

KANSAS REGISTER



State of Kansas

JACK H. BRIER
Secretary of State

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January 14, 1982

Pages 23-64

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NOTICE

Pages of the *Kansas Register* will be numbered sequentially, on a continuing basis (from issue to issue) throughout each calendar year. This is done primarily for ease in compiling and using the annual (or possibly more frequent) indexes. Blank pages will not be numbered; the back cover may or may not be numbered, since each issue must end with an even-numbered page to start the next issue with an odd-numbered page.

State of Kansas

OFFICE OF THE ATTORNEY GENERAL

OPINION NO. 82-1

Taxation—Budget Law—Certification of Tax Levies and Adopted Budgets. Donna Mae Kaiser, Dickinson County Clerk, Abilene, January 6, 1982.

K.S.A. 79-2930, as amended by L. 1981, ch. 379, § 5, requires that two copies of the budget certificate, as well as two copies of the itemized budget forms for every fund and two copies of the proof of publication of the notice of budget hearing, be presented to the county clerk. The statute also requires that, after the budget is reviewed and attested by the county clerk, one set of the documents presented to the county clerk be filed with the director of accounts and reports. Cited herein: K.S.A. 79-2930 as amended by L. 1981, ch. 379, § 5. RJB

OPINION NO. 82-2

Public Health—Homes for Children—Licensure of Boarding Homes for Children. Ardena Matlack, State Representative, Clearwater, January 6, 1982.

Although a "pre-school," commonly understood to be a place where preschool-age children are involved in educational activities appropriate for their age, is neither defined by nor specifically made subject to the jurisdiction of the Secretary of Health and Environment by pertinent statutes and regulations, a pre-school is subject to regulation by the Secretary. Depending on the number and the age of children cared for, a pre-school may be regulated as either a "boarding home for children" or a "family day care home," which terms are defined by K.S.A. 65-503(a) and 65-517(a), respectively. Moreover, if a pre-school is a boarding home for children, the Secretary has the authority to regulate the pre-school as a "day care center," as that

term is defined in K.A.R. 1980 Supp. 28-4-200(a). Cited herein: K.S.A. 65-501, 65-503, 65-517, 65-519 and 65-521; and K.A.R. 1980 Supp. 28-4-200. RJB

ROBERT T. STEPHAN
Attorney General

Doc. No. 000010

State of Kansas

DEPARTMENT OF ADMINISTRATION
DIVISION OF PURCHASES

NOTICE TO BIDDERS

Sealed bids for items hereinafter listed will be received by James I. Tolbert, Director of Purchases, State Office Building, Topeka, Kansas, until 2:00 p.m., C.S.T., on the date indicated and then will be publicly opened.

MONDAY, JANUARY 25, 1982

#24997

University of Kansas Medical Center, Kansas City—
BLOOD CULTURE BOTTLES

#48563

University of Kansas Medical Center, Kansas City—
XENON LIGHT COAGULATOR

#48565

University of Kansas Medical Center, Kansas City—
ENDOSCOPIC INSTRUMENTS

#48757

Department of Human Resources, Topeka—CON-
TINUOUS MAILERS—FORM K—CNS 100

#48762

University of Kansas Medical Center, Kansas City—
KITCHEN EQUIPMENT

#48764

Kansas State University, Manhattan—LUMBER

#48767

Wichita State University, Wichita—VIDEO MONI-
TORS

(continued)

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Secretary of State
State Capitol
Topeka, Kansas 66612



PHONE: 913/296-2236

Carol A. Bell
Publications Director

#48771

Wichita State University, Wichita—MICROSCOPE

#48825

Kansas State University, Manhattan—MICRO-COMPUTER SYSTEM AND TERMINAL

TUESDAY, JANUARY 26, 1982

#48774

University of Kansas Medical Center, Kansas City—HOSPITAL RECOVERY ROOM CARTS

#48775

University of Kansas Medical Center, Kansas City—GASTROINTESTINAL FIBERSCOPE SYSTEM

#48777

University of Kansas, Lawrence—REPAIR AND REFINISH GYMNASIUM FLOOR

#48823

Board of Regents, Topeka—AUDIT SERVICES

WEDNESDAY, JANUARY 20, 1982

#24994

Department of Transportation, Topeka—READY MIX CONCRETE, for various locations

#48781

Kansas State University, Manhattan—LABORATORY APPARATUS

#48782

Kansas State Penitentiary, Lansing—PLUMBING MATERIALS

#48783

Kansas State Penitentiary, Lansing—PLUMBING MATERIALS

#48786

University of Kansas, Lawrence, Kansas State University, Manhattan and Kansas State Industrial Reformatory, Hutchinson—SALE OF: COMPUTER EQUIPMENT, GLASSBLOWING LATHE, MISCELLANEOUS FARM MACHINERY AND MISCELLANEOUS OFFICE EQUIPMENT

