospital and Medical Facilities.

8.4.2. ~~Any institution required to be licensed shall, before making any structural changes to or any alteration in any building used or to be used as a part of or in conjunction with the licensed institution, including any changes in services, advise the state department of health in writing as to what is intended. Upon the department's request, there shall be submitted such plans, specifications or other information as may be required for approval before proceeding with the proposed changes.~~ Complete construction drawings and specifications for any hospital addition or renovation project which alters a floor plan, impacts life safety, requires approval under W. Va. Code §16-2D-1 et seq., or involves a cost in excess of two hundred thousand dollars (\$200,000) shall be submitted to the director for review, following approval under W. Va. Code §16-2D-1 et seq., if required, prior to the beginning of work on the project. The drawings and specifications shall include architectural, structural and mechanical drawings and specifications and shall be prepared and signed by an architect registered to practice in West Virginia.

8.4.3. Any existing building, or portions thereof, whether or not presently used in use as a hospital as of the effective date of this rule, shall, if converted for use as a specialized hospital within the meaning of these regulations this rule, be ~~required to meet all standards as set forth for new construction~~ comply with the General and Psychiatric Hospital sections, as applicable, of the 1992-93 edition of Guidelines for Construction and Equipment of Hospital and Medical Facilities.

#### 8.5. Walls, Ceilings and Floors.

8.5.1. Walls and ceilings must shall be of a material which permits frequent washing, cleaning or painting.

8.5.2. Floors shall be smooth, nonabsorbent and constructed for easy and effective cleaning. Approved carpeting may be used in areas other than those requiring a smooth washable surface.

#### 8.6. Heating and Ventilation.

8.6.1. Provision shall be made to provide adequate heating to insure the comfort and safety of patients and personnel.

8.6.2. The heating plant shall be capable of maintaining a temperature of seventy degrees Fahrenheit (70° F) in severe weather in all rooms used for patients.

8.6.3. Special attention shall be given to the ventilation of patients' quarters so as to supply fresh air and to prevent accumulation of objectionable odors, and:

8.6.3.1. Rooms which do not have outside windows, such as utility rooms, toilets, bedpan rooms, baths, sterilizer rooms, sterilizer equipment chambers and food storage rooms shall be provided with forced or suitable ventilation to change the air.

8.6.3.2. Kitchens and laundries which are located inside the hospital building shall be ventilated by exhaust systems which will discharge the air above the main roof, remote from any window or venting intake system.

8.6.3.3. Rooms used for the storage of combustible anesthetic agents, paints and other highly flammable materials shall be ventilated to the outside air with intake and discharge ducts.

~~d.---Oxygen storage and oxygen manifold rooms shall comply with the regulations set forth in the latest edition of the National Fire Protection Association, No. 56.~~

8.6.4. ~~No recirculation of air shall be permitted in operating rooms, delivery rooms, etc., and adjacent service areas. The ventilation system for such shall be constructed to perform separately from any other ventilation system for the hospital.~~  
Ventilation systems serving operating rooms, intensive care units, cardiac care units and their respective service areas shall be separate from other hospital ventilation systems and shall be constructed in a manner that prevents recirculation of air.

#### 8.7. Windows, Doors, Corridors and Screens.

8.7.1. Each patient's room shall have at least one (1) window opening to the outside to permit ventilation and a source of natural light. The window area shall not be less than one-eighth (1/8) of the floor space.

8.7.2. Door widths at all patient rooms, treatment rooms, operating rooms, delivery rooms and any room where entrance of an assembled bed may be required shall be at least three feet, eight inches (3'8") to permit easy removal of the occupied bed.

8.7.3. No door shall swing into the corridor except janitor or toilet room doors. Bathroom doors shall open outward into patient rooms.

8.7.4. Corridors, stairways and elevators shall be of a width and design that will easily accommodate the removal of patients by bed, including beds with traction equipment. They shall be constructed and maintained in compliance with all safety regulations and requirements. Usage of these areas for purposes other than for which they were originally designed shall not be permitted at any time.

8.7.5. Handrails shall be installed in all corridors, ramps, inclines and passageways used by patients in those units of an extended care facility operated in connection with a hospi-

tal or in any hospital or hospital unit specializing in chronic or convalescent care.

8.7.6. Screens shall be provided for all exterior openings except that where doors to the exterior are self-closing or kept closed, screen doors are not required. Where provided, screen doors shall open outward and shall be self-closing. Window screens shall be designed and installed so as not to block exit in case of emergency. Window screens are not required in rooms that are fully air-conditioned and where windows are never opened.

§64-12-9. Operational Services.

9.1. Sanitation, Housekeeping and Maintenance.

9.1.1. ~~The water supply must be approved by the state department of health~~ shall comply with West Virginia Department of Health and Human Resources Administrative Rules, Public Water Systems, 64 CSR 3 and Cross Connection and Backflow Prevention, 64 CSR 15. ~~There shall be an adequate supply of hot water available at all times.~~

9.1.2. ~~The Sewage disposal must be approved by the state department of health~~ shall comply with West Virginia Department of Health and Human Resources Administrative Rules, Sewage System Rules, 64 CSR 9.

9.1.3. Hospital housekeeping and maintenance services are required to be such that shall maintain safe, comfortable and sanitary living conditions for patients and employees. ~~are maintained constantly.~~

9.1.3.1. Accumulated waste material shall be removed daily or more frequently if necessary.

9.1.3.2. The grounds shall be kept in sanitary, safe and presentable condition.

9.1.3.3. The premises must shall be kept free from rodent and insect infestation.

9.1.3.4. There shall be sufficient supplies and equipment, properly stored and conveniently located, to permit frequent cleaning of floors, walls, woodwork, windows and screens and to facilitate all necessary building and ground maintenance.

9.1.3.5. Stairwells and corridors shall be kept free from obstruction at all times.

9.1.4. Toilet facilities shall be provided in reasonable ratio to the number of patients cared for in the institution hospital. Conveniently located grab bars, ~~conveniently located,~~ shall be provided at commodes and bathing facilities. Toilet facilities shall be provided for the public.

9.1.5. All garbage shall be stored and disposed of in a manner that will not permit the transmission of disease, create a nuisance or provide a breeding place for insects and rodents.

9.1.5.1. All garbage containers shall be watertight, nonabsorbent, rodent proof and have tight fitting covers.

9.1.5.2. ~~They must~~ Garbage containers shall be emptied at frequent intervals and those containers that do not use an auxiliary liner shall be thoroughly washed and sanitized before being used again.

9.1.6. ~~Adequate incineration facilities shall be provided so that infected dressings, surgical and obstetrical wastes and other similar materials can be handled and disposed of in a safe and sanitary manner.~~ The hospital shall comply with West Virginia Department of Health and Human Resources Administrative Rules, Infectious Medical Waste, 64 CSR 56.

~~a. Incinerators shall be constructed, operated and maintained in such a manner as not to create nuisances.~~

~~b. Ashes and noncombustible material shall be removed frequently and disposed of according to methods approved by the state department of health.~~

~~c. The use of heating plant fire boxes for incineration is not considered satisfactory.~~

## 9.2. Lighting.

9.2.1. All rooms and areas in the hospital shall be provided with sufficient artificial illumination to enable personnel to properly carry out procedures normally performed therein.

9.2.2. Emergency lighting shall be provided for exits, stairs, corridors, nurseries, emergency rooms, delivery rooms, operating rooms and other areas necessary for safe effective patient care. Emergency lighting shall be supplied by an automatic emergency generator or the equivalent and shall be checked periodically, preferably under load conditions, and the dates on which tested the testing is conducted shall be recorded in a permanent log.

9.3. Oxygen Systems - All hospitals shall have available provide oxygen and oxygen equipment required for the use of oxygen. ~~in accordance with recommendations of the national board of fire underwriters and national fire protection association.~~

## 9.4. Laundry.

9.4.1. The institution hospital shall make provisions for the proper cleaning of linen and other washable goods with special provisions for handling and disinfecting contaminated linens. Hospitals maintaining and operating laundries shall provide

ventilation for the elimination of steam and odors and proper insulation to prevent the transmission of noise to patient areas. ~~The following are also required:~~ The laundry shall have:

9.4.1.1. Soiled linen receiving, storing and sorting areas with hand washing facilities;

9.4.1.2. Washing, extracting, drying and ironing areas and ~~equipment-provided~~ equipped with all necessary safety appliances and sanitary requirements; and

9.4.1.3. A storage area for laundry supplies.

9.4.2. There shall be personnel toilets convenient to the laundry.

9.4.3. If commercial laundry service is used, the following are required:

9.4.3.1. A soiled linen collection and storage area with hand washing facilities in the area; and

9.4.3.2. A central clean linen storage room.

9.4.4. Each of the following classes of laundry shall be separately stored and washed: soiled diapers, newborn nursery linen, infected linen and all radioactive contaminated linen.

9.4.5. A supply of clean linen shall be provided sufficient for the hospital's capacity with particular attention given to assuring an adequate supply of clean linen during and after weekends, holidays and other periods when the laundry is not in operation.

9.5. Central Sterilization and Supply - Each hospital shall provide a central sterilizing and supply room to prepare, sterilize, store and dispense sufficient sterile supplies and equipment to all units of the hospital to insure that medical or surgical asepsis is maintained in carrying out diagnostic, treatment and personal care procedures. ~~according-to-categories-and-patients-being-admitted-to-inpatient-and-outpatient-units.~~

9.5.1. The hospital shall use an accepted method for determining-adequate sterilization of supplies;

9.5.2. A cabinet, cupboard or other suitable enclosed space shall be provided for keeping sterile equipment and supplies in a convenient and orderly manner.

9.6. General Storage.

9.6.1. If possible, all storage should be concentrated in one (1) area except mechanical maintenance items which may be in a separate area. Hand washing facilities should be in or convenient to work areas.

