

WEST VIRGINIA
SECRETARY OF STATE
KEN HECHLER
ADMINISTRATIVE LAW DIVISION

Form #6

FILED

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OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED
BY THE WEST VIRGINIA LEGISLATURE.**

AGENCY: Division of Health TITLE NUMBER: 64

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 RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) S.B. 1006

SECTION 64-5-1(g), PASSED ON March 15, 1994

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON
THE FOLLOWING DATE: July 1, 1994


Authorized Signature

11.80

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
RULE PROMULGATION HISTORY ABSTRACT

Rule Title: Hospital Licensure

Series Number: 12

Amendment of Existing Rule: New Rule:

Responsible Agency: Division of Health

Date Filed for Public Hearing or Comment Period: 11-19-93

Date of Public Hearing (if any): N/A

Date Public Comment Period Ended: 12-20-93

Date Agency-Approved Rule Filed with the
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the Legislative Rule-Making Review Committee: 1-24-94

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Authorized by: S. B. 1006 (With amendments? Yes No)
Passed: March 15, 1994.

Dates Emergency Rule in Effect (if any): N/A

TITLE 64

WEST VIRGINIA ADMINISTRATIVE RULES
DIVISION OF HEALTH

HOSPITAL LICENSURE
64 CSR 12

1994

WEST VIRGINIA ADMINISTRATIVE RULES
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TABLE OF CONTENTS

\$64-12-1.	General	1
\$64-12-2.	Application and Enforcement.	1
\$64-12-3.	Definitions	1
\$64-12-4.	State Administrative Procedures	4
\$64-12-5.	Penalties	6
\$64-12-6.	Miscellaneous Requirements	7
\$64-12-7.	Administration of the Hospital	7
\$64-12-8.	Physical Facilities	10
\$64-12-9.	Operational Services	13
\$64-12-10.	Paramedical Services	16
\$64-12-11.	Patient Care Department	21
\$64-12-12.	Outpatient Services	36
\$64-12-13.	Adjunct Diagnostic and Treatment Departments	37
\$64-12-14.	Professional Standards	41
\$64-12-15.	Specialized Hospitals	44
\$64-12-16.	Administrative Due Process	45
\$64-12-17.	Severability	45

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

SERIES 12
HOSPITAL LICENSURE

§64-12-1. General.

1.1. **Scope** - 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** - April 21, 1994.

1.4. **Effective Date** - July 1, 1994.

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

§64-12-2. Application and Enforcement.

2.1. **Application** - 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** - This rule is enforced by the director of the division of health or his or her designee.

§64-12-3. Definitions.

3.1. **Applicant** - 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** - The greatest number of beds a hospital is licensed to offer for patient care.

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

3.4. **Consumer Representative** - A member of a section 6a hospital's board of directors 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. **Coronary Care Unit** - A specialized area of the hospital containing a grouping of single bedrooms 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** - Individuals who are sixty (60) years of age or older.

3.8. **Extended Care Facility** - A hospital or unit thereof which provides nursing and related services for long-term care patients who require medical, nursing and other professional health care services.

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

3.10. **Hospital** - 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** - 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, and medical, nursing and other professional health care services.

3.12. **Intensive Care Unit** - 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.

3.13. **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** - 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 these 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** - 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** - A designated area of the hospital that provides a bedroom or a grouping of bedrooms with supporting facilities and services to provide nursing care and clinical management of inpatients and that is planned, organized, operated and maintained to function as a separate distinct unit.

3.17. **Person** - 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** - Individuals whose gross family income, 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 shall establish and periodically revise the national median family income figure after consideration of Bureau of Census Current Population Reports, Consumer Income, Series P-60.

3.19. **Principal Stockholder** - 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. **Section 6a Hospital** - 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, 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 or operated by a corporation which was incorporated in another state prior to March 9, 1983: Provided, however, this definition does not include the corporation defined in W. Va. Code §18-11C-1(d).

3.21. **Small Business Representatives** - Officers, directors, general partners, sole owner or principal stockholders of any activity subject to business taxation, which 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** - Failure to comply with W. Va. Code §§16-5B-1 et seq. or any provisions of this rule. A violation consti-

tutes a misdemeanor as set forth in W. Va. Code §16-5B-11.

§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 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 require 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 their functions and responsibilities;

7.2.1.1.4. Develop and maintain formal liaison with the medical staff;

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.

