

WEST VIRGINIA LEGISLATIVE RULES
BOARD OF HEALTH

Nursing Home Licensure

Chapter 16-5C
Series I
(1983)

Now Obsolete

Bill

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Subject: Nursing Home Licensure

Section 1. General

1.1. Scope - These legislative rules govern the licensing of nursing homes.

1.2. Authority - These legislative rules are issued under the authority of and are related to Chapter 16, Article 5C, Section 1 et seq of the West Virginia Code of 1931, as amended.

1.3. Filing Date - These legislative rules were promulgated on the 23rd day of January, 1973, and were filed on the 29th day of January, 1973, in the Secretary of State's office.

1.4. Effective Date - These legislative rules became effective on the 1st day of March, 1973.

1.5. Refiling Date - These legislative rules were refiled pursuant to Chapter 29A, Article 2, Section 5 of the West Virginia Code of 1931, as amended, on the 30th day of December, 1982 in the Secretary of State's office.

Section 2. Application and Enforcement

2.1. Application - These legislative rules shall apply to every

Editor's note: This regulation (now legislative rule) was promulgated and filed in 1973 by the West Virginia nursing home licensing board which was abolished in 1977. The authority for nursing home licensure was transferred to the state health department. The authority for promulgation of licensure regulations was transferred to the state board of health. References to the nursing home licensing board within this regulation to the nursing home licensing board should be interpreted in accordance with these and additional changes in the law in 1977. A detailed analysis has not been attempted for this refiling.

individual and every form of organization, whether incorporated or unincorporated, including any partnership, corporation, trust, association or political subdivision of the state which shall operate or apply to operate a nursing home as defined in these rules.

2.2. Enforcement - The enforcement of these legislative rules is vested with the West Virginia department of health.

Section 3. Definitions

3.1. Ambulant Patient - Any patient who, in an emergency, would be physically capable of traveling to safety without having to be carried by others.

3.2. Applicant - Shall mean the person who submits an application for a license, or a renewal of license, to operate a nursing home.

3.3. Bed Capacity - Means the greatest number of beds the nursing home is licensed to offer for patient use.

3.4. Chronic or Convalescent Care - Those services which provide (1) skilled nursing care and related services for persons who require medical or nursing care, or (2) rehabilitation services for injured, disabled, or sick persons.

3.5. License - Means the document issued by the West Virginia nursing home licensing board and constitutes the authority to receive patients and perform services included within the scope of these regulations.

3.6. Nursing Home - Means and shall be construed to include any building, structure, agency, institution, or other place for the reception, accommodation, board, care or treatment of not less than 24 hours in any week in which an accommodation of three or more beds is maintained, fur-

nished or offered for patients or individuals, who are unable sufficiently or properly to care for themselves, and for which reception, accommodation, board, care or treatment, a charge is made. Provided that the reception, accommodation, board, care or treatment in a household or family, for compensation, of a person or persons related by blood or marriage to the head of such household or family, or to his or her spouse or family, within the degree of consanguinity of first cousins, shall not be deemed to be a nursing home.

3.7. Nursing Home Patient - Is any individual admitted to a nursing home, even though such person does not require bedside nursing care.

3.8. Restraint - Any device to limit movement by the patient, which device cannot be removed easily by the patient.

3.9. Seclusion - Is defined as the retention of a patient in a room from which immediate exit is impeded by a lock, latch, bar, hook, or other device which cannot be operated by the patient.

3.10. Violation - Means failure to comply with the licensing law or any provisions of these regulations. A violation constitutes a misdemeanor as set forth in Section 12, Article 5C, Chapter 16, Code of West Virginia, 1931, as amended.

3.11. Nursing Home Administrator - A person who is licensed to operate a nursing home pursuant to Article 5D, Chapter 16, Code of West Virginia, 1931, as amended.

3.12. Transfer Agreement - A written agreement with one or more hospitals or personal care homes, which provides reasonable assurance that transfer of patients between facilities will be effected whenever such trans-

fer is determined to be medically indicated by the attending physician.

Section 4. Procedures Governing Adoption, Amendment, and Recision of Regulations - The West Virginia nursing home licensing board shall have the power to make, enforce, modify, amend, or rescind rules and regulations governing the operation and conduct of nursing homes as specified in Section 4, Article 5C, Chapter 16, Code of West Virginia, 1931, as amended.

Section 5. Inspections - Duly authorized representatives of the West Virginia nursing home licensing board shall have the right to enter upon or into the premises of any nursing home or related facility in order to make whatever inspection is deemed necessary in accordance with the licensing authority vested in the board, but all such duly authorized representatives prior to making inspection shall properly identify themselves to the administrator of the nursing home or his duly authorized representative and after completing any inspection shall, prior to leaving the nursing home premises leave either an oral or written report of his findings with the administrator of the nursing home or his duly authorized representative.

Section 6. The License

6.1. Institutions to be Licensed - A license is required of all places that are conducted as nursing homes within the meaning of the term as defined in Section 3.6 of these regulations and in Section 2, Article 5C, Chapter 16, Code of West Virginia, 1931, as amended, provided that such place is not specifically excluded by the code.

A separate license shall be required for nursing homes maintained on separate premises even though operated under the same management.

6.2. Institutions Exempt from These Regulations - The term

"nursing home" shall not include institutions licensed as hospitals or institutions operated for the treatment and care of alcoholic patients, boarding homes for children, day nurseries, child-care institutions, children's homes and child-placing agencies, as defined under the laws of this state, nor hotels, offices of physicians, or personal care homes licensed by the West Virginia nursing home licensing board.

6.3. Application for License - Applicants for license shall file applications with the West Virginia nursing home licensing board upon forms prescribed by the board and shall pay an annual license fee as required in Section 8, Article 5C, Chapter 16, Code of West Virginia, as follows: "An application fee in the amount of one hundred dollars for an original nursing home license shall be paid at the time application is made for such license. The license fee for renewal of license shall be four dollars per bed based on the approved bed capacity as determined by the board. All such license fees shall be due and payable to the board on or before June thirtieth of each year. Such fee and application shall be submitted to the secretary of the board who shall retain both the application and fee pending final action on the application."