#48789

Winfield State Hospital and Training Center, Winfield—LAUNDRY SUPPLIES

#48793

Fort Hays State University, Hays—TERMINALS AND ADAPTER

THURSDAY, JANUARY 28, 1982

#48795

Kansas State University, Manhattan—DISTILLATION APPARATUS

#48797

Kansas State University, Manhattan—MEDICAL GAS ANALYZER

#48799

Kansas State University, Manhattan—MINICOMPUTER EQUIPMENT

#48800

Department of Transportation, Hutchinson—RADIO EQUIPMENT BUILDING, for Pratt, Kansas

#48801

University of Kansas Medical Center, Kansas City—GASOLINE

#48804

Adjutant General's Department, Topeka—SIGNS, for Salina, Kansas

#48807

Department of Transportation, Norton—MRA, AGGREGATE, for Hays, Kansas and WaKeeney, Kansas

#48808

Kansas State Penitentiary, Lansing—PLUMBING MATERIALS

FRIDAY, JANUARY 29, 1982

#48809

Wichita State University, Wichita—RESURFACE TENNIS COURTS

#48815

Kansas State Industrial Reformatory, Hutchinson—MEAT PRODUCTS

#48816

Wichita State University, Wichita—WOOD/FABRIC FOLDING DOORS

#48817

Department of Human Resources, Topeka—MOVING SERVICES, for various locations

#48819

Kansas Fish and Game Commission, Pratt—SEED, for various locations

#48824

Youth Center at Topeka, Topeka—MICROCOMPUTER EQUIPMENT

MONDAY, FEBRUARY 1, 1982

#24998

Norton State Hospital, Norton—JANITORIAL SERVICES (Activities Building)

WEDNESDAY, FEBRUARY 3, 1982

#48821

Department of Social and Rehabilitation Services, Topeka—CLEAR POLYETHYLENE "LAY FLAT TUBING", for the Kansas Industries for the Blind, Kansas City

THURSDAY, FEBRUARY 4, 1982

#A-4241

Rainbow Mental Health Facility, Kansas City—ENCLOSED COVERED PORCH

FRIDAY, FEBRUARY 5, 1982

#24996

Wichita State University, Wichita—WAXED CORRUGATED BOXES FOR TITE-WAD COMPACTORS

MONDAY, FEBRUARY 8, 1982

#48822

Department of Social and Rehabilitation Services, Topeka—WIRE MAT INSULATORS, for the Kansas Industries for the Blind, Kansas City

TUESDAY, FEBRUARY 16, 1982

#48820

Department of Human Resources, Topeka—MOVING SERVICES

JAMES I. TOLBERT
Director of Purchases

Doc. No. 000009

State of Kansas

SECRETARY OF STATE**NOTICE OF APPOINTMENT OF
STATE REPRESENTATIVE**

A new member of the Kansas House of Representatives has been appointed to represent the 117th district, filling the vacancy created by the resignation of Kalo A. Hineman. The new legislator is: Max Moomaw; Box 45, Route 2; Dighton, Kansas 67839. Phone: (316) 397-5739. He is a farmer-stockman.

JACK H. BRIER
Secretary of State

State of Kansas

SECRETARY OF STATE**TEMPORARY ADMINISTRATIVE REGULATIONS**

7-29-1. 1982 official ballot printing rates. The secretary of state authorizes the following maximum prices for the printing of ballots: (a) For the first 100 ballots for the primary and general elections, the maximum price shall be \$75 for the national and state offices, \$75 for the county and township offices on the ballot, and \$2.25 for each additional 100 ballots. In addition, there shall be allowed, for each ballot, \$3.50 per change for the first 10 changes, then \$1.75 for every change thereafter.

(b) For the first 100 ballots for the city and school primary and general elections, the maximum price shall be \$37.50 and \$1.25 for each additional 100 ballots. In addition, there shall be allowed for each ballot, \$3.50 per change for the first 10 changes, then \$1.75 for every change thereafter.

(c) For the first 100 judicial ballots for the general election, the maximum price shall be \$30.00 and \$1.00 for each additional 100 ballots. In addition, there shall be allowed, for each ballot, \$3.50 per change for the first 10 changes, then \$1.75 for every change thereafter.

(d) For the first 100 ballots regarding any special elections, constitutional amendments, or for questions-submitted elections, the maximum price shall be \$18.50 for each separate question or issue and \$1.60 for each additional 100 ballots. In addition there shall be allowed, for each ballot, \$3.50 per change for the first 10 changes, then \$1.75 for every change thereafter.

(e) This rule and regulation shall be in effect on and after January 1, 1982, and until that date shall not have the effect of suspending the force and effect of temporary rule and regulation K.A.R. 7-29-1. (Authorized by and implementing K.S.A. 1980 Supp. 25-604; effective, T-83-1, Jan. 7, 1982.)

7-29-1 (Authorized by K.S.A. 1980-Supp. 25-604; effective Feb. 18, 1981; revoked, T-83-3, Jan. 7, 1982.)

(Approved by the State Rules and Regulations Board, January 7, 1982.)