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 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 section 6a hospitals shall designate at least forty percent (40%) of their voting members as consumer representatives with an equal number of the representatives in each of the following four (4) consumer categories: small business representatives, organized labor members, elderly persons and persons whose income is less than the national median income. 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).

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.

7.3.3. A section 6a hospital may change the designation of

its consumer representatives from one (1) category to another by filing the change with the director.

7.3.4. If a person designated as a consumer representative on 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 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 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 director, upon request from the director, the consumer representative shall provide the director with whichever of the following documentation is applicable to 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 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, or other evidence of age acceptable to the 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 the returns with the federal government was not required.

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

7.3.8. Each section 6a hospital shall also maintain a file which 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 the procedure has been followed.

7.3.9. In no event shall a board of directors of a section 6a hospital be required to be composed of more consumer representatives than are necessary to achieve forty 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 a section 6a hospital regarding board member qualifications are in conflict with the requirements of this rule, the provisions are null and void for purposes of complying with this rule.

7.4. Hospital Administrator - There shall be a hospital administrator who is qualified by education and experience 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 Section 8 of this rule apply to all hospitals. If the director determines that changes necessary for compliance with this rule would create undue hardship, hospitals or additions or renovations in existence at the time this rule becomes effective may be governed by 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, 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 regu-

lations permit lower standards than required by this rule, the standards contained in this rule govern.

8.2.3. 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 director before construction is started.

8.3. New Construction.

8.3.1. 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. Complete construction drawings and specifications for any hospital construction project which alters a floor plan, impacts life safety or requires approval under W. Va. Code §16-2D-1 et seq. 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. Additions; Renovations.

8.4.1. 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. Complete construction drawings and specifications for any hospital addition or renovation project which alters a floor plan, impacts life safety or requires approval under W. Va. Code §16-2D-1 et seq. 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 in use as a hospital as of the effective date of this rule, shall, if converted for use as a hospital within the meaning of this rule, 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 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.

8.6.4. 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 hospital 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 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.

9.1.2. Sewage disposal 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 shall maintain safe, comfortable and sanitary living conditions for patients and employees.

64 CSR 12

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 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 hospital. Conveniently located grab bars 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. 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. The hospital shall comply with West Virginia Department of Health and Human Resources Administrative Rules, Infectious Medical Waste, 64 CSR 56.

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.

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 the testing is conducted shall be recorded in a permanent log.

9.3. Oxygen Systems - All hospitals shall provide oxygen and equipment required for the use of oxygen.

9.4. Laundry.

9.4.1. The 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 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 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.

9.5.1. The hospital shall use an accepted method for 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. 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 shall be kept in a separate compartment or section of the pharmacy or drug room.

10.1.2.2. All drugs 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 shall be provided with a lock and key; be kept locked when not in use; and the key shall be available only to authorized personnel.

10.1.3. Narcotics and controlled drugs which are required to conform with state 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 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 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 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 kept for each patient admitted for care in the hospital and retained in an easily accessible manner. 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 patients who are in the hospital less than forty-eight (48) hours except in the case of maternity and newborn 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 in the original form, 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 clinical records and all physician orders shall be in writing and signed by the physician. 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 medical records.

10.3.11. Final 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 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.

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 forms provided by or approved by the director or on a comparable computer printout approved by the director to the state registrar of vital statistics. All completed birth certificates shall be sent to the state registrar of vital statistics within ten (10) days following the birth.

10.3.16. 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.

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

10.4. Food Service.

10.4.1. The food service of the hospital shall 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 according 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 is considered suitable to direct the food service. Hospitals which employ a shared or consulting dietitian shall have the food service department under the full-time direction of a person with training and experience in food service administration. Provision shall be made for continued in-service training of the designated food service supervisor.

10.4.3. The 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 food service department, and the number of hours each employee works weekly; and

10.4.3.2. A job description of each type of 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 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 food service personnel.

10.4.8. Adequate personnel shall be employed to perform the functions of the food service department.

10.4.9. There shall be procedures to prevent the contamination of meals and other items prepared or served by the food service department by employees with respiratory ailments, infections and open lesions.

10.4.10. There shall be an in-service training program designed to meet the needs of food service employees, including training in proper handling of food and personal hygiene.

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. 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. 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, water backflow, 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 comply with West Virginia Department of Health and Human Resources Administrative Rules, Public Water Systems, 64 CSR 3.