Subterfuge or other evasive means, such as filing for a license through a second party when an individual has been disqualified for licensure, shall constitute grounds for the refusal or revocation of a license.

Furnishing of an application form is in no way a guarantee that the completed application will be acceptable or that a license will be issued by the West Virginia nursing home licensing board.

6.3.1. Name of Nursing Home - Every nursing home shall be specifi-

cally identified as such by an appropriate name, which shall be used in applying for a license. It shall not be changed without the approval of the West Virginia nursing home licensing board. Following such approval, the new name will be shown on the next issue of a license. The words "clinic," "hospital," "sanitorium," "sanitarium," or any other such word which will reflect a different type of institution shall not appear in the title of a nursing home.

6.3.2. Number of Beds - Each application for license shall specify the maximum number of beds established by the West Virginia nursing home licensing board as the facility's legal bed capacity. Nursing homes shall not exceed their legal bed capacity at any time.

6.3.3. References - Each new applicant must provide the names of five reputable citizens with whom he is personally acquainted and who can certify to the good character and qualifications of the applicant.

6.3.4. Nursing Home Administrator - The nursing home administrator shall be emotionally stable, of good moral character, in good physical and mental health, and shall have genuine interest in the welfare of ill or aged people. He shall be capable of directing and supervising persons working in the home, and shall be free of obligations such as family, illness, or business interests which may interfere with the operation of the home.

No person shall be or act as nursing home administrator unless he is a holder of a currently valid administrator license or emergency permit, issued pursuant to Article 5D, Chapter 16, Code of West Virginia, 1931, as amended.

6.4. Issuance of License - The license will be issued on a form

prescribed by the West Virginia nursing home licensing board and shall set forth the name, location, legal applicant, and number of beds for which the nursing home is licensed.

A Class I license will be issued when all requirements have been met.

A Class II license with deficiencies listed may be issued at the discretion of the board when the facility does not fully meet the requirements for sanitation and fire safety, but good nursing home care is being provided for the patients.

6.4.1. Expiration and Renewal of License - All licenses shall expire on the thirtieth day of June following the date of their issuance.

Applications for the renewal of licenses will be mailed to each nursing home at least 60 days prior to expiration of license, and shall be completed and returned by the applicant, with the required license fee, in the form of a certified check or money order, to the West Virginia nursing home licensing board before June thirtieth of each year.

The renewal of a Class I license shall be contingent upon evidence of compliance with the licensing law and all minimum standards and regulations.

The renewal of a Class II license with deficiencies shall be at the discretion of the board and shall be contingent upon the continued efforts of the licensee to comply with all minimum standards and requirements.

Each applicant will be duly notified of any noncompliances. He shall have complied with the provisions of the law, rules, and regulations before issuance of a license will be considered.

6.4.2. Posting of License - The license shall be conspicuously posted

within the nursing home so as to be plainly visible from the main entrance to the building.

6.4.3. A facility operating under a Class II license with deficiencies shall inform all current and incoming patients of the deficiencies listed on the license and make a detailed explanation, if requested.

6.4.4. Licenses are not Transferrable or Assignable Without the Written Consent of the Board - The West Virginia nursing home licensing board shall be immediately notified of any changes relating to the ownership, location, or operation of the nursing home. Each nursing home shall be conducted in the name of the licensee as indicated on the license certificate.

6.5. Revocation of License - In accordance with Chapter 16, Article 5C, Section II, after an opportunity for a hearing, the West Virginia nursing home licensing board may suspend or revoke the license of any facility found in violation of the licensing law or these regulations.

6.5.1. Reissuance of License - If a license is revoked, a new application for a license will be considered by the West Virginia nursing home licensing board when the conditions upon which revocation was based have been corrected and evidence of this fact has been furnished.

6.6. Return of License Certificate - Each license shall be returned by the licensee to the West Virginia nursing home licensing board immediately upon its revocation, or when the nursing home voluntarily ceases operation.

Section 7. Administration

7.1. Administrative Management

7.1.1. All nursing homes shall be operated by a licensed nursing home administrator.

7.1.2. Administrative policies and procedures shall be designed to meet the needs of each nursing home and its patients.

7.1.3. Activity Not Related to Nursing Home Operations - No part of the licensed nursing home may be rented, leased, or used for any purpose not related to the operation of same without permission of the board. Only those persons actively engaged in the operation of the nursing home shall be permitted to reside therein.

7.1.4. Admission Policies

(a) Types of Patients - Nursing homes shall not admit those persons:

(1) Who are acutely ill and in need of hospital care.

(2) Whose behavior is unmanageable, or who are dangerous to themselves or to others in the home.

(3) Who have an acute communicable disease.

(b) Medical Supervision - Each patient shall be under the supervision of a physician licensed in West Virginia who prescribes a plan for medical care which includes medications; treatments; activity; diet; restorative services; special procedures recommended for the health and safety of the patient; and, when the patient is ready for discharge, plans for discharge from the home and for continuing care.

(1) The plan for medical care is based on a physical examination done within 48 hours of admission unless such examination was performed within five (5) days prior to admission.

7.1.5. Inventories for Patients' Personal Effects - Valuable articles entrusted to the nursing home for safe keeping shall be inventories and properly stored by the licensee or a responsible designee. A written receipt for any such belongings or money turned over to the home for safekeeping shall be given to the patient or a responsible person.

7.1.6. Fraud or misrepresentation to secure money or property from patients, or persons applying for admission, will be reported to the county prosecuting attorney or the Attorney General of West Virginia for further investigation and prosecution.

7.1.7. Privacy of Patients - The privacy of patients shall be insured insofar as adequate care for them will permit. Patients shall receive their mail unopened and outgoing mail shall not be censored unless this is considered necessary by the patient's physician.