JACK H. BRIER
Secretary of State

Doc. No. 000011

State of Kansas

CONSUMER CREDIT COMMISSIONER**TEMPORARY ADMINISTRATIVE REGULATIONS**

75-6-26. Federal truth-in-lending act requirements. A creditor, including a person who in the ordinary course of business regularly extends or arranges for the extension of credit or offers to arrange for the extension of credit, shall disclose to the consumer the information required by title I of the consumer protection act (public law 90-321; 82 stat. 146), as amended, and any regulations issued pursuant to this act as of November 12, 1981. (Authorized by and implementing K.S.A. 16a-6-117; effective, T-83-2, Jan. 7, 1982.)

(Approved by the State Rules and Regulations Board, January 7, 1982.)

MEL BATTIN
Acting Consumer Credit Commissioner

Doc. No. 000012

State of Kansas

KANSAS FISH AND GAME COMMISSION**TEMPORARY ADMINISTRATIVE REGULATIONS**

23-3-1. (Authorized by K.S.A. 32-215; implementing K.S.A. 32-161; effective March 27, 1975; effective May 1, 1976; revoked, T-83-3, Jan. 7, 1982.)

23-3-3. (Authorized by K.S.A. 32-225, 32-224; effective January 1, 1966; amended May 1, 1976; revoked, T-83-3, Jan. 7, 1982.)

23-3-5. (Authorized by K.S.A. 32-161, 32-164, 32-215; effective January 1, 1966; amended January 1, 1968; amended May 1, 1978; revoked, T-83-3, Jan. 7, 1982.)

23-3-6. (Authorized by K.S.A. 32-161, 32-170; effective January 1, 1966; revoked, T-83-3, Jan. 7, 1982.)

23-3-7. (Authorized by K.S.A. 32-161, 32-161a, 32-161b; effective January 1, 1968; revoked, T-83-3, Jan. 7, 1982.)

23-3-8. Fishing; definitions. On and after January 1, 1982, the following definitions shall apply to all regulations compiled by the fish and game commission relating to fishing.

Nonsport fish: Carp, drum, white amur, threadfin and gizzard shad, goldfish, gar, suckers (shall include carpsuckers and buffalo), eel, sturgeon, goldeye and bowfin.

Sport fish: Northern pike, walleye, sauger, yellow perch, striped bass, white bass, black bass (large-mouth, spotted and smallmouth), striped bass hybrid, rainbow trout, brown trout, muskellunge, tiger muskie, channel catfish, blue catfish, flathead catfish, paddlefish, panfish (bullhead, black and white crappie, blue gill, redear sunfish, green sunfish, warmouth, rock bass).

Bait fish: Minnow or carp family (Cyprinidae), sucker family (Catostomidae), top minnows or killifish family (Cyprinodontidae), shad family (Clupeidae),

(continued)

sunfish family (Centrarchidae), specifically excluding black basses. Bait fish exclude any of those fishes specifically named by regulation as a Kansas threatened or endangered species.

Take: To seize, catch, capture, kill, have in possession, or to attempt to seize, catch, capture, kill, or have in possession.

Possession limit: The maximum total number of a species that can be retained per person at any one time.

Creel limit: The maximum total number of a species that can be taken per person in a calendar day.

Calendar day: A twenty-four (24) hour period from midnight to midnight.

State fishing lakes: Lakes owned or leased by the Kansas fish and game commission.

Seine: A net with a float line and lead line designed to be pulled through the water for the purpose of catching fish.

Fish trap: A device for catching fish consisting of a net or other structure which diverts the fish into an enclosure arranged to make escape more difficult than entry.

Dip net: A small net with rigid support about the mouth.

Cast net: A circular or conical weighted net designed to be cast mouth downward by hand and withdrawn by lines attached to its margin.

Total fish length: The length as measured from the tip of the snout to the end of the tail with mouth closed and the tail lobes pressed together.

Skin and scuba diving: To swim or dive equipped with a face mask or goggles allowing underwater vision where the person may or may not be equipped with underwater breathing apparatus.

Spear gun: A device used to propel a spear through the water by mechanical means or compressed gas.

Bow: A non-mechanical device made of metal, wood, fiberglass, or plastic, curved with a cord that connects the two ends, designed to propel an arrow. This includes long and compound bows.

Arrow: A missile shot from a bow.

Daylight hours: Hours of the day between one-half (½) hour before sunrise and one-half (½) hour after sunset.

Snagging: The hooking of fish in any part of its anatomy other than the inside of the mouth.

Gig: A hand operated spear with barbed prong(s).

Spring gig: A hand operated, spring activated, grasping device.

Lines: Any hand operated string or cord utilizing hooks and may or may not be used in conjunction with rods, poles or reels.

Trotline: A line anchored at one point with more than two (2) hooks and not more than twenty-five (25) hooks and not associated with a hand operated mechanical reel.

Setline: A line anchored at one point, with two (2) hooks or less and not associated with a hand operated mechanical reel.