10.4.19. Milk shall be served to patients in the distributor's original individual containers or from approved bulk dispensers 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 ways that 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.

§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, 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 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 shall be no more than four (4) beds per patient bedroom. No bedrooms shall be located below ground level. There shall be no more than approximately thirty-five (35) patient beds in a patient care unit. Larger units are permissible if additional facilities are provided.

11.2.2. Bedroom Size - Each one-bed room shall contain a minimum floor area of one hundred (100) square feet. Each multi-

ple-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** - 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.

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.

11.2.6. **Hand Washing 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 equipment throughout the hospital.

11.2.7. **Toilet Equipment** - Toilet 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 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:

11.2.9.1. An adjustable 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, including a water carafe, mouthwash cup,

emesis basin, washbasin, bedpan and urinal;

11.2.9.6. A separate closet or locker; and

11.2.9.7. 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' 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 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 fau-

cet, 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 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 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 recommend-

ed. 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 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.

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.

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

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 natural light some portion of the day.

11.3.3.1. Nurseries shall 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 equipment essential for the care of newborns, such as incubators, resuscitators and oxygen apparatus.

11.3.4. Formula.

Commercially prepared formula 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. Infants born outside the hospital shall be isolated for at least seventy-two (72) hours after admission.

11.3.6. **Clothing and Linen** - 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.

11.3.6.2. Infant clothing and diapers shall be freshly laundered 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, all nursing routines shall be in 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 hospital medical staff has approved written policies, procedures and conditions for the combined service. 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 nurse, currently licensed in West Virginia, and shall be 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 licensed in West Virginia; competent in the practice of surgery; practicing in the town or city in which the hospital is located; and available at all times. 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 surger-

ies 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 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 shall be adequate provisions for immediate postoperative care in a separate room.

11.5.2. The recovery room 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 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 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, 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. Safeguards in the use of various types of general anesthetics shall be established.

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

11.7. Pediatrics Department - Hospitals providing 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 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 hospitals, except for hospitals or alterations built before 1969, shall make provision for isolation in the event that this becomes necessary. In planning new hospitals, or additions to existing hospitals, there shall be one (1) or more suitable rooms for this purpose in accordance with the size of the 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. 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. When a coronary care unit is provided, the requirements 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 shall be organized under the direction of a 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 shall be clearly delineated through policies developed cooperatively by administrative, nursing and medical staffs. Most importantly, a qualified physician 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. A minimum of one (1) qualified, registered professional nurse with special training shall be on duty at all times to give direct patient care.

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 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 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 arranged for direct surveillance of all patients in the unit 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 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 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. 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. 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 available for immediate activation. The electrocardiograph 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 shall be obviated. The electrical system shall be connected to the emergency power system.

11.10. Intensive Care Unit.

11.10.1. Organization - The intensive care unit should be organized under the direction of a committee of the medical staff with written policies developed cooperatively by administrative, nursing, and medical staffs concerning admission, types of pa-

tients, 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, 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 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. 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 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 shall depend on the type patients admitted, the degree or intensity of the illness, and the size and physical arrangement of the unit.

11.10.3.2. The intensive care unit staff shall be under the supervision and direction of an experienced registered professional nurse 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.

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 committee of the medical staff. 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.

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 a form readily available at any time for reference, restudy and statistical and chronological research.

12.2. Emergency Services.

12.2.1. All general acute care hospitals shall provide

emergency services: Provided, That the director may grant exceptions to this requirement based upon (a) the need to avoid an unnecessary duplication of services, (b) a recognition of practical economies of scale within the community, or (c) other such appropriate factors relating to the optimum delivery of emergency services within available resources and deemed by the director to be substantial. The requirement of this subdivision for the provision of emergency services shall be waived by the director in the case of a rural primary care hospital if such hospital has entered into an appropriate patient transfer agreement with another referral hospital to provide for emergency services. If the hospital provides emergency services, it shall have an emergency room which is located so as to permit easy access from automobiles and ambulances. The emergency 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. Professional personnel trained in emergency life-saving measures shall be available at all hours the emergency service is open. Either a physician who is a member of the medical staff of the hospital shall be available 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 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. Required services include at least routine chemical and hematological laboratory procedures. Additional space shall be provided for pathological, bacteriological and serological services if they are provided.