Official representatives of private or public social agencies shall be allowed privacy for interview with their own clients in the home.

7.1.8. Advertising - False or misleading advertising by a nursing home is prohibited.

7.1.9. Visiting Hours - Daily visiting hours shall be maintained. The visiting hours shall be posted in a conspicuous place on the premises.

7.1.10. Nursing homes shall have a transfer agreement with one or more hospitals which shall be reviewed annually.

7.2. Records and Reports

7.2.1. Admission records shall be completed without delay upon the patient's admission and shall contain the following information: date; time of admission; patient's name; social security number; age; sex; marital

status; home address; diagnosis; religion and name of minister; name and address of attending physician; and name, address and telephone number of at least one member of the immediate family and/or other person to contact in case of emergency. This record shall be signed by the patient or his agent and the nursing home employee responsible for admission.

7.2.2. Medical record files shall be established for each patient and shall contain the following: identification data; date of admission; diagnoses; nurses' notes; dated, written physician's orders, signed by the physician; reports of past and present history; reports of physical examination, diagnostic procedures, or consultations; progress notes; medication record; record of accidents or incidents which involve the patient; date, time, and condition on discharge; and, in case of death, the name of the mortician to whom the patient's body is released.

Medical records shall be kept up to date from the time of admission with the current medical records remaining at the nurses' station. If the patient expires or is discharged, the records are then placed in the patient's individual file maintained on the premises.

Written nursing care plan shall be kept in a visual file accessible to staff.

7.2.3. Patients' individual file shall be established on admission and maintained on the premises. This file shall contain the patients' admission record, inventory of personal effects or signed waiver of responsibility for personal effects, medical records transferred from the nurses station, and all other pertinent information.

Patient's records are confidential and access shall be limited to

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designated staff members, physicians, representatives of the West Virginia nursing home licensing board, and authorized representatives of the federal or state department of health, veterans administration, or the department of welfare, if the patient is a welfare recipient.

7.2.4. Personnel records shall be maintained with appropriate information on each employee, including health certificates.

7.2.5. Record Retention - Patients' records shall be kept current daily from the time of admission to the time of discharge or death, and shall then be filed for a period of five years before being destroyed. Records relating to licensure shall be kept for a period of five years before being destroyed.

7.2.6. A definite place shall be designated for keeping medical records.

7.2.7. A permanent "patients registry book" shall be maintained in which the name of each patient is entered in chronological order with the date and number of entry.

7.2.8. Vital Statistics Reports

(a) A complete list of all deaths, occurring within the month, shall be reported to the division of vital statistics, state department of health, by the tenth of the following month, on special blanks provided for this purpose. Should no deaths occur during the month, the report shall be submitted, indicating no deaths.

(b) Communicable disease reports shall be filed with the local health officer within 24 hours after the disease is diagnosed.

7.2.9. Annual reports shall be submitted to the West Virginia nursing

home licensing board and the state department of health on forms which will be supplied for this purpose.

Every home shall provide the board with such financial and statistical data as the board may reasonably request from time to time.

7.3. Staffing Nursing Homes

7.3.1. The administrator, if not the licensee, shall be appointed by the licensee. The administrator shall designate an individual who, in his absence but under his direction, will perform all the necessary duties of this position. The administrator and his representative each shall be at least 21 years of age, of reputable and responsible character, and otherwise qualified and licensed by the board as a nursing home administrator. At no time shall a nursing home be left without competent administrative direction.

The administrator shall be qualified through education, training, and/or experience in the skills appropriate to the functions and responsibilities of administration and be currently licensed by the board.

7.3.2. Personnel Requirements - The facility must meet all federal and state labor law requirements. There shall be on duty at all times such personnel as deemed sufficient by the board to render proper patient care and all related services.

Adequate relief personnel should be available to allow uninterrupted services to patients during scheduled staff absences, off days, or rest periods.

7.3.3. Physical Examinations

(a) Each employee shall have an annual physical examination including tuberculin skin test and/or chest x-ray. Such shall be in writing

and retained in the employees' personnel records.

(b) All persons engaged in the handling or serving of food shall obtain a food handler's permit from the local health department prior to employment and it shall be retained in the files of the nursing home and available for inspection upon request.

(c) Personnel absent from duty because of a communicable disease shall not return to duty until declared by a physician to be fully recovered.

7.3.4. Job Descriptions - Written job descriptions for each job classification shall be prepared and made available to the staff. They shall be reviewed annually and revised as necessary. The date of review and names of those who reviewed them shall be recorded in the policy manual where the job descriptions are kept. The date a job description is accepted (adopted) shall be recorded in the job description when it is written or revised.

7.3.5. Work Schedules - Written work schedules shall be prepared and posted. Completed work schedules shall be kept on file for at least a year.

Section 8. Requirements for Construction of New Nursing Homes Coming Into Existence, Renovations and/or Alterations to Existing Licensed Nursing Homes

8.1. Site Selection

8.1.1. Scope - The provisions of Sections 8.1 and 8.2 of this Section shall apply to all nursing homes coming into existence after the effective date of these regulations.

8.1.2. Location - The nursing home shall be accessible to physicians, services, medical facilities, and located within the service area of a fire department. There shall be good drainage, approved sewerage disposal, safe water supply, electricity, telephone, and other necessary facilities available on or near the site.

8.1.3. Site Inspection - An inspection of the proposed nursing home location shall be requested in writing and an approval shall be obtained from the West Virginia nursing home licensing board before construction is started or a nursing home facility is established in an existing building.

8.1.4. Environment - Newly established nursing homes shall be located in an environment which is free from excessive noises, such as railroads, freight yards, traffic arteries, airports, etc. The site shall not be exposed to excessive smoke, foul odors, or dust.

8.1.5. Local building codes and zoning restrictions shall be observed. Evidence to this effect, signed by local fire, building, and zoning officials, shall be available. Where local codes or regulations permit lower standards than required by these regulations, the standards contained herein shall govern.