Tip-ups: An ice fishing device designed to signal the strike of a fish.

Hook: A device with a single shaft and one or more barbed hooks used for catching fish. (Authorized by

K.S.A. 32-215; implementing K.S.A. 32-189; effective, T-83-3, Jan. 7, 1982.)

23-3-9. Fishing; open season. On and after January 1, 1982, the open season for the taking of fish in Kansas shall be January 1 to December 31, both dates inclusive, except those areas closed by posted notice or where it is necessary to close certain areas to public fishing for specific hours by the director's actions. (Authorized by K.S.A. 32-215; implementing K.S.A. 32-189; effective, T-83-3, Jan. 7, 1982.)

23-3-10. Fishing methods. On and after January 1, 1982: (a) It shall be lawful for a person to operate or have set two (2) lines with not more than two (2) baited hooks or artificial lures per line, one (1) trotline, or eight (8) setlines. Trotlines and setlines shall not be used on state fishing lakes unless the lake is posted to allow their use. All lines, trotlines and setlines shall be checked at least once every twenty-four (24) hours.

(b) Each trotline, setline, tip-up and unattended line shall have a tag or label securely attached designating the name and address of the operator. It shall be lawful to use a trotline or setline one hundred and fifty (150) yards or more from any dam or one hundred and fifty (150) yards or more from the mouth of any stream.

(c) Fish are legally taken by hook and line when hooked within the mouth. Fish hooked elsewhere shall be returned unrestrained to the water immediately or it shall be deemed to have been snagged.

(d) Eight (8) tip-ups may be used for ice fishing in addition to the allowed two lines except on state fishing lakes. Two tip-ups may be used for ice fishing on state fishing lakes instead of the allowed two lines. Tip-ups shall have a maximum of two (2) hooks each. (Authorized by K.S.A. 32-215; implementing K.S.A. 32-189; effective, T-83-3, Jan. 7, 1982.)

23-3-11. Taking of fish by bow and arrow, snagging and spear fishing. On and after January 1, 1982: (a) It shall be lawful to take nonsport fish during the open fishing season with a bow and arrow in all waters of the state except those waters or portions of those waters posted closed to bow and arrow fishing and all areas within a distance of fifty (50) yards of an occupied boat dock, occupied swimming area or occupied picnic area. Legal equipment shall be a bow and arrow; arrows shall have a barbed head with a line attached from bow to arrow.

(b) It shall be lawful to take nonsport fish and paddlefish by snagging or giggering in water areas opened by posted notice of the commission.

(c) It shall be lawful to take nonsport fish with a spear or spear gun while skin and scuba diving during daylight hours, subject to the following conditions:

(1) Each spear shall have a barbed head and be attached to the gun or person by a line;

(2) A spear gun or spear shall not be used which incorporates an explosive charge of any type; and

(3) Scuba diving shall be in compliance with K.S.A. 82a-821 and 822. The director, by posted notice, may open certain water areas for the taking of one or more species of sport fish for a specified time, subject to creel and possession limits. (Authorized by K.S.A. 32-215;

(continued)

implementing K.S.A. 32-189; effective, T-83-3, Jan. 7, 1982.)

23-3-12. Frogs; lawful methods, open season and creel. On and after January 1, 1982, it shall be lawful to take bullfrogs by hand; hand dip net; hook and line; bow and arrow with barbed head and line attached from bow to arrow. The taking of bullfrogs by bow and arrow is limited to daylight hours only.

The open season for taking of bullfrogs shall be July 1 to October 31, both dates inclusive, with a daily creel limit of eight (8). (Authorized by K.S.A. 32-164, implementing K.S.A. 32-189; effective, T-83-3, Jan. 7, 1982.)

23-3-13. Taking of bait fish or minnows. On and after January 1, 1982, bait fish may be taken for noncommercial purposes by the following methods: seine not longer than fifteen feet (15') and four feet (4') deep with mesh not larger than one-fourth inch ($\frac{1}{4}$ "); fish trap with mesh not larger than one-fourth inch ($\frac{1}{4}$ ") and throat not larger than one inch (1") in diameter; or a dip or cast net with mesh no larger than one-fourth inch ($\frac{1}{4}$ ").

Bait fishes taken shall not exceed twelve inches (12") in total length and shall be restricted to a possession limit of five hundred (500) per person.

The taking of bait fishes shall be allowed statewide except on state fishing lakes. (Authorized by K.S.A. 32-215; implementing K.S.A. 32-189; effective, T-83-3, Jan. 7, 1982.)

23-3-14. Fishing; wanton waste. On and after January 1, 1982, fish taken shall be retained in possession until dressed, transported to a person's domicile, place of commercial preservation, returned to the waters from which taken, or disposed of at a location designated by the fish and game commission. (Authorized by K.S.A. 32-215; implementing K.S.A. 32-189; effective, T-83-3, Jan. 7, 1982.)