9.6.2. Separate storage rooms shall be provided for flammable materials and for oxygen gases.

§64-12-10. Paramedical Services.

10.1. Pharmaceutical Service.

10.1.1. ~~Hospitals operating and maintaining a pharmacy or dispensary in which drugs are compounded for internal use shall be under the supervision of a pharmacist registered as required by the pharmacy laws and regulations of the West Virginia board of pharmacy. --- Hospitals that do not maintain a pharmacy shall have a drug room under the supervision of a consulting registered pharmacist.~~ A licensed pharmacist shall be responsible for supervising any pharmacy or area where drugs are compounded or dispensed which is operated or maintained by the hospital. The pharmacist may be employed on a full-time, part-time or consulting basis, as needed.

10.1.2. Medication Storage

10.1.2.1. All drugs shall be stored in proper containers and be plainly labeled. Poisons and medications for external use ~~are to~~ shall be kept in a separate compartment or section of the pharmacy or drug room.

10.1.2.2. All drugs ~~on nursing units and hospital services~~ not in the pharmacy or drug room shall be stored in a specially designated medicine cabinet, closet or room, in or near each nurses' station, with one (1) or more sections for poisons and medications.

10.1.2.2.1. The medicine cabinet shall have a compartment for the storing of medications for external use only.

10.1.2.2.2. The medicine cabinet shall be well illuminated and have adequate space for the storing of medications and for their preparation and administration. It ~~is to~~ shall be provided with a lock and key; ~~to be kept locked when not in use;~~ and the key shall be available only to authorized personnel.

10.1.3. Narcotics and controlled ~~or dangerous~~ drugs, ~~such as which are~~ required to conform with state and/or federal regulations shall be kept under double lock and accessible only to authorized personnel. Double locked boxes firmly attached to cabinets shall be used for the storage of narcotics. Obsolete or surplus narcotics to be disposed of ~~must~~ shall be handled according to federal law.

10.1.4. Except for medication packaged for unit doses, all unused medications shall be discarded when orders have been discontinued or the patient has been discharged from the hospital, except that in the event the physician desires continuation of the medication, the patient may be permitted to take the medicine medication home if so ordered on the chart by the physician.

10.2. Blood and blood substitutes shall be readily available to the hospital at all times for emergency administration. Arrangements shall be made to readily secure types of blood not ordinarily kept in the hospital. Blood shall be obtained, processed, stored and administered under the supervision of a pathologist or designated physician.

### 10.3. Medical Records and Reports.

10.3.1. A hospital shall maintain a medical records department under the supervision of a medical records librarian registered record administrator or other person qualified by training and experience. The medical records department shall be conveniently located and adequate in size and equipment to enable physicians to complete medical records.

10.3.2. Accurate and complete medical records shall be written kept for each patient admitted for care in the hospital and ~~the record shall be~~ retained in an easily accessible manner ~~in the hospital~~. Whether or not an electronic system is used, the record system shall provide for authentication of record entries by the author and for record protection and security. A complete medical record is one which includes patient identification, the date of admission, complaints, a history of present illness, a personal and family history, a physical examination, doctor's orders including dietary orders, special examinations and consultations, clinical laboratory results, x-ray and other examinations, provisional or working diagnosis, treatment and medications given, surgical reports including operative and anesthesia records, gross and microscopic pathological findings, progress notes, final diagnosis, condition on discharge, discharge summary and autopsy findings, if performed.

10.3.3. A medical record for each newborn infant, separate from the mother's record, shall be kept.

10.3.4. A short form medical record may be used for inpatients-staying patients who are in the hospital less than forty-eight (48) hours except in the case of maternity and newborn patients infants. The short form shall contain sufficient information for proper diagnosis and treatment.

10.3.5. Medical records, including records of patients treated in the emergency room or outpatient department, shall be preserved either in the original form, or by microfilm or by electronic data process.

10.3.6. All clinical information pertaining to patients shall be filed in the patient's medical record.

10.3.7. All orders for medication or treatment shall be in writing, signed by the physician in ink and filed in the patient's medical record. The use of signature stamps is acceptable.

10.3.8. There shall be maintained a system of nurses' clinical records and all doctors' physician orders shall be in writing and signed by the physician. ~~Telephone or verbal orders shall be given to a registered professional nurse and shall be signed by the physician as soon as possible thereafter.~~ Verbal and telephone orders shall be given to licensed or registered health care professionals in the area of training and professional expertise of the individuals, if authorized by the medical staff policies: Provided, however, that any verbal or telephone order may be given to a registered professional nurse. Physicians shall countersign all verbal and telephone orders as determined by the medical staff bylaws. A medical plan of care involving registered professional nurses and other health professionals shall be coordinated with the registered professional nurse.

10.3.9. All reports and entries in the patient's medical record shall be typewritten or written in ink and signed by the person making the entry.

10.3.10. Only abbreviations approved by the medical staff shall be used in preparing medical records.

10.3.11. Final diagnosis diagnoses shall be included in the patient's medical record and shall be expressed in terminology of a recognized system of disease nomenclature.

10.3.12. Medical records shall be completed promptly, authenticated and signed by the physician or dentist within ~~fifteen (15) days but not more than forty-five (45)~~ thirty (30) days following the discharge of the patient.

10.3.13. Medical records shall be indexed according to disease, operation and physician and indexing shall be kept up to date.

~~n. Hospitals using automatic data processing may keep indexes on punch cards or reproduced on sheets bound in books.~~

~~o. All medical records of services to outpatients and patients treated in the emergency room shall be maintained in the files of the medical records department.~~

10.3.14. Records of services to outpatient and emergency room patients shall be maintained and shall be accessible to hospital staff as needed.

10.3.15. A complete list of all births, deaths and fetal deaths occurring within the month in licensed hospitals shall be reported by the tenth of the following month on special blanks provided for the purpose forms provided by or approved by the director or on a comparable computer printout approved by the director to the division of state registrar of vital statistics, state department of health. All completed birth certificates should shall be sent to the county state registrar of vital sta-

tistics immediately after the end of the month within ten (10) days following the birth.

10.3.16. ~~Licensed institutions must report each case of communicable disease to the local health officer within twenty-four (24) hours after the disease is discovered. Reporting post cards furnished by the state department of health may be used and shall be signed by the physician who diagnoses the case. Licensed hospitals shall comply with West Virginia Department of Health and Human Resources Administrative Rules, Reportable Diseases, 64 CSR 7, AIDS-Related Medical Testing and Confidentiality, 64 CSR 64, and any other applicable rules regarding the reporting of diseases, infections or laboratory test results to the State.~~

~~10.3.4. Venereal Disease Reports --- Licensed hospitals shall report every previously unreported case of syphilis, gonorrhea and chancroid within forty-eight (48) hours after a diagnosis is made or treatment started. The report shall be made to the state director of health on forms supplied by the state department of health.~~

~~a. Information contained on medical records in licensed hospitals relative to venereal diseases shall be made available upon request to the state director of health.~~

10.3.17. The hospital shall make medical record information relative to sexually transmitted diseases available to the director on request.

~~b. Supervisors of all laboratories in licensed hospitals that perform serologic or other tests for syphilis shall make a report of all positive or reactive laboratory tests for syphilis as stated in Chapter 2, Article 4, Section 1 of the regulations of the West Virginia state board of health. These reports shall be submitted on the 1st and 15th of each month, except positive darkfield tests which shall be submitted within twenty-four (24) hours. These reports shall be made to the state director of health on forms supplied by the state department of health.~~

~~10.3.5. Annual Reports --- All institutions shall submit annual reports to the state department of health on forms which will be supplied for this purpose.~~

#### 10.4. Food Service.

10.4.1. The food service of the hospital shall be in full compliance with the West Virginia food service sanitation regulations, adopted by the West Virginia state board of health, effective April 10, 1965. comply with West Virginia Department of Health and Human Resources Administrative Rules, Food Service Sanitation Rules, 64 CSR 17.

10.4.2. There shall be an organized food service, planned, equipped and staffed to serve nutritionally adequate meals ac-

ording to physicians' orders. A qualified dietitian or other person with suitable training shall be designated to serve as director of the food service department on a full-time basis or in smaller hospitals on a regularly scheduled consulting basis. If the services of a qualified dietitian cannot be obtained, a person with a baccalaureate degree with major studies in food and nutrition ~~shall be~~ is considered suitable to direct the food service. Hospitals which employ a shared or consulting dietitian shall have the dietary food service department under the full-time direction of a person whose with training and experience in food service administration. is acceptable to the department. Provision shall be made for continued in-service training of the designated food service supervisor.

10.4.3. The dietary food service department shall maintain in its office a written plan of its policies, organization, management and daily operating procedure. The following records shall be maintained:

10.4.3.1. The number of persons, by job description, employed full-time or part-time in the dietary food service department, and the number of hours each employee works weekly; and

10.4.3.2. A job description of each type of dietary food service department position with verification that each employee has been familiarized with his or her duties and responsibilities.

10.4.4. Menus, planned at least one (1) week in advance for both therapeutic and general diets, shall be written and dated.

10.4.5. Menus shall be posted in appropriate places in the food preparation area and be available to administrative personnel.

10.4.6. Menus, as served, with all substitutions noted, shall be filed in the dietary food service department for at least four (4) weeks.

10.4.7. All therapeutic diets, including between meal nourishments, shall be prepared and served as prescribed by the attending physician. An up-to-date diet manual shall be used in planning therapeutic diets and shall be readily available to the medical and nursing staffs and dietary food service personnel.

10.4.8. Adequate personnel ~~with current food handlers permits~~ shall be employed to perform the functions of the dietary food service department.