8.1.6. Transportation shall be facilitated by hard surfaced, all-weather roads which are kept passable at all times. There shall be walks and parking areas provided.

8.2. New Construction

8.2.1. Regulations Adopted - For construction of new facilities, the West Virginia nursing home licensing board has adopted the following documents, one of which new facilities must comply with:

(1) General Standards of Construction and Equipment for Hospitals and Medical Facilities - Public Health Service Regulations for the Hill-Burton Program.

(2) Minimum Property Standards for Nursing Homes - U. S. Department of Housing and Urban Development - FHA Bulletin #4514.1.

(3) The National Building Code.

When a facility is constructed to National Building Code requirements, the services of the facility must comply with either the Public Health Service Regulations or Chapter IV of the Minimum Property Standards for Nursing Homes, U. S. Department of Housing and Urban Development.

When standards of the West Virginia nursing home licensing board exceed requirements of the documents listed above, the board's standards shall prevail.

The board may alter or waive specific service requirements, referred to in subsection (2) when they are deemed unrealistic by the board for the purpose of construction under the National Building Code.

8.2.2. Plans and Specifications - Detailed plans, drawn to scale of not less than one-eighth inch equals a foot, shall be submitted to and approved by the West Virginia nursing home licensing board before construction is started.

Two copies of these plans and specifications signed by an architect registered in the state of West Virginia shall be submitted to the board, and shall show, properly identified, the general arrangement and construction of the building and location of all fixed equipment. It is recommended that preliminary drawings and outline specifications be submitted for appro-

val prior to preparation of working drawings. The requirement for a registered architect may be waived by the board.

A performance statement must be obtained by the owner from the builder of a proposed facility stating that he has followed the architect's plans in constructing the facility which has been approved by the board and filed with the board.

8.2.3. Unless substantial construction is started within one year of the date of approval of final drawings, it will be necessary for the owner and/or architect to secure written notification from the nursing home licensing board that such plan approval for construction is still valid and in compliance with current nursing home construction regulations.

8.3. Additions and Alterations to Existing Licensed Nursing Homes

8.3.1. Scope - Additions and alterations to all nursing homes shall conform to the minimum standards for new construction (Section 8.2 of these rules and regulations).

8.3.2. Plans and Specifications - Before making any structural changes to existing licensed facilities, the licensee shall be responsible for advising the West Virginia nursing home licensing board, in writing, as to what is intended. Upon the board's request, there shall be submitted such plans, specifications, or other information as may be required to approve the proposed changes.

8.4. Conversion of Existing Buildings - Conversion of existing buildings or portions thereof, for use as a new nursing home coming into existence shall be required to meet all standards as set forth for new construction (Sections 8.1 and 8.2 of these rules and regulations).

Section 9. Requirements Relating to General Building, Space, Equipment, Safety, Sanitation, Housekeeping, and Maintenance

9.1. Scope - The provisions of this chapter shall apply to all existing nursing homes as well as those coming into existence after the effective date of these regulations (see New Construction Standards, Sections 8.1 and 8.2). If changes, necessary for compliance with the new regulations, would create undue hardship, existing nursing homes may be governed by previously established requirements that have been approved by the West Virginia nursing home licensing board.

9.2. Structural Soundness and Repair - The building shall be structurally sound, in good repair, and painted at sufficient intervals to remain reasonably attractive inside and out.

9.3. Walls and ceilings shall be of a smooth surface that will permit frequent washing and painting.

Kitchen walls shall be without horizontal ledges.

Ceiling heights shall be a minimum of eight feet.

9.4. Floors shall be constructed of smooth, durable, nonabsorbent, easily cleanable material (terrazzo, concrete, ceramic tile, durable grades of plastic or linoleum, or tight wood impregnated with plastic).

9.5. Doors to external exits shall swing outward, be equipped with panic hardware, and free of any obstruction. A warning device that sounds when the door opens should be installed.

All doors shall be sufficiently wide to permit removal of the occupied bed.

9.6. Windows shall be constructed and maintained to fit snugly, yet can be opened and closed easily.

9.7. Outer openings shall be screened to prevent entrance of insects, and shall be protected against entrance of rain and snow. Screen doors shall swing outward and be self-closing. Removable window screens shall be designed and installed so as not to block exit in case of emergency.

9.8. Corridors, stairways and elevators shall be of a width and design that will easily accommodate the removal of patients by bed. They shall be constructed and maintained in compliance with all safety regulations and requirements.

9.9. Ramps and inclines shall not be less than 44" wide nor steeper than one foot of rise in eight feet of run, and shall be finished with a non-slip surface.

9.10. Handrails shall be installed in all hallways, ramps, steps, inclines, corridors, and passageways used by patients. Sturdily constructed porch rails, not less than 40" in height, shall be installed where they are necessary to insure the patient's safety.

9.11. Patient rooms shall have an outside exposure through a vertical transparent window with no substantial line of sight obstruction within twenty feet and the room shall communicate directly with a corridor. Rooms extending below ground level shall not be used for patients unless specifically approved by the West Virginia nursing home licensing board.

- (a) The minimum floor space per bed shall be:
 - (1) Rooms for only one bed - 100 sq. ft.
 - (2) Rooms for two or more beds - 80 sq. ft.
 - (3) There shall be sufficient space to permit nursing procedures

and to permit placing of beds at least three feet apart.

(4) Minimum floor space per bed for facilities constructed after the effective date of these revisions shall be:

(1) Rooms for only one bed -- 100 sq. ft. of unencumbered floor space. Unencumbered floor space will include bed and night stand only.

(2) Rooms for two or more beds -- 80 sq. ft. of unencumbered floor space. Unencumbered floor space will include bed and night stand only.

(b) Equipment and furnishings shall include:

(1) A bed, for each patient, substantially constructed, not less than 36" wide, and in good repair. Each nonambulant patient shall be provided with a hospital-type bed. Rollaway beds, folding beds, and cots shall not be used. Bed springs and mattress shall be in good repair and fit the bed.