23-3-15. Fish salvage procedures. On and after January 1, 1982, it shall be legal to take fish by designated methods when a fish salvage condition is designated by the director and accomplished through public notice or posting the area open to fish salvage. (Authorized by K.S.A. 32-215; implementing K.S.A. 32-189; effective, T-83-3, Jan. 7, 1982.)

23-3-16. Commercial fishing. On and after January 1, 1982: (a) Areas open to commercial fishing shall include the portion of the Missouri River that borders on the state of Kansas (including bayous and backwaters, but not including tributaries) and other waters as designated by contract or permit.

(b) The permit or contract shall designate the species and size of fish which may be harvested, the type of equipment and gear legal for commercial harvest, and the method of operation. The permit shall be carried when engaged in commercial fishing.

(c) The commercial fisherman shall securely attach to each piece of his or her commercial fishing equipment, at a point on or nearest to the surface of the water, a tag supplied by the fish and game commission.

(d) A commercial fisherman shall make a written record, in duplicate, of a sale or exchange of commercial fish and shall furnish the purchaser with a copy of

the report. One copy shall be retained and subject to examination by law enforcement officers.

(e) A commercial fisherman shall submit a monthly report and a notarized annual report to the director of the Kansas fish and game commission, Pratt, Kansas, on forms supplied by the commission. The monthly report shall be made within ten (10) days following the close of the previous month. The report shall show the quantity and species of fish taken, equipment used to take the fish, and other information as may be requested in the report.

(f) Commercial fishermen duly licensed by the state of Missouri may, without further license, fish as permitted by the state of Kansas and regulations of the fish and game commission, in the flowing portion of the Missouri River forming a common boundary between the two states, but not in the tributaries, bayous, nor backwaters. Missouri commercial fishermen shall not fish from or attach any device or equipment to land under the jurisdiction of Kansas. This reciprocal privilege is contingent upon the state of Missouri recognizing the same privileges for the duly licensed commercial fishermen of Kansas.

(g) The permit shall be secured from the office of the director, fish and game commission, Pratt, Kansas, by making application using the form as provided by the director and furnishing the information requested in the form, and by remitting with the application a permit fee of twenty-five dollars (\$25). All fees shall be remitted by the director to the state treasurer for credit to the fish and game commission fee fund. (Authorized by K.S.A. 32-215; implementing K.S.A. 32-189; effective, T-83-3, Jan. 7, 1982.)

23-3-17. Mussel fishing; license and regulation. On and after January 1, 1982: (a) An individual desiring to take mussels from the waters of the state, including that part of the Missouri River bordering on the state, shall make application to the director of the fish and game commission. The application shall state the name and residence of the applicant, the location, and the extent of the waters from which the mussels will be taken. The license shall designate the areas where the mussels are to be harvested. The license shall entitle the licensee to have in his or her possession mussels or shells in any quantity, and to sell, ship or transport from within or without the state. A mussel of less than one and three quarters inches ($1\frac{3}{4}$ ") in largest dimension shall be returned to the water immediately.

(b) The licensee shall report to the director of the fish and game commission before the 31st day of December of each year the amount of mussels taken by him or her under his or her license the previous year. The licensee shall pay to the director of the fish and game commission the license fee as prescribed by rule and regulation adopted under K.S.A. 32-164b for a resident or a nonresident. The licenses shall expire on the 31st day of December of each year. All money arising from the sale of the licenses shall be remitted quarterly to the state treasurer by the director of the fish and game commission and shall become a part of the fish and game commission fee fund.

(continued)

(c) Failure or refusal to return the annual report shall result in the non-reissuance of a permit for the following year. The director may refuse to issue, or revoke a mussel fishing license when in his or her judgment the licensee is not cooperating in supplying requested information or his or her operation is detrimental to the management of the mussel resource. (Authorized by K.S.A. 32-215; implementing K.S.A. 32-189; effective, T-83-3, Jan. 7, 1982.)

23-4-1 to 23-4-4. (Authorized by K.S.A. 32-161, 32-181, 32-185; effective January 1, 1966; revoked, T-83-3, Jan. 7, 1982.)

23-4-5 to 23-4-7. (Authorized by K.S.A. 32-185; effective January 1, 1966; revoked, T-83-3, Jan. 7, 1982.)

23-5-1. (Authorized by K.S.A. 32-161, 32-164; effective January 1, 1966; revoked, T-83-3, Jan. 7, 1982.)

23-8-2. Certain acts prohibited in wildlife areas. On and after January 1, 1982: (a) Possession of loaded firearms or discharging firearms for any purpose in wildlife areas is prohibited, except:

(1) For hunting in areas that may be designated as hunting areas by the commission;

(2) During an authorized field trial event; and

(3) During a special activity authorized in writing by the director.

(b) Fishing is prohibited in all wildlife areas, except those areas or portions of areas that may be opened to fishing by the commission by posted notice.

(c) Throwing trash, waste, or refuse on the ground or in the waters; the misuse and abuse of property; or the use of facilities as toilets or for refuse disposal, except those provided for those purposes, is prohibited.