10.4.9. There shall be procedures to ~~control~~ prevent the contamination of meals and other items prepared or served by the food service department by dietary employees with respiratory ailments, infections and open lesions. ~~Health examinations for employees shall meet local, state and federal codes for food service personnel. Current health examination records of employ-~~

~~ees shall be on file.~~

10.4.10. There shall be an in-service training program designed to meet the needs of dietary food service employees, including training in proper handling of food and personal hygiene. ~~This is not a substitute for regular food handler training conferences conducted by the state department of health.~~

10.4.11. No personal belongings of personnel shall be stored in food preparation or serving areas or in the dish washing and clean-dish storage areas.

10.4.12. Dietary Food service personnel shall not be served food in preparation areas.

10.4.13. Lavatories specifically for hand washing, including hot and cold running water, soap and approved disposable towels, shall be conveniently located throughout the food preparation area for use by food handlers.

10.4.14. Adequate clean toilet facilities shall be provided for food handlers.

10.4.15. ~~All food served shall be from approved sources and shall meet the standards of quality as established by applicable laws and regulations. --- Food prepared outside the hospital shall be from sources that comply with existing laws and regulations.~~ The hospital may contract with an outside company for the food service if the outside company has a qualified dietitian who serves the hospital on a full-time or part-time consulting basis, and if the company complies with West Virginia Department of Health and Human Resources Administrative Rules, Food Service Sanitation Rules, 64 CSR 17, or, if located outside of this State, complies with the applicable rules and regulations of the authority having jurisdiction over the company.

10.4.16. Dry or staple food items shall be stored at least twelve inches (12") off the floor in well-ventilated rooms which are not subject to contamination by sewage or wastes, water back-flow, or contamination contaminated water, leakage, rodents or vermin.

10.4.17. Potentially perishable foods shall be maintained at a temperature of forty-five degrees Fahrenheit (45° F) or below. Refrigerators and storerooms used for perishable foods shall be equipped with reliable thermometers.

10.4.18. ~~All ice used in contact with food or drink shall be obtained from a source meeting state department of health standards for drinking water. --- It shall be stored, handled and dispensed in a sanitary manner.~~ comply with West Virginia Department of Health and Human Resources Administrative Rules, Public Water Systems, 64 CSR 3.

10.4.19. ~~Milk and milk products shall be obtained from a~~

~~source and in a manner approved by the state department of health.~~ Milk shall be served to patients in the distributor's original individual containers or from approved bulk dispensers to be located in each patient area.

10.4.20. A sample of potentially hazardous foods from the menu of each meal shall be retained under adequate refrigeration for a period of at least twenty-four (24) hours after serving. By this method, proper samples of food are available for laboratory examination in the event of a food-borne disease outbreak.

10.4.21. Poisonous and toxic materials shall bear warning labels, be stored separately from food or equipment used in preparing and serving food and shall be used only in such ways that they will neither contaminate food nor be hazardous to employees.

10.4.22. Food being served or transported shall be protected from contamination and held at the proper temperature in clean containers, cabinets or serving carts.

10.4.23. Garbage and refuse shall be placed in impervious containers equipped with tightly fitting covers. Containers shall be stored in a safe area or refrigerated space pending removal and shall be removed from the premises and sanitized daily.

~~w. Hospitals contracting for food service with an outside food management company shall meet the requirements provided the company has a qualified dietitian who serves the hospital on a full-time or part-time consulting basis and the company fulfills the minimum standards listed herein.~~

#### §64-12-11. Patient Care Department.

11.1. General Requirement - All patient care areas and units shall be segregated from areas used by the public or occupied by hospital service facilities. ~~This includes administration, adjunct diagnostic treatment, dietary, laundry, etc.~~ facilities, including adjunct diagnostic and treatment areas, and administration, food service, laundry, and other areas within the hospital not used for patient care.

11.2. Patient Care Unit - All nursing patient care units shall contain the facilities listed below. For the most part, these are the same for medical, surgical, pediatric, maternity, communicable and other nursing units. Any difference or special requirement for a particular service is noted.

11.2.1. Private and Multiple Bedrooms - There shall be provision for private bedrooms to meet the needs of patients and programs of the hospital. There ~~should~~ shall be no more than four (4) beds per patient bedroom. No bedrooms shall be located below ground level. There ~~should~~ shall be no more than approximately thirty-five (35) patient beds in a patient care unit. Larger units are permissible if additional facilities are provid-

ed.

11.2.2. Bedroom Size - Each one-bed room shall contain a minimum floor area of one hundred (100) square feet. Each multiple-bed room shall contain a minimum floor area of eighty (80) square feet per bed with three feet (3') between beds and two feet (2') from the walls at the sides of the beds. The area is to be taken in an unobstructed space contained in a square or rectangle.

11.2.3. Windows - ~~Each patient room shall have a minimum window area equal to one-eighth (1/8) of the floor area.~~ Privacy for the patient and control of light shall be provided at each window.

11.2.4. Entries - Each patient bedroom shall have direct entry from a corridor. ~~Such entry shall have a door at least equal in fire resistance to one and three-fourths inches (1-3/4") thick solid core wood. The door opening shall be at least three feet eight inches (3'-8") in clear width (four feet (4') of clear width is recommended) and shall not swing into the corridor.~~

11.2.5. Lighting - Artificial light shall be provided and include: (1) general illumination; (2) other sources of sufficient illumination for reading and observations, examinations and treatments; (3) a night light controlled at the door of the bedroom; and (4) quiet-operating switches switches.

11.2.6. Hand Washing Facilities Equipment - A lavatory complete with mixing faucet, blade controls, soap and sanitary hand-drying accommodations shall be provided in each patient bedroom. The lavatory may be installed within the toilet room in private rooms and two-bed rooms where the toilet serves only one (1) room. There shall be adequate hand washing facilities equipment throughout ~~existing institutions~~ the hospital.

11.2.7. Toilet Equipment - Toilet facilities equipment shall be provided immediately adjacent to private or multiple bedrooms in the ratio of one (1) toilet for not more than four (4) patient beds and shall include: (1) a bedpan and urinal flushing equipment; (2) wastepaper receptacles with removable impervious liners; and (3) approved grab bars convenient for the safety of patients.

11.2.8. Bathing Equipment - Patient bathing facilities equipment shall be provided in the ratio of one (1) tub or shower for each ten (10) patients. Approved grab bars shall be sufficient to provide space for wheelchair movement.

11.2.9. Patient Equipment - Patient bedrooms shall have movable furniture and be equipped with the following for each patient:

---

~~-----\*Not required in existing facilities-----~~

11.2.9.1. An adjustable beds bed with safety side rails;

11.2.9.2. A cabinet or bedside table;

11.2.9.3. An over-bed table;

11.2.9.4. A wastepaper receptacle with impervious disposable liner or a disposable waste receptacle;

11.2.9.5. Complete personal care equipment sanitized before each patient's use, and including a water carafe, mouthwash cup, emesis basin, washbasin, bedpan and urinal;

11.2.9.6. ~~Each patient shall be provided with~~ A separate closet or locker; and

11.2.9.7. ~~Each patient shall be furnished with an adequate~~ A nurses' call system.

11.2.10. Service Areas - The following service areas shall be provided and located conveniently for patient care:

11.2.10.1. A nurses' station, equipped with a nurses' call system from patients and a communication system with other departments of the hospital and to the outside. There shall be at least one (1) nurses' station on each floor containing patient bedrooms;

11.2.10.2. Medical record charting facilities;

11.2.10.3. A medicine preparation area;

11.2.10.4. A clean holding area;

11.2.10.5. A soiled holding area;

11.2.10.6. A janitor's closet; and

11.2.10.7. A stretcher and wheelchair storage area.

11.2.11. Nurses' Station - Nurses' station stations shall be adequately designed and equipped.

11.2.12. Medication Preparation Areas - The medication preparation areas shall be equipped with:

11.2.12.1. Cabinets with suitable locking devices to protect drugs stored therein in the cabinets;

11.2.12.2. A refrigerator equipped with a thermometer and used exclusively for pharmaceutical storage;

11.2.12.3. Counter work space;

11.2.12.4. A sink with approved hand washing facilities;

and

11.2.12.5. Antidote, incompatibility and metriapothecary conversion charts. Only medications, and the equipment and supplies for their preparation and administration shall be stored in the medication preparation area. Test reagents, general disinfectants, cleaning agents and other similar products shall not be stored in the medication preparation area.

11.2.13. Clean Holding (Utility) Room - The clean holding room shall be equipped with: (1) a counter sink with mixing faucet, blade controls, soap and sanitary hand-drying facilities; (2) a waste receptacle with cover (foot control recommended) and impervious disposable liner; and (3) cupboards or carts for supplies. There shall be a separate closed area in the clean holding supply area for clean linens and supplies on carts or in cabinets.

11.2.14. Soiled Holding (Utility) Room - The soiled holding rooms shall be equipped with: (1) a suitable counter sink with mixing faucet, blade controls, soap and sanitary hand washing facilities; (2) a waste receptacle with cover (foot control recommended) and impervious liners; (3) a soiled linen cart or hamper with impervious liners; (4) accommodations and provisions for enclosing soiled articles; (5) space for short-time holding of specimens awaiting delivery to the laboratory; and (6) adequate shelf and counter space.

11.2.15. Janitor's Closet - The janitor's closet closets in aggregate shall be equipped with: (1) a sink, preferably depressed or floor mounted with mixing faucet; (2) a hook strip for mop handles from which soiled mops have been removed; (3) shelving for cleaning materials; and (4) a waste receptacle with impervious liner. The area should be adequate to store mop buckets on a roller carriage, a wet and dry vacuum machine and a floor scrubbing machine.

11.2.16. Personnel Toilet Facilities - Toilet facilities shall be provided for personnel on each patient care unit.

### 11.3. Maternity Services.

11.3.1. Maternity facilities, including accommodations for mothers and infants, and the delivery suite shall be a self-contained unit including the required facilities in Section 11.2 of this rule, and shall be segregated from all other parts of the hospital.