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

13.2.1.3. Hospitals of twenty-five (25) beds or less are not required to provide their own laboratory facilities if there is an approved laboratory available for use and located reasonably near 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 the laboratory or readily available to the laboratory, 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. The laboratory director shall have minimal qualifications as follows:

13.2.2.2.1. He or she 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 shall have occurred within the five (5) years immediately preceding the individual's employment as the director of the laboratory.

13.2.2.2.4. The laboratory director 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. 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 a hospital accredited for 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. The assistant laboratory director shall:

13.2.2.3.1. 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 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 accepted as satisfying this requirement. Two (2) years of this required experience shall have occurred within the five (5) years immediately preceding employment by the hospital as the assistant laboratory director; and

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

13.2.2.4. Additional technical laboratory workers other than students or trainees 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. The training shall have been received in an accredited college or university, or in a laboratory approved for 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.

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.

13.3. 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 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 hospital. Plans for this protection 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. A lavatory with non-manual controls is required in 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 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.

If physical therapy is provided in the hospital, it shall be under the supervision of a physician 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 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 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 maintained by the hospital of the organization.

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 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 they have read the bylaws, rules and regulations. 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 cases, only quarterly meetings of the full medical staff are required;

14.1.4.2. That the staff review and analyze at 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 the review and analysis;

14.1.4.3. 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 consider necessary;

14.1.4.4. 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 to be responsible for the functioning of the clinical organization of the hospital and keeping, or 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 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 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 hospital:

14.2.3.1. A list of all licensed nursing personnel, including private duty and per diem nurses, with each 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 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. 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 programs. 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 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 shall be devoted exclusively to the care of mental patients, have on the staff professional personnel espe-

cially 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 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 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 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 long-term hospital, an institution 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 shall have a professional staff who are qualified in the diagnosis and treatment of chronic diseases, and it shall meet the requirements for a general hospital except that maternity services may not 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 Hearings 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.

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H. B. 4265

(By Delegates Gallagher, Douglas, Compton,
Huntwork, Burk and Faircloth)
(Introduced January 31, 1994; referred to the
Committee on Health and Human Resources then the
Judiciary)

10 A BILL to amend and reenact section one, article five, chapter
11 sixty-four of the code of West Virginia, one thousand nine
12 hundred thirty-one, as amended, relating to authorizing the
13 department of health and human resources to promulgate
14 legislative rules relating to hospital licensure.

15 **Be it enacted by the Legislature of West Virginia:**

16 That section one, article five, chapter sixty-four of the
17 code of West Virginia, one thousand nine hundred thirty-one, as
18 amended, be amended and reenacted, to read as follows:

19 **ARTICLE 5. AUTHORIZATION FOR DEPARTMENT OF HEALTH AND HUMAN**
20 **RESOURCES TO PROMULGATE LEGISLATIVE RULES.**

21 **§64-5-1. Department of health and human resources.**

22 (a) The legislative rules filed in the state register on the
23 twenty-second day of January, one thousand nine hundred ninety,
24 modified by the secretary of the department of health and human

4265

1 resources to meet the objections of the legislative rule-making
2 review committee and refiled in the state register on the
3 twenty-fifth day of January, one thousand nine hundred ninety,
4 relating to the secretary of the department of health and human
5 resources (implementation of omnibus health care act), are
6 authorized.

7 (b) The legislative rules filed in the state register on the
8 twenty-second day of January, one thousand nine hundred ninety,
9 modified by the secretary of the department of health and human
10 resources to meet the objections of the legislative rule-making
11 review committee and refiled in the state register on the
12 twenty-fifth day of January, one thousand nine hundred ninety,
13 relating to the secretary of the department of health and human
14 resources (implementation of omnibus health care act payment
15 provisions), are authorized.