(d) Starting or building a fire in a posted non-fire area, allowing a fire to cause damage to grounds or facilities, or leaving a fire unattended is prohibited.

(e) Except as otherwise provided, dogs not controlled with chain or leash, or confined to a motor vehicle, trailer, or cabin, are prohibited from wildlife areas. Dogs not so confined or controlled shall be permitted on those portions of the areas which are open for hunting during legal open seasons, authorized field trial events or non-commercial dog training, as prescribed by rules and regulations.

(f) The speed limit for all vehicles operating within wildlife areas shall not exceed twenty-five (25) miles per hour except where otherwise posted.

(g) Horseback riding and the operation of automobiles and other vehicles in wildlife areas is restricted to maintained roads and to parking areas unless posted otherwise.

(h) A person shall not camp or remain in a wildlife area for a period longer than seven (7) consecutive days. A twenty-four (24) hour absence of persons, equipment or vehicles is required between each camping period of seven (7) consecutive days.

(i) Disorderly conduct in wildlife areas shall include drunkenness, vile language, fighting, disturbing the public peace, and personal exposure by removal or change of clothing in any place where a person is not properly sheltered, is prohibited.

(j) Destruction of or injury to any sign, guidepost,

property, vegetation or habitat in a wildlife area is unlawful.

(k) It shall be illegal to bathe, swim or wade in state fishing lakes except in areas posted for this activity, provided wading shall not be illegal as part of the fishing, hunting, bull-frogging and trapping activity.

(l) The discharging or use of fireworks in a wildlife area is unlawful except with the written consent of the fish and game commission and under conditions specified by the commission for special events.

(m) The drinking, display or sale of alcoholic liquors within a wildlife area is prohibited. In the event the director deems it advisable to close certain areas to the use of beer or malt beverages containing not more than three and two-tenths percent (3.2%) of alcohol by weight, said areas may be posted closed for such periods as is necessary.

(n) The catching or taking of minnows in any manner from any wildlife area is prohibited except that bait minnows may be taken from Cheyenne Bottoms Wildlife Area under conditions prescribed by the director, and from federal reservoir waters.

(o) Private construction of a building, boat dock, fishing dock, launching ramp, tables, or other equipment or facilities on wildlife areas is prohibited except as may be permitted by commission regulation or by special permit from the director. (Authorized by and implementing K.S.A. 32-224; effective January 1, 1966; amended February 14, 1977; amended May 1, 1980; amended, T-83-3, Jan. 7, 1982.)

23-8-12. (Authorized by K.S.A. 32-224, 74-3302; effective May 1, 1976; amended May 1, 1980; revoked, T-83-3, Jan. 7, 1982.)

Approved by the State Rules and Regulations Board January 7, 1982.

FRED WARDERS
Administrative Assistant

Doc. No. 000013

State of Kansas

**DEPARTMENT OF HEALTH
AND ENVIRONMENT**

TEMPORARY ADMINISTRATIVE REGULATIONS

28-39-1 to 28-39-22. (Authorized by K.S.A. 39-932; effective February 15, 1977; revoked, T-83-4, Jan. 7, 1982.)

28-39-30 to 28-39-50. (Authorized by K.S.A. 39-932; effective February 15, 1977; revoked, T-83-4, Jan. 7, 1982.)

28-39-60 to 28-39-75. (Authorized by K.S.A. 39-932; effective February 15, 1977; revoked, T-83-4, Jan. 7, 1982.)

28-39-90. (Authorized by K.S.A. 39-932; effective February 15, 1977; revoked, T-83-4, Jan. 7, 1982.)

28-39-76. Definitions. (a) "Activities director" means an individual who meets 1 of the following:

(1) Is a resident activities coordinator;

(2) Has 2 years of experience in a social or recrea-

(continued)

tional program within the last 5 years, 1 year of which was full-time in a resident activities program in a health care setting; or

(3) Is a nurse aide and has completed a course approved by the Kansas department of health and environment in resident activities coordination who during the first year as activities director, receives consultation from a resident activities coordinator.

(b) "Administrator" means any individual who is charged with the general administration of an adult care home whether or not the individual has an ownership interest in the adult care home. The administrator of an adult care home shall be licensed in accordance with K.S.A. 65-3501, et seq., and any amendment to those statutes.

(c) "Alteration" means any addition, modification, or modernization in the structure or usage of a facility.

(d) "Ambulatory resident" means any resident who is physically and mentally capable of getting in and out of bed and walking in a normal path to safety in a reasonable period of time, including the ascent and descent of stairs without the aid of another person.

(e) "Audiologist" means a person who meets 1 of the following:

(1) Has completed the requirements of education and experience for a certificate of clinical competence in audiology as promulgated by the American Speech-Language Hearing Association and in effect July 1, 1981; or

(2) Has completed the educational requirements for certification prescribed in the preceding paragraph and is in the process of accumulating the experience required for certification under the requirements described in the preceding paragraph.