(2) At least one clean, comfortable pillow for each bed. Additional pillows shall be available to meet the needs of the patient.

(3) A bedside stand with a drawer to accommodate toilet articles and individual utensils for each patient.

(4) Reasonable closet and drawer space for clothing and personal items currently being used by the patient.

(5) Cubicle curtains or screens to provide privacy, individual towel and wash cloth racks, comfortable chairs as needed, window shades, and curtains or draperies in good condition.

9.12. Special Care Rooms - There shall be well ventilated special care rooms maintained ready for immediate occupancy for patients suspected

of, or diagnosed as having a communicable or infectious disease; those who develop acute illnesses and need to wait a short period before being transferred to a hospital; or those who may become disturbing to others.

Special care rooms shall be equipped with, or have accessible, a toilet and handwashing facilities that can be isolated from use by other patients and personnel.

These rooms shall meet all applicable standards previously set forth for one-bed patient rooms.

9.13. Bathing and toilet facilities for patients shall be provided in the minimum ratio of one toilet and one lavatory for every eight patients, or fraction thereof. There shall be separate facilities for each sex. Grab bars, conveniently located, shall be installed at commodes and bathing facilities used by patients. Skidproof mats shall be used in all bathtubs and showers.

All bathing and toilet facilities shall be kept clean, sanitary, and in proper working order. Storage or laundering of soiled linen in bathtubs, shower stalls, or lavatories is prohibited. Toilet rooms used by female staff shall be provided with a covered waste receptacle.

9.14. Separate toilets with handwashing facilities shall be provided for employees and the public. These facilities shall not be used by the patients and shall not open directly into the food service area.

9.15. Nurses' stations shall be centrally located, in relation to the beds served. They shall be large enough to accommodate such equipment as a charting desk, chairs, chart rack, and telephone.

9.16. Nursing Equipment, Sterile Supplies, and Linens

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(a) Nursing equipment sufficient in quantity to meet patients' needs shall include:

(1) Wash basin, bedpan, urinal, emesis basin, water pitcher and drinking glass for each individual patient; provided that where utensils are sterilized or sanitized after each use, they need not be kept individual.

(i) Equipment constructed of enamelware or materials which cannot be sterilized is prohibited.

(ii) Damaged utensils shall not be used.

(2) Thermometers sufficient in number to permit disinfection before using.

(3) Hot water bottles with suitable covers. If electric heating pads are used, they shall be maintained in safe working order.

(b) Nursing equipment and sterile supplies shall be stored in an area which is completely separated from contact with the patients.

(c) Linens - Storage space shall be provided on each nursing unit for clean linen. Sufficient quantities shall be available to nursing personnel to assure the cleanliness and comfort of each patient.

(1) Individual towels, wash cloths, and blankets must be provided for each patient.

(2) Waterproof mattress covers shall be provided for each mattress.

(3) If electric blankets are used, they shall be checked periodically and maintained in safe working order.

9.17. Utility Room - There shall be separate rooms, well illuminated and well ventilated, for clean supplies and equipment and for soiled

supplies and equipment. The soiled utility room shall provide adequate facilities for cleaning, sterilizing or sanitizing equipment for patient care. Bedpans and urinals shall be emptied in a commode or bedpan hopper, and shall be sterilized or sanitized in an appropriate place in the utility area... they shall not be cleaned in laundry or bath areas.

9.18. Recreation Area - Nursing homes shall provide adequate space where patients may receive visitors in reasonable privacy, participate in group entertainment, or pursue occupational therapy program.

9.19. Dining Room - Nursing homes shall provide an adequately furnished dining room for use by all patients who are able to go to the table, even though they may require assistance in feeding themselves or in getting to and from the room.

9.20. Laundry - Unless commercial service is used, the nursing home shall provide a laundry room, properly located and equipped for the cleaning of linen and other washable goods, with special provisions for handling and disinfecting contaminated linen. There shall be ventilation for the elimination of steam and odors, as well as proper insulation to prevent the transmission of noise to the patient areas. Equipment shall be provided with all necessary safety appliances and shall meet all sanitary requirements. Separate facilities must be available if patients are permitted to do their personal laundry and shall include a washing machine, laundry tub, electric iron, and ironing board.

Equipment used for storing and transporting soiled linen shall not be used for storing and transporting clean linen.

9.21. Lighting - Each patient's room shall have artificial light ade-

quate for reading and proper patient care. Throughout the institution, natural and artificial lighting shall be of sufficient intensity to prevent accidents and promote efficiency of service. Night lights shall be provided in all passageways and bathrooms.

Emergency lighting facilities shall be in readiness for use at all times throughout the institution.

9.22. Temperature to be Maintained - The heating system shall be capable of maintaining a temperature of 75 degrees F. throughout the patients' section of the building.

All combustion-type heating devices shall be vented in such a manner that noxious gases shall be carried to the outside of the building above the eaves of the roof.

Stoves and individual heaters are prohibited in new nursing homes. However, if present in existing institutions, they must be equipped with accepted devices to insure safety of patients and personnel.

9.23. Ventilation - The building shall have approved ventilation at all times. Special attention shall be given to the ventilation of patients' quarters so as to supply fresh air and to prevent accumulation of objectionable odors. The kitchen should be provided with exhaust systems which will discharge the air above the main roof, remote from any window or venting intake system. Toilets without outside window ventilation shall not be used unless there is an adequate system of forced ventilation.

9.24. Signal System - An approved call system shall be available at each patient's bed, toilet room, bathtub, or shower.

9.25. Fire Protection - A certificate of approval or a list of defi-

ciencies shall be obtained from the state fire marshal by any nursing home required to be licensed. A copy of such certificate of approval or list of deficiencies shall be filed with the West Virginia nursing home licensing board.

Fire drills should be held three times a year for each shift. A record shall be kept of the drills.