11.3.1.1. The administration of the obstetrical department shall be under the direction of a qualified, professional registered nurse currently registered in West Virginia. Nurses-caring for-obstetrical-patients-are-not-to-care-for-other-types-of-patients- Nurses providing services to non-obstetrical patients shall not subsequently provide care on the same shift to maternity patients.

11.3.1.2. Visiting rules shall be posted conspicuously.

11.3.2. Labor-delivery Unit - The labor-delivery unit, the maternity nursing unit and the nursery facilities should be planned in relation to each other so that prenatal, natal and postnatal processes are a continuous, safe and satisfying experience for mother and infant.

11.3.2.1. A designated special labor room is desired and one (1) labor bed for each ten (10) maternity beds is recommended. Rooms for labor shall have a lavatory with non-manual controls, access to bedpan facilities and access to a toilet room which is under the supervision of nursing personnel. There shall be facilities for examination and preparation of patients as required by attending physicians.

11.3.2.2. One (1) delivery room is required and one (1) additional delivery room for each twenty (20) maternity beds is recommended. This room shall not be used for any other purpose, and it shall be used only for delivery of non-infected patients. Patients with any evidence of infection or possible infection shall be delivered in a separate, private room.

11.3.2.2.1. There shall be a suitable delivery table equipped for operative deliveries and treatment for shock.

11.3.2.2.2. The delivery room shall be furnished with suitable tables or stands for instruments and necessary supplies.

11.3.2.2.3. An adequate supply of sterile utensils, linens, dressings, gloves and face masks shall be in readiness for all deliveries.

11.3.2.2.4. Sterile equipment for administration of blood transfusions and intravenous or subcutaneous therapeutic solutions shall be readily available.

11.3.2.2.5. There shall be ready at all times equipment for general anesthesia, and a supply of drugs and anesthetics ordinarily needed for spinal and/or and pudendal anesthesia.

11.3.2.2.6. A heated bassinet or incubator shall be ready for the reception and care of the newborn infant in the delivery room.

11.3.2.2.7. There shall be equipment for resuscitation as ordered by the physician and facilities for the administration of oxygen shall be available.

~~(8) -- One (1) or two (2) drops of a one-percent (1%) solution of silver nitrate shall be instilled in the eyes of the newborn baby immediately upon its birth.~~

11.3.2.2.8. An acceptable means of identification for each infant shall be available in each delivery room and shall be

applied at the time of delivery in the delivery room.

~~(10)---All infant births shall be properly recorded in a delivery room record book in accordance with the rules and regulations of the state department of health.~~

11.3.2.3. The contents of a single-use tube of an ophthalmic ointment containing one percent (1%) tetracycline or one-half of one percent (0.5%) erythromycin or the equivalent dosage of these medications or other appropriate medication approved by the director for the prevention of inflammation of eyes of the newborn shall be instilled in the eyes of the newborn baby immediately upon its birth.

11.3.3. Nursery Unit - A separate nursery unit shall be provided for the care of newborn infants. This nursery unit is ~~not to~~ shall not be used for any other purpose. It shall be conveniently located with reference to the mothers' rooms and shall be preferably an outside room so located as to receive sunshine natural light some portion of the day.

11.3.3.1. Nurseries shall ~~be of sufficient size to~~ provide twenty-four (24) square feet of floor space per bassinet with at least twelve inches (12") between bassinets.

11.3.3.2. There shall be hand washing facilities with non-manual controls in the nursery unit.

11.3.3.3. A viewing window shall be provided between each nursery and the corridor so that visitors may see the infants without entering the nursery.

11.3.3.4. There shall be provision for adequate control of atmospheric conditions in the nursery and heating shall be sufficient to maintain a temperature of seventy-five degrees Fahrenheit (75° F). There shall be a reliable room thermometer near the bassinets and approximately at bassinet level.

11.3.3.5. A separate bassinet for each infant shall be provided with suitable equipment.

11.3.3.6. Accurate scales shall be provided for each nursery.

11.3.3.7. Covered cans for waste shall be provided and emptied at frequent intervals.

11.3.3.8. One (1) rectal thermometer shall be provided for each infant and the thermometers shall be kept in an antiseptic solution in individual containers.

11.3.3.9. There shall be adequate space within or adjacent to the nursery unit for all equipment and supplies required to provide adequate and safe care to newborn infants.

11.3.3.10. There shall be other essential equipment required-includes essential for the care of newborns, such as incubators, resuscitators and oxygen apparatus.

11.3.4. Formula.

~~a.--This room is for the sole purpose of preparing the infant formula and shall have no direct access to the nursery or workroom.--The following shall be provided unless commercially prepared formula is used:~~

~~(1)--Work counter with built-in sink with gooseneck-type spout and knee or foot control;~~

~~(2)--Lavatory;~~

~~(3)--Hot plate;~~

~~(4)--Refrigerator;~~

~~(5)--Sterilizer (autoclave);~~

~~(6)--Bottle washer.~~

~~(b)--If Commercially prepared formula is to be used or other modifications are proposed in formula preparation and processing, the formula room shall include such the space and equipment as are necessary to accommodate formula processing and handling shall be handled and prepared in a manner consistent with the requirements of West Virginia Department of Health and Human Resources Administrative Rules, Food Service Sanitation Rules, 64 CSR 17.~~

11.3.5. Isolation Facilities - Immediate segregation and isolation of all infants with communicable infections shall be provided. All equipment shall be kept completely separate for each infant. a-Infants born outside the hospital shall be isolated for at least seventy-two (72) hours after admission.

11.3.6. Clothing and Linen - Infant's Infant clothing and diapers shall be furnished by the hospital.

11.3.6.1. Nursery linen shall be washed separately from other hospital linen and care shall be taken to avoid contamination of freshly laundered articles and autoclaved before use.

11.3.6.2. Infant's Infant clothing and diapers shall be freshly laundered and autoclaved before use.

11.3.7. Nursing Procedures - Each hospital shall establish definite nursing procedures for the delivery room and nursery and antepartum and postpartum care of patients.

11.3.7.1. In order to insure uniformity of nursing practices within a hospital, ~~it is required that~~ all nursing routines

shall be in written-form writing and available to all personnel in the maternity section.

11.3.7.2. Instructions for feeding and care of the infant shall be given to the mother in accordance with the physician's recommendations.

11.3.8. Noninfected gynecologic patients who do not have an elevated temperature may be admitted to the maternity service of the hospital provided the plan-setting-ferth-the hospital medical staff has approved written policies, procedures and conditions for such the combined service. has-been-submitted-to-and-approved by-the-state-department-of-health. Infection control staff shall be involved in policy development. If these patients develop an elevated temperature, they shall be moved to another location within the hospital.

#### 11.4. Surgical Department.

11.4.1. The surgical suite shall be a self-contained unit, under the direction of a surgical supervisor who is a qualified registered professional registered nurse, currently registered licensed in West Virginia, and shall be so located so that traffic in and out can be controlled and there is no through traffic to any other part of the hospital. The surgical suite shall be separated physically from the delivery suite and emergency unit.

11.4.2. The surgical department shall be under the supervision of the chief of surgery who is duly licensed in West Virginia; competent in the practice of surgery; and practicing in the town or city in which the hospital is located; and ~~who is available at all times. b.--The term "competent" is intended to mean a surgeon holding a certificate from the American Board of Surgery; or a fellow of the American College of Surgeons or eligible for such membership; or a surgeon who has had two (2) years or more experience as the regular assistant in seventy-five percent (75%) or more of the operations of a major nature performed during such two-year period by a senior surgeon who performs a large amount and variety of major surgery in an approved hospital. Above assistantship shall have been served within a five-year period immediately preceding the date of the application.~~ The term "competent" means a surgeon: who holds a certificate from the American Board of Surgery; who is a fellow of the American College of Surgeons; who is eligible for a fellowship of the American College of Surgeons; or who has a minimum of two (2) continuous years experience as the assistant to a senior surgeon who performs a large amount and variety of major surgeries in an approved hospital in a minimum of seventy-five percent (75%) of the major surgeries performed by the senior surgeon. The surgeon shall have served the assistantship within a five-year period immediately preceding the date of the hospital license application.

11.4.3. Operating rooms shall be provided with adequate standard equipment and supplies to insure safe surgical care.

11.4.3.1. Adequate provisions shall be made for the storage of sterile surgical supplies and instruments.

11.4.3.2. A room or area for an emergency supply of clean and sterile goods and equipment is required.

11.4.4. Emergency lighting shall be provided in the surgical suite and should be connected with an automatic transfer switch which will throw the circuit to the emergency circuit in case of current failure.

11.4.5. Separate scrub-up facilities with non-manual controls readily accessible to each operating room are required.

11.4.6. Clean and soiled utility rooms properly equipped are required.

11.4.6.1. Doctors' and nurses' dressing rooms are required with showers and lockers recommended.

11.4.6.2. A janitor's closet for the surgical unit is required.

11.4.7. An ungrounded electrical distribution system shall be provided. Conductive flooring, furniture, mattresses and pads, rubber tubing and parts, belting, plastics, sheeting, shoes, electrical wiring and equipment shall comply with the national-fire-protection-association, No. 56 rules of the State fire commission.

11.4.8. Heating and air-conditioning systems installed shall have provisions made to prevent the recirculation of air.

#### 11.5. Recovery Room.

11.5.1. There ~~should~~ shall be adequate provisions for immediate postoperative care in a separate room.

11.5.2. The recovery room ~~should~~ shall be located on the same floor and adjacent to the surgical suite.

11.5.3. The size of the recovery room is dependent upon the maximum number of patients to be accommodated at one (1) time. It is suggested that in hospitals with one to four (1-4) operating rooms there be one (1) recovery bed for each operating room plus one (1) additional recovery bed; in hospitals having from five to eight (5-8) operating rooms there be one (1) recovery bed for each operating room plus two (2) additional recovery beds; and in hospitals having from nine to twelve (9-12) operating rooms there be one (1) recovery bed for each operating room plus three (3) additional recovery beds.