(f) "Basement" means the part of a building which is below grade.

(g) "Change of Ownership" means any transaction that results in a change of control over the capital assets of a facility.

(h) "Charge person" means an individual who is a registered nurse, licensed practical nurse, medication aide, or certified nurse aide, and who is directly responsible for resident care on any shift.

(i) "Controlled substance" means any drug or drugs listed in part 308 of the code of federal regulations, as in effect on July 1, 1981.

(j) "Day care" means a program in an adult care home for providing services for less than a 24 consecutive hour basis.

(k) "Day shift" means an 8 hour tour of duty within the period 6:00 a.m. to 9:00 p.m.

(l) "Dietetic service supervisor" means any person who has at least 1 of the following qualifications:

(1) Is a dietitian;

(2) Is a graduate of a dietetic technician or dietetic assistant training program, correspondence or classroom, approved by the American Dietetic Association and has consultation from a dietitian;

(3) Is a graduate of a state-approved course that provided 90 or more hours of classroom instruction in dietetic service supervision and had a minimum of 6 months' experience as a supervisor in a health care institution and has consultation from a dietitian; or

(4) Has training and experience in dietetic service supervision and management determined by the secretary of health and environment equivalent in content to the program in (2) or (3) of this subsection, and has consultation from a dietitian.

(m) "Dietitian" means a person who received a baccalaureate degree with major studies in foods and nutrition or dietetics and has completed the requirements of education and experience for registration as promulgated by the American Dietetic Association and in effect on July 1, 1981.

(n) "Director of nursing" means a person who is licensed in Kansas as a registered professional nurse; employed, full-time, in a licensed adult care home; and has the responsibility, administrative authority, and accountability for the supervision of the functions, activities, and teaching of the nursing process.

(o) "Drug administration" means an act in which a single dose of a prescribed drug or biological is given by injection, inhalation, ingestion, or by any other means to a resident by an authorized person in accordance with all laws and regulations governing the administration of drugs or medications. Drug administration shall entail removing an individual dose from the labeled container (including a unit dose container), verifying it with the physician's orders, giving the dose to the proper resident, and promptly recording the time and dose given.

(p) "Drug dispensing" means the delivery of 1 or more doses of drugs by a registered pharmacist or physician. The drugs shall be dispensed in a container and labeled in compliance with the state and federal laws and regulations.

(q) "Existing facility" means a facility or section of a facility licensed or approved for licensing before the effective date of these rules and regulations.

(r) "Full-time" means 32 or more hours per week.

(s) "Health services supervisor" means a person who is licensed in Kansas as a registered nurse or licensed practical nurse; employed full-time, in an adult care home; and has the responsibility, administrative authority, and accountability for the functions and activities of the nursing staff.

(t) "Licensed nurse" means a registered professional nurse or a licensed practical nurse.

(u) "Licensed practical nurse (L.P.N.)" means an individual who is licensed in Kansas as a licensed practical nurse.

(v) "Licensee" means an individual, firm, partnership, association, company, corporation, or joint stock association authorized by a license obtained from the secretary of health and environment to operate an adult care home.

(w) "Medical records practitioner (qualified consultant)" means a person who has completed the requirements of education and experience for a certificate as a registered record administrator (R.R.A.) or an accredited record technician (A.R.T.) as promulgated by the American Medical Records Association and in effect on July 1, 1981.

(x) "Medication" means any drug defined by K.S.A. 65-1626, administered to a resident of an adult care home.

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(y) "Medication aide" means a person who has completed a training program in medication administration approved by the Kansas department of health and environment and is certified as a medication aide.

(z) "Nonambulatory resident" means any resident who is not physically or mentally capable of getting in and out of bed and walking a normal path to safety without the aid of another person.

(aa) "Nurse aide" means a person who has completed a training program for persons who provide direct, individual care to residents approved by the Kansas department of health and environment and is certified by the Kansas department of health and environment as a nurse aide.

(bb) "Nurse aide trainee" means a person who has been employed in an adult care home for less than 6 months and provides direct, individual care to residents but is not certified by the Kansas department of health and environment as a nurse aide.

(cc) "Nursing personnel" means the director of nursing, health services supervisor, and all registered and licensed practical nurses, medication aides, nurse aides, and nurse aide trainees under the direct supervision of the director of nursing or health services supervisor.

(dd) "Nursing unit" means a distinct area of the facility which contains not more than 60 resident beds and which includes the service areas and rooms described in K.A.R. 28-39-104(b) and K.A.R. 28-39-109(b).

(ee) "Occupational therapist (qualified consultant)" means a person who received a baccalaureate degree in a program in occupational therapy and has completed the requirements of education and experience as promulgated for registration by the American Occupational Therapy Association and in effect on July 1, 1981.

(ff) "Occupational therapy assistant" means a person who has completed the requirements of education and experience for certification as a certified occupational therapy assistant (C.O.T.A.) as promulgated by the American Occupational Therapy Association and in effect July 1, 1981.