9.26. Evacuation Plan - There must be accessible, to all employees, an approved written procedure to be followed in case of fire or other emergency. Such plan must be posted at the nurses' stations and in each corridor.

9.27. Sanitation, Housekeeping, and Maintenance

9.27.1. Water Supply and Sanitation - All systems of water supply, plumbing, sewage, garbage, or refuse disposal shall be approved by the state department of health.

Plans for food service facilities, water systems, sewage systems, and incinerators must be submitted to the state department of health for approval prior to start of construction or installation.

9.27.2. Incineration - Adequate facilities shall be provided for the disposal of infected dressings and other similar materials. Incinerators shall be constructed, operated, and maintained in such a manner so as not to create nuisances. Ashes and noncombustible material shall be removed frequently and disposed of according to methods approved by the state department of health.

9.27.3. Housekeeping and Maintenance - Housekeeping and maintenance are required to be such that safe, comfortable, and sanitary living

conditions for patients and employees are maintained constantly.

Accumulated waste or refuse shall be kept in approved, easily cleanable, covered refuse containers and shall be removed daily or more frequently if necessary.

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

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

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 grounds maintenance.

All poison or toxic substances shall be stored in such a manner as to be non-accessible to patients.

9.27.4. Safe Plumbing - Plumbing shall be so sized, installed and maintained as to carry adequate quantities of water to required locations throughout the facility; as to prevent contamination of water supply; as to properly convey sewage and liquid waste from the establishment to the sewerage or sewage disposal system; and so that it does not constitute a source of contamination of food, equipment, or create an insanitary condition or nuisance.

Section 10. Patient Care

10.1. General Services

10.1.1. Medical Services - Each nursing home shall have a licensed physician who agrees to serve the patients in the nursing home in an emer-

gency if the patient's private physician is not available. He, or another licensed physician designated by him, shall be on call at all time.

All patients shall be seen by a physician at intervals in keeping with their conditions.

At each visit, the physician should review the orders and plan of care with the charge nurse. Documentation of the medical supervision shall be evidenced by signed written orders and by progress notes by the physician in the patient's record. Patients shall have at least an annual comprehensive re-evaluation documented in the record.

10.1.2. Dental Services - The nursing home shall make available the services of an advisory dentist for prophylactic, therapeutic, and emergency care when the services of the patient's personal dentist are not available.

10.1.3. Medications and Treatments - All orders for medications and treatments for patients shall be written and signed by the attending physician. Verbal or telephone orders may be accepted only by a licensed nurse. The verbal order shall immediately be written on the patient's order sheet, signed by the accepting nurse with the name of the physician and her own name and countersigned by the physician on his next visit.

(a) The supervising nurse and the prescribing physician shall jointly review each patients' orders at intervals not to exceed every thirty (30) days.

(b) Orders for medications and treatments shall be effective for the number of days specified by the physician, but in no case for longer than thirty days, unless recorded in writing by the physician.

10.1.4. Restraints and Seclusion - Restraints shall be used only when necessary to protect the patient from injuring himself or others. The need for restraint must be determined by a professional person and validated either by a written physician's order, or consent by the patient or a responsible person acting in his behalf. The nurse may exercise her professional judgement and apply restraints in case of emergency. (See Appendix)

(a) Methods of restraint shall permit speedy removal in case of fire or other emergency.

(b) Locked restraints shall not be permitted.

(c) The patient who is restrained shall have his position changed, and the restraints removed long enough to give skin care every two hours.

(d) Side rails are excluded from these requirements.

(e) No form of seclusion shall be permitted with the exception of half doors secured with some form of release which does not require a key, all subject to the prior approval of the state fire marshal's office.

10.1.5. Physical therapy treatments under the direction of a physician should be instituted and maintained for those patients likely to benefit from such treatments.

10.2. Nursing Services

10.2.1. Nursing Personnel - The nursing services shall be under the supervision of a registered professional nurse who is currently registered in West Virginia and there shall be such other nursing personnel as are necessary to provide adequate care for patients 24 hours a day.

Two weeks to one month notice must be given in case of termination

of services to allow administrator time to secure replacement or to allow nurse time to secure other employment.

(a) Full-time director of nurses: Works 35-40 hours per week. The nursing director must be delegated the authority commensurate with her responsibilities; and she shall be held accountable to administration for the direction, supervision, and evaluation of nursing care practices and policies.

Her responsibilities shall include:

(1) Developing and maintaining nursing goals, standards of nursing practice, nursing procedure manual, and written job descriptions for each category of nursing personnel.

(2) Recommending to the administrator the number and categories of nursing personnel to be employed, participating in their recruitment, selection, training, assignment, supervision, evaluation, and termination of employment when necessary.

(3) Participating in planning and budgeting for nursing care.

(4) Participating with the medical staff in developing and implementing patient care policies.

(5) Assuring that a nursing care plan is established for each patient and that his plan is reviewed and modified as necessary.

(6) Evaluating nursing care practices.

(7) Coordinating nursing services with other patient care services such as medical, physical therapy, occupational therapy, recreational activities, social services, and dietary services.

(8) Planning and conducting orientation and training programs for

new nursing service personnel; and a continuing inservice education program for all nursing service personnel.

(9) Participating in the selection of prospective patients in terms of nursing services they need and nursing competencies available.

(b) Part-time director of nursing services: Responsibilities shall be the same as those of a full-time director of nursing services. She shall make daily visits to the nursing home and spend sufficient time to complete the work for which she is responsible. She shall keep a written record of her visits which includes:

(1) The date and time of arrival.

(2) A statement about patients admitted since her last visit, a record of the nursing care plans initiated or reviewed, and a record that a nursing care plan has been prepared for each new patient. She shall review nursing care plans of each patient weekly with the personnel of the home.

(3) The time of departure.

(c) Other nursing personnel.

(1) There shall be a registered professional nurse on duty or on call for advice or assistance at all times.