11.5.4. For each bed, sufficient area should be allowed to permit space for bulky equipment and to afford access of personnel on all sides of the bed, including the head.

11.5.5. Beds should be arranged in ~~such-a-manner~~ so that all patients can be observed simultaneously.

11.5.6. Adequate utility facilities shall be provided in addition to a nurses' station, charting area, medication storage and preparation space and clinical sink.

11.5.7. Approved oxygen and suction outlets shall be provided for each patient.

11.5.8. Necessary items of equipment and adequate supplies shall be provided including space for their proper storage.

11.5.9. There shall be a sufficient number of electrical outlets and emergency electrical power provided. Sufficient artificial lighting shall be provided.

11.5.10. Provisions for adequate control of atmospheric conditions shall be available. Cooling and heating shall be sufficient to maintain a comfortable average temperature.

11.5.11. An emergency call system and telephone shall be provided as a means of summoning physicians or additional nursing personnel when needed.

11.5.12. The recovery room shall be under the direction of a registered professional registered nurse, experienced and trained in the care and management of post-operative surgical patients.

11.5.13. The number of nurses and other personnel required to staff the recovery room is dependent upon the number of patients in the unit at different times of the day, and the length of time the patients remain in the unit, and the availability of assistance in emergency situations.

Usually one (1) nurse experienced in the post-operative care of surgical patients, with the assistance of a nurses' aide or orderly, can care for four (4) patients, if supplies and equipment are provided assembled ready for use from a central supply unit.

11.5.14. A record for each patient while in the recovery room shall include the physicians' orders, respiration, pulse and blood pressure readings, treatment and medications given and the patient's condition on admission and transfer. A special recovery record form may be used; however, the same clinical record forms as used on other hospital units may be used.

#### 11.6. Anesthesia Department.

11.6.1. There shall be an organized anesthesia department under the direct supervision of a physician duly licensed in West Virginia.

11.6.2. When anesthetics are administered under the supervision of a physician and not by him or her, the individual administering the anesthetic shall be specially trained in anesthetic techniques.

11.6.3. Definite Safeguards in the use of various types of general anesthetics shall be established. ~~in-view-of-the-known hazards-in-administration-and-handling,-and-shall-conform-to-the latest-requirements-of-national-fire-protection-association,-No-567-code-for-the-use-of-flammable-anesthetics-~~

11.6.4. All equipment for the administration of anesthesia and oxygen shall be readily available and ~~there-shall-be-provided~~ safe suction and resuscitation apparatus shall be provided. All shall be kept clean and in good repair.

11.7. Pediatrics Department - Institutions Hospitals providing this pediatric care shall have proper facilities apart from the services for adult patients. There shall be proper facilities and procedures for the isolation of children with infectious, contagious or communicable diseases.

11.8. Provision for Contagious Disease Patients - Many institutions hospitals do not have specialized contagious disease departments, but they do find it necessary, from time to time, to care for patients with contagious disease. Occasionally, patients admitted for treatment of some other condition will later be found to have a contagious disease. There may also be contagious disease patients in the community for whom hospitalization is necessary for proper care and treatment. Therefore, all institutions hospitals, except for hospitals or alterations built before 1969, shall make provision for isolation in the event that this becomes necessary. In planning new institutions hospitals, or additions to existing institutions hospitals, there shall be one (1) or more suitable rooms for this purpose in accordance with the size of the institution hospital and the needs of the community. Rooms planned for isolation of patients shall have lavatory and toilet facilities. There shall be adequate facilities for sanitizing bedpans and other equipment used in the care of the patient. Such The units are most efficient when provided with a utility room equipped with a sink, drainboard and utensil sterilizer.

#### 11.9. Coronary Care Unit.

11.9.1. Definition---Coronary-care-unit-means-a-specialized area-of-the-hospital-containing-a-grouping-of-single-bedrooms-or enclosures-accommodating-not-more-than-six-(6)-beds-or-less-than two-(2)-beds-wherein-constant,-intensive-visual-observation-and immediate-emergency-treatment-can-be-provided- When such a coronary care unit is provided, the requirements listed-herein of Sections 11.9.1, 11.9.2 and 11.9.3 of this rule shall be observed:

11.9.1.1. The coronary care unit ~~should~~ shall be organized

under the direction of a specially-created committee of the medical staff, preferably headed by a cardiologist. The ultimate authority in determining policies of admission, length of stay and discharge, and in instances where operational problems arise must shall be clearly delineated through policies developed cooperatively by administrative, nursing and medical staffs. Most importantly, a qualified physician must shall be available to the unit at all times. Essential to the effectiveness of the coronary care unit is the development of a highly skilled nursing staff.

11.9.1.2. The nursing service shall be under the supervision of a registered professional nurse qualified by training, experience and ability. ~~At-least~~ A minimum of one (1) qualified, registered professional nurse with special training shall be on duty at all times to give direct patient care. ~~Additional-nursing-personnel-shall-be-available-consistent-with-the-nursing-care-required-by-the-patients.~~

11.9.1.3. Adjunctly, the organization of a cardiac arrest team composed ideally of an internist, an anesthesiologist, a surgeon and appropriate auxiliary staff should be undertaken available to provide immediate emergency care both within the unit and throughout the hospital on a twenty-four (24) hour basis.

11.9.1.4. A system shall be established for calling selected emergency personnel to the unit. The patient should have an intercom system to the nurses' station; the nurses' general monitoring console should also be linked by intercom to an adjacent nursing station (to summon additional aid when needed), to the nurses' and doctors' lounge and the family waiting room.

#### 11.9.2. Size and Equipment of the Coronary Care Unit.

11.9.2.1. The area of the coronary care unit shall be sufficient in size to allow movable equipment to be placed on either side of the bed(s). A separate enclosed space approximately eleven feet x by twelve feet (11' x 12') should be provided for individual patient areas to ensure an adequate working area in time of emergency. A minimum of at least eighty (80) square feet per bed in multiple bedrooms and one hundred (100) square feet in single bedrooms is required. Space for storage of commonly used equipment, supplies and drugs shall be provided within the unit.

11.9.2.2. A nurses' station located and so arranged for direct surveillance of all patients in the unit should shall be provided.

11.9.2.3. A medication preparation room and a clean and a soiled utility room shall be provided in immediate proximity to the bedrooms or within the enclosure unit.

11.9.2.4. A lavatory complete with mixing faucets, blade controls, soap and sanitary hand-drying accommodations shall be

provided in each room.

11.9.2.5. In addition to normal lighting, a bright light ~~shoud~~ shall be available for examinations and in time of emergency.

11.9.2.6. Bedside vacuum and oxygen outlets should be installed at each patient's bed.

11.9.2.7. Adequate air-conditioning should be provided to control temperature and humidity.

11.9.2.8. ~~The--selection--of--specialized--equipment--to--be installed--in--the--coronary--care--unit--is--to--be--determined--by--the committee--of--the--medical--staff.--However,--certain--basic--equipment is--essential--for--satisfactory--function--of--the--unit,--namely:~~ Equipment in the coronary care unit shall include at least:

11.9.2.8.1. Variable height, adjustable beds or carriages with safety sides and bed boards;

11.9.2.8.2. Bedside cabinets;

11.9.2.8.3. ~~Intravenous--rods--installed--in--ceilings,--walls or--attached--to--beds~~ Provision for intravenous delivery systems;

11.9.2.8.4. An electrocardiographic monitor with an alarm system, via chest or limb electrodes, and pacemaker equipment ~~must--be~~ available for immediate activation. The electrocardiograph ~~shoud~~ shall be displayed instantly on a bedside oscilloscope or a slave oscilloscope shall be available for constant viewing by the nurse;

11.9.2.8.5. An external defibrillator;

11.9.2.8.6. Respiratory resuscitative equipment;

11.9.2.8.7. Oxygen administration equipment; and

11.9.2.8.8. An emergency call system at each bed.

11.9.3. Additional equipment shall be approved by the medical staff or a subcommittee of the medical staff.

11.9.4. Satisfactory provision should be made for adequate electrical circuits with necessary voltage for mounting and connecting equipment as well as safe and adequate uniform grounding of all circuits. Electrical interference problems ~~must~~ shall be obviated. The electrical system shall be connected to the emergency power system.

11.10. Intensive Care Unit.

~~11.10.1.---Definition---Intensive-care-unit-means-a-specialized-area-of-the-hospital-containing-a-grouping-of-single-bed~~

~~rooms-or-enclosures-wherein-critically-and-seriously-ill-patients requiring-highly-skilled-nursing-care-and-close-and-frequent,-if-not-constant,-nursing-observation-are-assigned-~~

11.10.1. Organization - The intensive care unit should be organized under the direction of a specially-created committee of the medical staff with written policies developed cooperatively by administrative, nursing, and the medical staffs concerning admission, types of patients, length of stay, discharge, records and other operational aspects.

11.10.2. Size and Equipment - Generally, the number of beds, staffing patterns, equipment and supply requirements, and the administrative and operational procedures of the intensive care unit depend upon patterns of medical practice, patient load, types of patients treated, staff requirements, and the physical arrangement, ~~dietary-services~~ food service and housekeeping facilities of the hospital.

11.10.2.1. A minimum of at least eighty (80) square feet in multiple bedrooms and one hundred (100) square feet in single bedrooms is required. It is recommended that for each bed sufficient area should be allowed to permit space for special equipment and access of personnel on all sides of the bed.

11.10.2.2. Beds in the intensive care unit ~~should~~ shall be arranged to enable the nurse to observe all the patients closely and frequently from the nurses' station and work area.

11.10.2.3. Approved Oxygen and suction outlets shall be provided for each patient.

11.10.2.4. Sufficient artificial lighting, an adequate number of electrical outlets and emergency electrical power shall be provided in addition to a patients' call button.