16 (c) The legislative rules filed in the state register on the
17 twentieth day of March, one thousand nine hundred ninety-two,
18 modified by the department of health and human resources to meet
19 the objections of the legislative rule-making review committee
20 and refiled in the state register on the seventeenth day of
21 November, one thousand nine hundred ninety-two, relating to the
22 department of health and human resources (infectious medical
23 waste), are authorized with the amendments set forth below:

24 "On page seventeen, subsection 8.2, by after the words '(45)
25 days.' by inserting the following language: 'Facilities that

1` treat infectious medical waste on-site shall not store the
2 infectious medical waste more than thirty (30) days.';

3 On page twenty-one, subdivision 10.1.2., by after the words
4 'disposed of' striking out the words 'as solid waste' and
5 inserting in lieu thereof the words 'in the same manner as ash
6 from solid waste incineration and as provided in subdivision
7 10.2.5. of this rule.';

8 On page twenty-six, subsection 11.7., by after the words
9 'permit to' inserting the words 'own, operate and';

10 On page twenty-six, subsection 11.7., by striking out the
11 word 'publish' and inserting in lieu thereof the words 'announce
12 the public hearing required by subsection 11.9. of this rule by
13 publishing';

14 On page twenty-six, by further amending subsection 11.7. by
15 adding thereto a new subdivision, designated subdivision
16 11.7.1.4. to read as follows: 'The announcement of the date,
17 time and place where the hearing is to be conducted, shall be
18 made at least fourteen (14) but not more than forty-five (45)
19 days prior to the hearing;

20 And,

21 On page twenty-six, subsection 11.9, by after the words
22 'proposing to' inserting the words 'own, construct and'.

23 (d) The legislative rules filed in the state register on the
24 third day of September, one thousand nine hundred ninety-two,
25 modified by the department of health and human resources to meet

1 the objections of the legislative rule-making review committee
2 and refiled in the state register on the twenty-seventh day of
3 January one thousand nine hundred ninety-three, relating to the
4 department of health and human resources (residential board and
5 care homes), are authorized.

6 (e) The legislative rules filed in the state register on the
7 seventh day of January, one thousand nine hundred ninety-four,
8 modified by the department of health and human resources to meet
9 the objections of the legislative rule-making review committee
10 and refiled in the state register on the twenty-fourth day of
11 January, one thousand nine hundred ninety-four, relating to the
12 department of health and human resources (hospital licensure),
13 are authorized.

14

15 NOTE: The purpose of this bill is to authorize the
16 Department of Health and Human Resources to promulgate
17 legislative rules relating to hospital licensure.

18

19 Strike-throughs indicate language that would be stricken from
20 the present law, and underscoring indicates new language that
21 would be added.

SENATE BILL NO. 183

(By Senators Manchin, Anderson, Grubb, Macnaughtan
and Minard)

[Introduced January 31, 1994; referred to the
Committee on

HEALTH AND HUMAN RESOURCES;

Judiciary

A BILL to amend and reenact section one, article five, chapter
sixty-four of the code of West Virginia, one thousand nine
hundred thirty-one, as amended, relating to authorizing the
department of health and human resources to promulgate
legislative rules relating to hospital licensure.

Be it enacted by the Legislature of West Virginia:

That section one, article five, chapter sixty-four of the
code of West Virginia, one thousand nine hundred thirty-one, as
amended, be amended and reenacted, to read as follows:

**ARTICLE 5. AUTHORIZATION FOR DEPARTMENT OF HEALTH AND HUMAN
RESOURCES TO PROMULGATE LEGISLATIVE RULES.**

§64-5-1. Department of health and human resources.

(a) The legislative rules filed in the state register on the
twenty-second day of January, one thousand nine hundred ninety,
modified by the secretary of the department of health and human

1 resources to meet the objections of the legislative rule-making
2 review committee and refiled in the state register on the
3 twenty-fifth day of January, one thousand nine hundred ninety,
4 relating to the secretary of the department of health and human
5 resources (implementation of omnibus health care act), are
6 authorized.

7 (b) The legislative rules filed in the state register on the
8 twenty-second day of January, one thousand nine hundred ninety,
9 modified by the secretary of the department of health and human
10 resources to meet the objections of the legislative rule-making
11 review committee and refiled in the state register on the
12 twenty-fifth day of January, one thousand nine hundred ninety,
13 relating to the secretary of the department of health and human
14 resources (implementation of omnibus health care act payment
15 provisions), are authorized.