(2) Other personnel, including registered professional nurse, licensed practical nurses, nurses' aides, and orderlies shall be employed in sufficient numbers to ensure safe nursing care on a 24 hour basis. Appropriate records such as payroll and time sheets shall be maintained to show compliance with this requirement.

10.2.2. Nursing Care - The nursing home shall maintain a planned

program of nursing care with written policies and procedures adequate to meet the needs of patients. This shall include:

(a) Written nursing care plans for each individual patient in the nursing home. This nursing care plan shall indicate what care the patient needs, and how the nursing staff plans to provide the care needed. The nursing care plan shall be available for the use of all nursing personnel and shall be reviewed and revised at least monthly. The nursing care plan shall include directions for at least the following: medications, treatments; diet; activity limitations if there are any; safety measures necessary to protect the patient; bathing and grooming schedule; the amount of assistance the patient requires; short-term and long-term goals for the patient with indication of methods planned for helping the patient and his family to attain these goals; recreational or occupational activities of interest to the patient.

(b) Observation of patients shall give evidence that care is adequate. Observations which assist in determining if care is adequate may include personal appearance and grooming; freedom from offensive odors; absence of pressure sores; clean mouth and dentures. There should also be evidence that the personnel encourage the patient to be out of bed, maintain good body positioning, eat in the dining room if able, and to take part in diversional or recreational activities.

(c) Written nursing procedures shall be available for those procedures which are essential to ensure safe practice. The procedures shall be up to date and consistent with the type of service provided by the nursing home.

(d) Restorative Nursing Care - A restorative nursing care program shall be an integral part of every patient's individual care plan. The purpose of the program is to assist the patient to achieve and to maintain an optimum level of function and self-care through education and retraining in the activities of daily living. The nursing personnel shall be taught rehabilitation techniques which include:

(1) Maintaining proper body alignment and positioning of bedfast patients, and those confined to chairs.

(2) Encouraging the activity of patients by getting them out of bed for reasonable periods of time, except when this is contraindicated by physician's orders.

(3) Maintaining a program of skin care to prevent pressure sores.

(4) Maintaining a bowel and bladder training program.

(5) Assisting patients to ambulate and to carry out prescribed physical therapy exercises between visits of the physical therapist.

(6) Assisting patients to adjust to their disabilities and to direct their interest into useful activities.

(7) Assisting and teaching patients the activities of daily living: eating, dressing, grooming, toilet activities.

(e) An inservice education program shall be maintained. This program shall provide for the orientation and training of new employees and for the continuing education of all the nursing service employees. It shall be a program of education which is provided in the job setting, should be closely identified with the kind of service provided by the home and be designated to help the employees perform more effectively as a person and as a worker.

10.2.3. Communicable Disease - Any person who contracts a communicable disease shall be segregated from other residents, and isolation techniques employed to prevent transfer of the disease to other residents and personnel of the nursing home. The resident shall be removed from the nursing home as soon as suitable arrangements are made for continuing his care and for prevention of exposure of other persons to the disease.

10.2.4. Report of Illness or Accident - Any serious accident or change in the resident's condition, shall be reported immediately to the physician and his family or other responsible person.

(a) A written report shall be made of any incident or accident in which a patient is involved, either inside or outside the nursing home. The report shall include the date, time, place, and details of what happened. The report shall be written and signed by the person who is responsible for the patient at the time that the accident occurred. The patient's physician shall be notified within a reasonable period of time, depending upon the seriousness of the patient's condition, but not to exceed 48 hours. A notation of the incident, the patient's condition, and the date and time physician was notified shall be made in the patient's record.

10.2.5. Report of Death - In case of death, the resident's physician and family shall be notified immediately. The funeral director is responsible for completion of the death certificate. All deaths shall be reported to the West Virginia department of health, division of vital statistics.

10.2.6. Medications

(I) Policy of Handling:

(a) The nursing home shall provide appropriate methods and

procedures for obtaining, dispensing, and administering drugs and biologicals, developed with the advice of a staff pharmacist, a consultant pharmacist, or a pharmaceutical advisory committee which includes a licensed registered pharmacist.

(b) If the facility does not have a pharmacy department, but does maintain a supply of drugs, the consultant pharmacist is responsible for the receipt, control and disposition of the drugs and for maintenance of the necessary records.

(c) Medications not ordered for a specific number of doses, shall be stopped automatically in accordance with written policy approved by the physician or physicians responsible for advising the facility on its medical administrative policies.

(d) Self-administration of medications by patients shall not be permitted.

(e) Medication errors and drug reactions shall be reported immediately to the patient's physician and an entry thereof made in the patient's clinical record as well as on an incident report.

(f) Up-to-date medication reference texts and sources of information shall be available.

(g) Labeling and storing medications - Patient's medications shall be properly labeled and stored in a locked cabinet or medicine cart near the nurses station.

(h) The label of each patient's individual medication container shall clearly indicate the patient's full name, name and strength of the drug; date of issue; expiration date of all time-dated drugs; name of prescribing

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physician; and if the pharmacy is not located in the home, the name, address and telephone number of the pharmacy issuing the drug.

(i) Medication containers which have incomplete, or illegible labels shall be returned to the issuing pharmacist for relabeling or disposal.

(j) Each patient's medications shall be stored in the containers in which they were received, and shall not be transferred to another container by the nursing personnel.

(k) All Class II Drugs (Narcotics and other abuse drugs), subject to State and Federal control shall be kept in a separate locked box or drawer inside a locked medicine cabinet, so that they are protected by two locks.

(l) Medications which require refrigeration shall be kept in a refrigerator separate from food.

(m) Poisons and medications for external use only shall be kept in a locked cabinet, which is separate from the cabinet for medications which are taken internally.

(n) Medications no longer in use shall be disposed of or destroyed in accordance with federal and state laws and regulations.

(o) Bureau of narcotics and dangerous drugs records - Federal and state laws require keeping a record of narcotics and other controlled drugs dispensed to each patient as follows: name of patient; date and time drug is administered; name and amount of drug given; name of physician who prescribed it; signature of person giving the medication and the amount remaining in the container.