11.10.2.5. Provision shall be made for an emergency call system and telephone as a means in summoning physicians or additional nursing personnel.

11.10.2.6. A nurses' station, toilet, charting area, medication storage and preparation area, clinical sink and adequate utility and storage space shall be provided within the unit for storage of bulky equipment.

11.10.2.7. Control of atmospheric conditions shall be provided to insure comfortable heating, cooling and humidity and to assure an aseptic atmosphere within the unit. The ventilation requirements and the need for temperature and humidity conditions within certain specific limits ~~will~~ shall be dictated by the type of clinical conditions treated.

11.10.2.8. It is recommended that a relatives' waiting room be provided near the intensive care unit with toilet facilities and a telephone booth.

11.10.3. Staffing.

11.10.3.1. The staffing pattern will shall depend on the type patients admitted, the degree or intensity of the illness, ~~as well as the utilization of nonprofessional nurses~~ and the size and physical arrangement of the unit.

11.10.3.2. ~~The nursing service~~ The intensive care unit staff shall be under the supervision and direction of an experienced registered professional nurse especially trained in caring for critically and seriously ill patients.

11.10.3.3. The same complement of staff should be provided for the full twenty-four (24) hours.

~~(2) -- Generally, one (1) registered professional nurse and one (1) nonprofessional nurse per unit of six (6) patients for each shift are sufficient for proper patient care.~~

11.11. Extended Care Unit.

11.11.1. General Requirement - The extended care unit shall be located in a segregated area of the hospital and shall include the usual complement of ancillary facilities required in the conventional care unit and meet the general rules and regulations for hospitals.

11.11.2. Special Requirements - Adequate space shall be provided for dining and recreation areas, special equipment storage, training toilets, showers and bath facilities. Handrails, drinking fountains, lavatories, thresholds and telephone alcoves shall be designed to meet the requirements of patients using crutches, walkers and wheelchairs.

11.11.3. Organization and Staffing - The extended care unit shall be organized under the direction of a ~~specialty-created~~ committee of the medical staff. with Written policies shall be developed by professional personnel including at least one (1) registered professional nurse.

11.11.3.1. The nursing service shall be under the direction of a registered professional nurse. ~~responsible for meeting the nursing needs required to implement the policies developed.~~

11.11.3.2. A registered professional nurse shall be in charge of the extended care unit on each tour of duty with sufficient other personnel to assure adequate patient care.

11.11.4. Financial Rights and Responsibilities.

11.11.4.1. The hospital shall inform each patient in the extended care unit before, or at the time of admission, and periodically during their stay, of services available in the extended care unit and of any charges for those services, including any charges for services not covered under Medicare, Medicaid or by

the hospital's per diem rate.

11.11.4.2. If emergency services are not included in the extended care per diem rate, the hospital shall inform the patient in writing at the time of admission or at the time this exclusion is adopted by the hospital.

11.11.4.3. No extended care resident shall be transferred from or discharged by a hospital except for medical reasons, for the resident's welfare or safety or the welfare or safety of other residents, for nonpayment for his or her stay, or upon the resident's consent or request.

11.11.4.4. An extended care resident whose cost of care is reimbursed under Medicare or Medicaid shall be discharged for nonpayment only in accordance with the provisions of the Social Security Act and any related applicable rules and regulations.

11.11.4.5. Extended care residents or their representatives lawfully authorized to manage fiscal matters on behalf of the resident have the right to manage their own personal financial affairs.

11.11.4.6. A hospital which manages or holds personal funds for extended care patients shall do so only upon written prior authorization of the patient or his or her representative lawfully authorized to manage fiscal matters on behalf of the patient, and shall hold the funds separately and in trust. Patient funds shall not be commingled with hospital operating or other funds.

11.11.4.7. The hospital shall administer the funds on behalf of the resident in the manner directed by the depositor.

11.11.4.8. The hospital shall render a true and complete account upon request to the depositor and at least quarterly to the resident on forms designated by the director.

11.11.4.9. Upon termination of the deposit, the hospital shall account to the depositor for all funds received, expended and held on hand on forms specified by the director.

11.11.4.10. If the hospital manages or holds personal funds for extended care patients, it shall make provision for the protection, in the form of insurance or other means providing equivalent protection, of the funds from theft or other forms of loss in an amount equal to the hospital's average daily balance of patient funds handled within the hospital's preceding fiscal year. Hospitals which have not handled patient funds in the preceding year may use an estimated daily balance, but shall update their estimate every three months based on actual experience until they have a full year on which to base an average.

11.11.4.11. When a hospital determines on the basis of medical judgment that a resident appears unable to manage his or her financial affairs, the administrator of the hospital shall

notify the resident's next of kin to initiate guardianship or incompetency proceedings.

11.11.4.12. A hospital may initiate guardianship or incompetency proceedings on behalf of the resident if the resident has no family or if the family, once notified, fails to act.

11.11.4.13. An employee of the hospital, or a person having a financial interest in the hospital is prohibited from accepting appointment as a guardian, committee or conservator of the estate of an extended care resident, or from accepting a power of attorney for an extended care resident unless the employee or person is related to the resident within the degree of consanguinity of second cousin.

11.11.4.14. An individual serving in a prohibited capacity under Subsection 11.11.4.13 of this rule as of the effective date of this rule shall initiate proceedings within thirty (30) days of the effective date of this rule to have himself or herself removed from the prohibited capacity and to have another qualified person appointed.

§64-12-12. Outpatient Services.

12.1. Outpatient Department.

12.1.1. Medical service for ambulatory patients shall be organized as a definite outpatient department of the hospital under the supervision and direction of a qualified administrative official of the hospital.

12.1.2. The outpatient department shall be easily accessible for any ambulatory patients receiving treatment.

12.1.3. The outpatient department shall be conveniently located to other hospital facilities such as x-ray, laboratory and physical therapy departments.

12.1.4. Adequate and properly arranged accommodations and facilities shall be provided for the physical comfort and convenience of patients, medical staff and personnel, in addition to the equipment necessary for efficient professional care of patients.

12.1.5. The outpatient department shall be provided with sufficient personnel, physicians, nurses and clerical assistants to assure the proper care of patients.

12.1.6. The medical staff of the outpatient department shall meet the same requirements and qualifications which apply to the attending medical staff of the hospital.

12.1.7. Accurate and complete medical records, including social and scientific data, shall be written on all patients, and shall be filed and indexed in such-a-manner-as-to-be a form read-

ily available at any time for reference, restudy and statistical and chronological research.

## 12.2. Emergency Services.

12.2.1. ~~All general hospitals shall provide~~ If the hospital provides emergency services, it shall have an emergency room ~~to be which is located within so as to permit~~ easy access from automobiles and ambulances. ~~a. The emergency service of the hospital shall be under the direct control of the director of the outpatient department who is responsible for the efficient function of these services.~~ b. The emergency rooms service shall be of a size comparable to the need imposed upon it and shall be adequately equipped to provide whatever life-saving measures may be needed for patients admitted to this service.

12.2.2. ~~Personnel~~ ~~There shall be available~~ Professional personnel ~~at all times who are~~ trained in emergency life-saving measures shall be available at all hours the emergency service is open. Also, Either a physician who is a member of the professional medical staff of the hospital shall be available at all times to the emergency department or the hospital shall make arrangements for physician availability. Emergency room staff shall be under the supervision of a registered professional nurse and may include registered professional nurses, practical nurses and other nursing assistive personnel as defined by their job description which shall address their training and expertise. The job description shall not be inconsistent with State laws and professional licensing rules.

12.2.3. Adequate and complete records shall be kept on all patients treated in the emergency department.

12.3. Dental Unit - In a general hospital with one hundred (100) or more beds, it is recommended that consideration be given to the inclusion of a separate dental unit under the supervision of a dental surgeon duly licensed in West Virginia. Standard dental equipment, including all necessary anesthetic and sterilization equipment, should be provided for the diagnosis and treatment of diseases of the teeth and their related structures, rehabilitation and replacement of defective teeth and oral surgery.

## §64-12-13. Adjunct Diagnostic and Treatment Departments.

### 13.1. General.

13.1.1. Those adjunct services which are to be used by patients should be located conveniently to inpatient areas and to the outpatient reception point of the hospital. The ground or first floor is usually the most desirable place for adjunct services.

13.1.2. A waiting area or room for patients with space for patient reception and control shall be provided.

13.1.3. Toilets for ambulatory patients and the public are required.

13.2. Laboratory.

13.2.1. Laboratory facilities with adequate space, equipment and supplies shall be provided in accordance with services to be rendered. A minimum of two hundred (200) to two hundred twenty-five (225) square feet exclusive of the washing and sterilizing area, depending upon arrangement, is recommended for minimum services.

13.2.1.1. Minimal Required services include at least routine chemical and hematological laboratory procedures. Additional space ~~will~~ shall be needed provided for pathological, bacteriological and serological services if ~~these~~ they are provided.

13.2.1.2. Space ~~must~~ shall be provided for clean-up and sterilizing and for administrative activities. It is recommended that ~~these~~ they be separate rooms.

13.2.1.3. Hospitals of twenty-five (25) beds or less ~~shall~~ are not required to provide their own laboratory facilities if there is an approved laboratory available for use and located reasonably near such the hospitals.

13.2.2. It is desirable that the laboratory be under the supervision and direction of a physician licensed to practice medicine in the state of West Virginia and who preferably has received special training in pathology.

13.2.2.1. If the laboratory director is not ~~in-reality-full time in the laboratory or readily available to the laboratory, there must be in the laboratory at all other times during its working hours a capable assistant to the~~ an assistant laboratory director who has full authority and responsibility for the activities of the laboratory in the absence of the laboratory director shall be present in the laboratory during laboratory working hours.