16 (c) The legislative rules filed in the state register on the
17 twentieth day of March, one thousand nine hundred ninety-two,
18 modified by the department of health and human resources to meet
19 the objections of the legislative rule-making review committee
20 and refiled in the state register on the seventeenth day of
21 November, one thousand nine hundred ninety-two, relating to the
22 department of health and human resources (infectious medical
23 waste), are authorized with the amendments set forth below:

24 "On page seventeen, subsection 8.2, by after the words '(45)
25 days.' by inserting the following language: 'Facilities that

1 treat infectious medical waste on-site shall not store the
2 infectious medical waste more than thirty (30) days.';

3 On page twenty-one, subdivision 10.1.2., by after the words
4 'disposed of' striking out the words 'as solid waste' and
5 inserting in lieu thereof the words 'in the same manner as ash
6 from solid waste incineration and as provided in subdivision
7 10.2.5. of this rule.';

8 On page twenty-six, subsection 11.7., by after the words
9 'permit to' inserting the words 'own, operate and';

10 On page twenty-six, subsection 11.7., by striking out the
11 word 'publish' and inserting in lieu thereof the words 'announce
12 the public hearing required by subsection 11.9. of this rule by
13 publishing';

14 On page twenty-six, by further amending subsection 11.7. by
15 adding thereto a new subdivision, designated subdivision
16 11.7.1.4. to read as follows: 'The announcement of the date,
17 time and place where the hearing is to be conducted, shall be
18 made at least fourteen (14) but not more than forty-five (45)
19 days prior to the hearing;

20 And,

21 On page twenty-six, subsection 11.9, by after the words
22 'proposing to' inserting the words 'own, construct and'.

23 (d) The legislative rules filed in the state register on the
24 third day of September, one thousand nine hundred ninety-two,
25 modified by the department of health and human resources to meet

1 the objections of the legislative rule-making review committee
2 and refiled in the state register on the twenty-seventh day of
3 January one thousand nine hundred ninety-three, relating to the
4 department of health and human resources (residential board and
5 care homes), are authorized.

6 (e) The legislative rules filed in the state register on the
7 seventh day of January, one thousand nine hundred ninety-four,
8 modified by the department of health and human resources to meet
9 the objections of the legislative rule-making review committee
10 and refiled in the state register on the twenty-fourth day of
11 January, one thousand nine hundred ninety-four, relating to the
12 department of health and human resources (hospital licensure),
13 are authorized.

14

15 NOTE: The purpose of this bill is to authorize the
16 Department of Health and Human Resources to promulgate
17 legislative rules relating to hospital licensure.

18
19 Strike-throughs indicate language that would be stricken from
20 the present law, and underscoring indicates new language that
21 would be added.

KEN HECHLER
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March 16, 1994

Kay Howard
Health
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Charleston, WV 25305

SB 1006 authorizing, **Title 64, Series 12, Hospital Licensure**, passed the Legislature on **March 15, 1994**. It is now awaiting the Governor's signature.

You have sixty (60) days after the Governor signs SB 1006, to final file the legislative rule with the Secretary of State's office. To final file your legislative rule, fill in the blanks on the enclosed form #6, the "Final Filing" form and file the form with our office with a promulgation history of the rule. Authorization for your legislative rule is cited in **SB 1006** section **64-5-1(g)**. The agency may set the effective date of the legislative rule up to ninety (90) days from the date the legislative rule is final filed with the Secretary of State's office. Please have an authorized signature on the bottom line.

*****IMPORTANT: IF YOUR AGENCY HAS COMPLETED THE LEGISLATIVE RULE ON A WORD PERFECT OR WORD PERFECT COMPATIBLE COMPUTER SYSTEM THAT USES A 3 1/2" OR 5 1/4" DISK, YOU MUST SUBMIT A CLEAN COPY, WITH ALL UNDERLINING AND STRIKE-THROUGHS TAKEN OUT, TO OUR OFFICE WHEN FINAL FILING THE RULE. STATE ON THE DISK THE FORMAT THE RULE IS IN AND THE TITLE IT IS FILED UNDER. THIS WILL MAKE IT QUICKER FOR US TO ENTER YOUR RULES ON THE LEGISLATIVE DATA BASE. REMEMBER THE TEXT OF THE COMPUTER FILED RULE MUST BE IDENTICAL - WORD FOR WORD, COMMA FOR COMMA, WITH ALL UNDERLINING AND STRIKE-THROUGHS TAKEN OUT, AS THE HARD COPY AUTHORIZED BY THE LEGISLATURE.**

After the final rule is entered into the legislative data base, the rule will be sent to the agency for review and proofing. Following confirmation or corrections, as the case may be, the Secretary of State shall submit to the agency a final version of the rule for their records.

If you have any questions or need any assistance, please do not hesitate to call our office.

Thank You
Administrative Law Division