(p) An emergency medication kit approved by the nursing home's

professional staff (physician, nurse, pharmacist and administrator) should be kept readily available. It may include a maximum of five doses of any medications. (Cannot include BNDD drugs, except Class V).

(q) Emergency oxygen and tracheal suction facilities shall be readily available.

Section 11. Food Service

11.1. Food Service Program - Nursing homes shall maintain a food service program which is adequately organized, equipped, and staffed to serve nutritionally adequate meals at optimum temperatures to all patients.

Salt shall not be omitted in food preparation unless it is contraindicated by the physician's order.

The food service shall be in full compliance with the West Virginia food service sanitation regulations, adopted by the West Virginia state board of health, effective April 10, 1965.

11.1.1. Meal Hours and Tray Service - At least three meals per day shall be served. Unless a substantial bedtime snack is provided, not more than fourteen hours shall elapse between a substantial evening meal and breakfast.

Trays served to patients in their rooms shall be provided with firm supports.

Patients who require assistance with eating shall be served promptly at regular dining hours. Special effort shall be made to offer fluids to patients at frequent intervals when the patient is unable to obtain fluid for himself.

11.1.2. Menu Planning - Menus shall be planned and written at least

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one week in advance for general and modified diets. Menus shall be dated and posted in the kitchen for easy reference by food service employees. Menus, as served, with all substitutions noted, shall be filed for at least three months. Food purchasing records shall be kept on premises for three months.

The following foods and amounts are considered the minimum to meet nutritional requirements, and shall be served daily as the general or "regular" diet. The texture or form of these foods shall be modified as needed for patients with impaired dentition.

(a) Milk Group - One pint of milk or its equivalent. Cheese, cottage cheese, or ice cream may be used as part of the milk allowance, and part may be used in cooking.

(b) Meat Group - Two or more servings of lean meat, fish, poultry, eggs, or cheese, with dried beans or peanut butter as occasional alternates.

One serving shall be at least a two ounce edible portion of meat or its equivalent.

Eggs shall be served at least four times a week.

(c) Vegetables - Two or more servings, including a yellow or leafy green vegetable, at least four times each week.

(d) Fruits - Two or more servings, at least one of which shall be a citrus fruit or other good source of vitamin C. Fruit flavored drinks, preserves, jellies or plain gelatin desserts shall not be considered as fulfilling these requirements.

(e) Whole Grain, Enriched, or Restored Bread and Cereals - One or more servings each meal.

(f) Other foods to round out meals and snacks for individual appetites and to provide additional calories.

11.1.3. Special diets shall be served to patients in accordance with physicians' written orders. Special diets shall be reviewed every three months. Food service personnel shall be advised, in writing, of such orders for modified diets (or changes in orders) and the physician's orders shall be retained in the patient's medical record.

An approved diet manual should be available in the nursing home.

11.1.4. An adequate supply of quality food shall be kept on the premises as follows:

- (a) Staples for a minimum of one week period.
- (b) Perishables for a minimum of 48 hours.

APPENDIX

Recommended Drug Reference Texts:

1. Falconer, Mary W., et al, Current Drug Handbook, 1972, W. B. Saunders, Phila.
2. Govani, Laura, & Hayes, Janice, Drugs and Nursing Implications, 2nd Ed., 1971, Appleton-Century, Crafts, N. Y.

Excerpts Regarding Restraints:

1. Sarnier, Harvey, The Nurse and the Law, 1968, Phila., W. B. Saunders, pp 47: "If the nurse permits the patient to leave the bed when he should not, ... the nurse will probably be found liable for the injury resulting from a subsequent fall."
2. Lesnik, Milton & Anderson, Bernice, Nursing Practice and the Law, 1962, Phila., J. B. Lippincott, pp 316-317. "Only insane persons who are dangerous either to themselves or to others may be restrained. The restraint must be limited to the exigencies of the circumstances, and if no danger exists, an action for false imprisonment may be maintained." ... further ... the privilege to effect restraints in emergencies is not limited to the insane only. The privilege described ... exists apart from the fact of emergency and is dependent upon danger." They further state: "Whenever consent, express or implied is granted for the rendition of personal or professional services and restraints are an ordinary or a necessary factor in connection with performance of these services, the consent to the services will be sufficient to warrant the imposition of restraints."
3. Murchison, Irene & Nichols, Thomas, Legal Foundations of Nurs-

ing, 1970, New York, Macmillan. pp 298. "Three defenses to interference with freedom close to professional practice are, first, that the restraint may have been authorized by an administrative official pursuant to the law that compels the person to accept medical procedures such as the commitment of the mentally ill, or, in some states, quarantine for smallpox, or venereal disease. Second, the restraint may have been applied in an emergency, as with a dangerously insane person or with an attempted suicide -- in either instance the restraint will be limited to that necessary to prevent harm to the individual or to others, and of sufficient length of time necessary to secure the assistance of the police or a member of the family. Third, the restraint may have been consented to by the patient himself or by one responsible for him; such consent could vary in duration from the time necessary for anesthesia during surgery to days or weeks of restraint for the treatment of drug addiction or alcoholism. At any point in the treatment the consent may be withdrawn and the physician is obligated to honor the request for withdrawal unless there is a statute that would supersede such a request." Murchison & Nicholas also state on pages 297-298: "The primary reason for restraints (for an elderly person) is to protect the patient from injuring himself, and, except for the mentally ill, restraints are seldom applied to protect others. A restraint, whether ordered by a physician or applied on the basis of a nursing judgment, should not be regarded as an easy solution for nursing problems; in fact, it may compound them. The possibility that the patient who is in a restraint may harm himself is an ever-present danger; for example, there is the danger of the constructure of a part and the trauma of resulting pressure or of a

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fall from the bed while confined in vest or ankle straps. The danger point to the need for more rather than less surveillance when a patient is in a restraint of any type."