13.2.2.2. ~~Qualifications of director:~~ The laboratory director ~~must~~ shall have minimal qualifications as follows:

13.2.2.2.1. He or she ~~must~~ shall be a college graduate with major work for his or her degree in one (1) or more of the biological or chemical sciences commonly employed in clinical laboratories; or

13.2.2.2.2. If such a person is not available, the laboratory director may be a person who is, or is eligible to become a registered medical technologist with the Board of Registry of the American Society of Clinical Pathologists; or

13.2.2.2.3. A high school graduate who has had five (5) years' experience under a qualified clinical pathologist. Two

(2) years of this required experience must shall have occurred within the five (5) years immediately preceding such the individual's employment as the director of the laboratory.

13.2.2.2.4. The laboratory director must shall also have had at least three (3) years' experience performing clinical or public health laboratory analyses in two (2) or more of the various fields of clinical laboratory activity in a clinical or public health laboratory ~~acceptable to the state department of health.~~ Each year of resident post-graduate study in fundamental medical sciences which has been satisfactorily completed in a college or university accredited for granting a post-graduate degree in one (1) or more of these sciences, or in an institution a hospital accredited for such the post-graduate training by the Council on Medical Education and Hospitals of the American Medical Association, may be substituted year for year for the required experience, up to a maximum of two (2) years.

13.2.2.3. Qualifications of The assistant to the laboratory director shall:

13.2.2.3.1. Must Be a college graduate with major work for his or her degree in one (1) or more of the biologic or chemical sciences commonly employed in clinical laboratories, or the equivalent as described in ~~paragraphs (1), (2) and (3) of~~ Sections 13.2.2.2.1 through 13.2.2.2.3 of this rule relating to the qualifications of the laboratory director, except that a high school graduate who has had four (4) years' experience under a qualified clinical pathologist may be ~~deemed to have satisfied~~ accepted as satisfying this requirement. Two (2) years of this required experience must shall have occurred within the five (5) years immediately preceding such employment by the hospital as the assistant laboratory director; and

13.2.2.3.2. Must Have had at least one (1) year's experience or the equivalent, as described in ~~paragraph (4) of~~ Section 13.2.2.2.4 of this rule relating to the qualifications of the laboratory director.

13.2.2.4. ~~Qualifications for~~ Additional technical laboratory workers other than students or trainees Must shall be at least high school graduates with a minimum of one (1) year of technical training in one (1) or more of the sciences or procedures commonly employed in a clinical laboratory. Such The training must shall have been received in an accredited college or university, or in a laboratory approved for such this training by the Council of Medical Education and Hospitals of the American Medical Association, or in a laboratory directed by a qualified clinical pathologist, or in a nationally recognized public health laboratory.

~~e. Personnel Exempt from These Requirements --- Paragraphs a, b, c, and d above do not apply to a person in a given laboratory who was employed at the time these regulations first became effective.~~

13.2.3.---Equipment---The following basic items, in good condition, are required in any laboratory:

a.---Laboratory sink;

b.---Cabinets for reagents, and small equipment;

c.---Microscope and lamp;

d.---Refrigerator of at least six (6) cubic feet capacity;

e.---Adequate gas and electric outlets;

f.---Adequate glassware and reagents;

g.---Adequate centrifuge;

h.---Adequate working tables;

i.---Adequate flling system;

j.---Current laboratory reference texts;

k.---Adequate colorimeter or spectrophotometer;

l.---Hot air sterilizer of at least 18" x 14" x 14" i.d. or equivalent;

m.---Bacteriological incubator, which for accuracy of temperature control should be at least 20" x 20" x 24" i.d., or the equivalent;

n.---Autoclave;

o.---Balance and weights of suitable accuracy;

p.---Still or demineralizer, properly operated.

If serological tests for syphilis are carried out, the following additional equipment, maintained in good condition, is required:

q.---Serologic shaker and/or rotator;

r.---Adequate water bath facilities.

13.2.3. The laboratory shall have equipment, instruments, reagents, materials and supplies appropriate to the type and volume of testing performed and adequate to maintain the quality and safety of all phases of testing and other laboratory operations.

13.2.4.---Reports---The director or the assistant to the director of each hospital laboratory shall submit to the state department of health an annual report of the laboratory facili-

13.2.3.---Equipment---The following basic items, in good condition, are required in any laboratory:

- a.---Laboratory sink;
- b.---Cabinets for reagents, and small equipment;
- c.---Microscope and lamp;
- d.---Refrigerator of at least six (6) cubic feet capacity;
- e.---Adequate gas and electric outlets;
- f.---Adequate glassware and reagents;
- g.---Adequate centrifuge;
- h.---Adequate working tables;
- i.---Adequate filing system;
- j.---Current laboratory reference texts;
- k.---Adequate colorimeter or spectrophotometer;
- l.---Hot air sterilizer of at least 18" x 14" x 14" i.d. or equivalent;
- m.---Bacteriological incubator, which for accuracy of temperature control should be have internal dimensions of at least 20" x 20" x 24" i.d. or the equivalent;
- n.---Autoclave;
- o.---Balance and weights of suitable accuracy;
- p.---Still or demineralizer, properly operated.

If serological tests for syphilis are carried out, the following additional equipment, maintained in good condition, is required:

- q.---Serologic shaker and/or rotator;
- r.---Adequate water bath facilities.

13.2.3. The laboratory shall have equipment, instruments, reagents, materials and supplies appropriate to the type and volume of testing performed and adequate to maintain the quality and safety of all phases of testing and other laboratory operations.

13.2.4.---Reports---The director or the assistant to the director of each hospital laboratory shall submit to the state department of health an annual report of the laboratory facili-

~~ties and personnel on forms provided by the state department of health.~~

~~13.2.5. Nothing contained in or required by these regulations and no action taken pursuant thereto shall be construed as constituting an approval by the state department of health of any laboratory for proficiency to perform any specific laboratory test or technique explicitly required by any public health law or regulation.~~

13.3. Radiology.

13.3.1. All hospitals shall have facilities for at least one (1) radiographic room with adjoining darkroom, toilet and office. Hospitals of one hundred fifty (150) beds and over should have at least one (1) additional radiographic room. The size of the radiological department will shall depend upon the volume and types of services offered.

13.3.2. The radiological department shall be under the supervision of a licensed physician or a competent, well-trained x-ray technician.

13.3.3. The following are minimum requirements for the x-ray service area:

13.3.3.1. One (1) radiographic room with adequate x-ray and fluoroscopic equipment;

13.3.3.2. A darkroom;

13.3.3.3. An office, viewing facilities and film filing for both active and inactive records. (May be one (1) room in a small radiology department.);

13.3.3.4. Dressing booths with an adjoining toilet and lavatory for ambulatory patients;

13.3.3.5. Waiting space under the supervision of qualified personnel for stretcher and wheelchair patients and for outpatients, if served;

13.3.3.6. A utility area with a sink and counter space;

13.3.3.7. Supply and equipment space; and

13.3.3.8. Proper shielding of walls, floors and ceilings in area and shielded control areas for operators of x-ray equipment shall be provide by the institution hospital. Plans for such this protection ~~must be approved by the state department of health~~ shall comply with West Virginia Department of Health and Human Resources Administrative Rules, Radiologic Health Regulations, 64 CSR 23.

13.3.4. Therapeutic x-ray and radiological isotopes may be

provided with due consideration for the safety of patients and personnel being given to all aspects of the physical plant and equipment utilized in the radiology department.

#### 13.4. Other Services.

13.4.1. Examination and Treatment Rooms - All hospitals shall have at least one (1) all-purpose room for examination, treatment, private conferences, etc., in the adjunct service area. Separate space shall be provided for each service provided. rooms-for-various-functions-are-recommended-where-patient-service-is-of-such-volume-as-to-require-them. A lavatory with non-manual controls is required in such rooms any all-purpose room, and if there are multiple rooms, in at least one (1) of them.

13.4.2. Physical and Occupational Therapy - The space and equipment required ~~will~~ shall depend upon services provided. All hospitals admitting patients with diseases which lead to any incapacitation or disability should have facilities to provide inpatients with physical therapy, occupational therapy and speech therapy.

~~a--In-hospitals-of-one-hundred-(100)-beds-and-over,-it-is-desirable-that-space-be-provided-for-electrotherapy,-hydrotherapy,-massage-and-exercise.~~

b- If physical therapy is provided in the institution hospital, it ~~must~~ shall be under the supervision of a physician duily licensed in the state of West Virginia.

13.4.3. Morgue and Autopsy - In hospitals of fifty (50) or more beds, complete morgue and autopsy facilities are recommended. A morgue is not required in small hospitals if mortuary facilities are available to the hospital.

#### §64-12-14. Professional Standards.

##### 14.1. Medical Staff.

14.1.1. Each hospital shall have an organized medical staff which includes fully licensed physicians and may include other licensed health care professionals who are privileged by law and by agreement with the hospital to attend patients, as defined in the hospital's governing and medical staff bylaws. The medical staff ~~shall-be~~ is accountable to the hospital's governing body for the quality of medical care provided to hospital patients and for the ethical and professional conduct of its members while functioning in the hospital.

14.1.2. All hospitals which admit two (2) or more physicians to practice in the institution hospital shall have an organized medical staff responsible to the governing authority for the fitness, adequacy and quality of medical care provided to patients in the hospital. Satisfactory evidence shall be main-

tained by the hospital of such the organization.

~~b. -- The term "staff" is defined here as the group of physicians and other licensed health care professionals who are members in accordance with Section 14-1-1 and practice in the hospital inclusive of all groups, such as the active medical staff, the associate medical staff and the courtesy medical staff.~~

14.1.3. The medical staff shall be appointed by the governing body of the hospital in accordance with its bylaws, rules and regulations.

14.1.3.1. Each member of the medical staff shall be qualified for staff membership and the exercise of clinical privileges granted to him or her as evidenced by a current license to practice his or her profession in the State of West Virginia.

14.1.3.2. Clinical privileges of each medical staff member shall be delineated in writing.

14.1.3.3. Members of the medical staff must shall be legally, professionally and ethically qualified.

14.1.4. The medical staff shall initiate and, with the approval of the governing board of the hospital, adopt rules, bylaws and regulations governing its professional organization and functional work. All medical staff members shall sign a document which specifies that the have read the bylaws, rules and regulations. ~~have been read.~~ These rules and regulations, and policies shall specifically provide:

14.1.4.1. That staff meetings be held at least once each month unless the hospital medical staff has monthly meetings in each department, or unless monthly departmental quality improvement meetings occur in conjunction with bi-monthly departmental medical staff meetings. In the latter ~~case~~ cases, only quarterly meetings of the full medical staff are required;

14.1.4.2. That the staff review and analyze at ~~the monthly staff meeting~~ these meetings their clinical experiences in the various departments of the hospital such as medicine, surgery, obstetrics and the other specialties. The clinical records of patients shall be the basis of such the review and analysis;

14.1.4.3. ~~The medical staff shall provide in its bylaws, rules and regulations~~ For the performance of committee functions in at least the following areas: credentials, medical records, case and utilization review, quality assurance, hospital infections, casualties, pharmacy and therapeutic practices and such other committees as the hospital board may ~~deem~~ consider necessary;

14.1.4.4. ~~There shall be~~ For a chief of staff with direct responsibility for the organization and administration of the medical staff in accordance with the terms of the medical staff

constitution, bylaws, rules and regulations; and

14.1.4.5. For the chief of staff ~~shall~~ to be responsible for the functioning of the clinical organization of the hospital and ~~shall-keep~~ keeping, or ~~cause~~ causing to be kept, careful supervision over the clinical work in all departments of the hospital.

14.2. Nursing Department.

14.2.1. A department of nursing shall be organized to provide comprehensive, effective nursing care to each patient under the direction of a registered professional nurse designated by the governing authority of the hospital, currently licensed in West Virginia and with such the education and experience to enable him or her to properly execute his or her functions and responsibilities.

14.2.2. There should be a written ~~departmental~~ nursing department plan of administrative authority with delineation of responsibilities and duties of each category of nursing personnel. The following documents shall be maintained:

14.2.2.1. A statement of the policy and objectives of the nursing department; and

14.2.2.2. Current job descriptions and specifications for each category of personnel subject to review at least annually.

14.2.3. The following records shall be available in the department hospital:

14.2.3.1. A list of all licensed nursing personnel, including private duty and per diem nurses, with each ~~individual's~~ nurse's current West Virginia license number; and

14.2.3.2. Personnel records including employment application forms and verification of credentials and character references for each nursing department employee.

14.2.4. The following records shall be available in the nursing department:

14.2.4.1. The current nursing care policy and procedure manuals;

14.2.4.2. Minutes and records of attendance at all meetings;

14.2.4.3. A list of the nursing department committees and other committees on which nursing is represented; and

14.2.4.4. A master staffing plan for the current year.

14.2.5. There shall be an adequate number of registered

professional nurses to meet the following minimum staff requirements:

14.2.5.1. Assistants to the director of nursing for evening and night services;

14.2.5.2. Supervisory personnel qualified by experience, education and ability for each specialty division of the nursing department, including but not limited to operating room, emergency, outpatient, maternity, newborn, pediatrics, intensive care, coronary care and medical and surgical services;

14.2.5.3. Staff personnel to provide direct nursing care as needed and to supervise nonprofessional personnel;

14.2.5.4. A registered professional nurse shall be on duty and immediately available for bedside care of any patient when needed on each shift, twenty-four (24) hours per day and seven (7) days a week;

14.2.5.5. Licensed Practical nurses as needed to supplement registered professional nurses in appropriate ratio to the registered professional nurses; and

14.2.5.6. Auxiliary workers as needed to provide physical care and assist with simple nursing and clerical procedures not requiring professional judgment.

14.2.6. A registered professional nurse shall plan, supervise and evaluate the nursing care for each patient.

14.2.6.1. A written nursing care plan for each patient shall be kept current daily.

14.2.6.2. A copy of the current nursing care policy and procedure manual shall be available in each nursing unit.

14.2.6.3. Written nursing notes shall be maintained for each patient.

14.2.7. In order to assure well-established working relationships with other services of the hospital, both administrative and professional, a member of the nursing department, preferably a registered professional nurse, shall be represented on committees concerned with interdepartmental policies affecting nursing services and nursing care to patients.

14.2.8. Planned meetings shall be held monthly by the nursing department to discuss patient care, nursing service problems and, administrative policies and to analyze the quality of nursing care rendered to patients.

14.2.9. Continuing planned educational activities shall be held for all nursing personnel. These activities shall include, but not be limited to, on-the-job training and development pro-

grams. Records of these program activities shall be maintained including the methods used and an evaluation of their effectiveness.

**§64-12-15. Specialized Hospitals.**

15.1. Tuberculosis Hospital - To be licensed as a tuberculosis hospital, an institution must shall be devoted exclusively to the care of tuberculosis patients, have on the staff professional personnel especially qualified in the diagnosis and treatment of tuberculosis and meet the requirements for a general hospital. Maternity services need not be provided if provision is made for adequate maternity care at some readily available licensed hospital.

15.2. Mental Hospital - To be licensed as a mental hospital, an institution must shall be devoted exclusively to the care of mental patients, have on the staff professional personnel especially qualified in the diagnosis and treatment of mental illness and have adequate facilities for the protection of the patients and staff against physical injury by patients becoming violent. The requirements for a general hospital must shall be met except that maternity facilities need not be provided if provision is made for adequate maternity care at some readily available licensed hospital.

15.3. Orthopedic Hospital - To be licensed as an orthopedic hospital, an institution must shall be devoted exclusively to the care of orthopedic patients, have on the staff professional personnel especially qualified in the diagnosis and treatment of orthopedic conditions and must shall meet the requirements for a general hospital except that maternity facilities need not be provided if provision is made for adequate maternity care at some readily available licensed hospital.

15.4. Chronic Disease or Long-Term Hospital - To be licensed as a chronic disease or convalescent long-term hospital, an institution must shall be devoted exclusively to the care of patients requiring hospitalization because of prolonged illness or who are not acutely ill and not in need of general acute hospital care but who do require continuing medical care, skilled nursing care and related medical services. It shall have an average length of inpatient stay greater than twenty-five (25) days. It must shall have a professional staff who are qualified in the diagnosis and treatment of chronic diseases, and it must shall meet the requirements for a general hospital except that maternity services are may not to be provided.

**§64-12-16. Administrative Due Process.**

Those persons adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in West Virginia Department of Health and Human Resources Administrative Rules, Rules of Procedure for Contested Case Hear-

ings and Declaratory Rulings, 64 CSR 1.

§64-12-17. Severability.

The provisions of this rule are severable. If any provisions of this rule are held invalid, the remaining provisions remain in effect.

[PROPOSED]  
WEST VIRGINIA ADMINISTRATIVE RULES  
DIVISION OF HEALTH  
HOSPITAL LICENSURE  
64 CSR 12

TABLE OF CONTENTS

§64-12-1. General	1
§64-12-2. Application and Enforcement.	1
§64-12-3. Definitions	1
<del>§64-12-4. Procedures Governing Adoption, Amendment and Revision of Regulations</del>	4
<del>§64-12-5. Inspections</del>	4
<del>§64-12-6. The License</del>	4
§64-12-4. State Administrative Procedures	7
§64-12-5. Penalties	9
§64-12-6. Miscellaneous Requirements	10
§64-12-7. Administration of the Hospital	10
§64-12-8. Physical Facilities	14
§64-12-9. Operational Services	18
§64-12-10. Paramedical Services	20
§64-12-11. Patient Care Department	27
§64-12-12. Outpatient Services	42
§64-12-13. Adjunct Diagnostic and Treatment Departments	43
§64-12-14. Professional Standards	48
§64-12-15. Specialized Hospitals and Other Institutions	52
§64-12-16. Administrative Due Process	52
§64-12-17. Severability	53



FILED  
JAN 14 1 05 PM '94

*West Virginia Legislature*  
*Legislative Rule-Making Review Committee*

OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

Room M-152, State Capitol  
Charleston, West Virginia 25305  
(304) 340-3286

Senator Joe Manchin, III, Co-Chair  
Delegate Brian A. Gallagher, Co-Chair

January 9, 1994

Debra A. Graham, Counsel  
Marie Nickerson, Admr. Assistant

NOTICE OF ACTION TAKEN BY LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

TO: Ken Hechler, Secretary of State, State Register  
TO: Ruth Ann Panepinto, Secretary  
Department of Health & Human Resources  
State Capitol  
Charleston, WV 25305  
FROM: Legislative Rule-Making Review Committee  
PROPOSED RULE: Hospital Licensure

The Legislative Rule-Making Review Committee recommends that the West Virginia Legislature:

- 1. Authorize the agency to promulgate the Legislative Rule
  - (a) as originally filed \_\_\_\_\_
  - (b) as modified by the agency     X
- 2. Authorize the agency to promulgate part of the Legislative rule; a statement of reasons for such recommendation is attached. \_\_\_\_\_
- 3. Authorize the agency to promulgate the Legislative rule with certain amendments; amendments and a statement of reasons for such recommendation is attached. \_\_\_\_\_
- 4. Authorize the agency to promulgate the Legislative rule as modified with certain amendments; amendments and a statement of reasons for such recommendation is attached. \_\_\_\_\_
- 5. Recommends that the rule be withdrawn; a statement of reasons for such recommendation is attached. \_\_\_\_\_

Pursuant to Code 29A-3-11(c), this notice has been filed in the State Register and with the agency proposing the rule.

cc: Kay Howard  
Regulatory Office