(gg) "Physical therapist" means a person registered in Kansas as a physical therapist.

(hh) "Physical therapy assistant" means a person certified in Kansas as a physical therapy assistant.

(ii) "Registered nurse (R.N.);" means an individual who is licensed in Kansas as a registered professional nurse.

(jj) "Resident activities coordinator" means a person who meets 1 of the following:

- (1) Is a therapeutic recreation specialist;
- (2) Has 2 years of experience in a social or recreational program within the last 5 years, 1 year of which was on a full-time basis in a resident activities program in a health care setting; or
- (3) Is an occupational therapist or occupational therapy assistant.

(kk) "Restraint" means any apparatus, article, device, or garment, which interferes with the free movement of a resident or any drug administered to a resident for the purpose of modifying the behavior of the resident.

(ll) "Social services designee" means a person who is a:

- (1) Social worker; or
- (2) College graduate and has completed a program in social work education; or
- (3) Nurse aide and has completed a course approved by the Kansas department of health and environment in social services and has consultation from a social worker.

(mm) "Social worker" means a person who is licensed in Kansas as a social worker and has 1 year of social work experience in a health care setting.

(nn) "Speech pathologist" means a person who meets 1 of the following:

- (1) Has completed the requirements of education and experience for a certificate of clinical competence in speech pathology as promulgated by the American Speech and Hearing Association and in effect on July 1, 1981.

(2) Has completed the educational requirements for certification prescribed in the preceding paragraph and is in the process of accumulating the experience required for certification under the requirements prescribed in the preceding paragraph.

(oo) "Therapeutic recreation specialist" means a person who has completed the requirements for education and experience for a certificate of clinical competence in therapeutic recreation as promulgated by the National Therapeutic Recreation Society and in effect on July 1, 1981. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-77. Licensing procedure. (a) Initial license; site approval. A proposed site for a facility shall be evaluated and approved in accordance with the standards prescribed in K.A.R. 28-39-109(r) by the licensing agency before submittal of design development or preliminary drawings. A request for site evaluation shall be made to the licensing agency in writing and shall include the following information:

- (1) The street name and number, or the legal description of the proposed site;
- (2) The name and telephone number of the individual in the locale to be contacted by evaluation personnel;
- (3) Dimensions and boundaries of the site; and
- (4) The name of the public utility or municipality that provides services to the site, including water, sewer, electricity, and natural gas.

(b) Initial license; new construction or conversion of an existing building. When a facility is to be newly constructed or when an existing building is to be converted for use as an adult care home, completed application forms as prescribed by the licensing agency shall be submitted with 2 sets of preliminary construction plans and outline specifications in compliance with K.A.R. 28-39-108 to K.A.R. 28-39-113, inclusive.

(1) A conference may be held in the office of the licensing agency to review preliminary plans and outline specifications;

(2) The owner shall submit 2 copies of the final plans and specifications to the licensing agency prior to commencing construction;

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(3) Construction shall not commence before review of the plans and specifications by the licensing agency;

(4) If construction does not commence within 1 year of the date the plans and outline specifications are reviewed by the licensing agency, they shall be resubmitted for review;

(5) The owner shall submit to the licensing agency any changes in the information in the initial application, plans, or specifications;

(6) When the architect determines that construction is 50 percent completed, the owner shall notify the licensing agency;

(7) The owner shall notify the licensing agency 30 days in advance of the estimated completion date of the facility; and

(8) Upon completion of construction and when the facility is found to meet all applicable requirements of law and the applicant is found to qualify for a license, the licensing agency shall issue a license.

(c) Renewal of license. The licensee shall apply for renewal of an existing license on forms prescribed by the licensing agency not less than 120 days before the existing license expires. The renewal of a license shall be contingent upon a finding by the licensing agency that the applicant meets all applicable requirements of law.

(d) Change in ownership. The licensee shall notify the licensing agency of any anticipated change in ownership information which differs from that on the current license application form. This notice shall be submitted 60 days in advance of the proposed effective date of the change. A change of ownership shall not take effect prior to the issuance of a license to the new owner by the licensing agency.

(e) Change of administrator. The licensee shall notify the licensing agency immediately when the designated administrator of the facility no longer is responsible for overall operation of the facility. The notice shall include the name, address, current valid Kansas license number of the new administrator and the fee required by K.S.A. 1980 Supp. 39-930 or any amendments of that statute. A fee shall not be charged if the change of administrator occurs at the time the facility license renewal application is filed with the licensing agency.

(f) Change of bed capacity. A proposed change in the bed capacity of the facility, whether an increase or a decrease, shall be approved by the licensing agency before the change is made.

(g) Modification of structure. Any expansion or reconstruction or any remodeling that includes structural changes in a facility shall meet physical environment standards for new facilities and shall be approved by the licensing agency before the expansion, reconstruction, or remodeling is commenced.

(h) License fees. An initial application for a license or an application for renewal of license shall be accompanied by a license fee in compliance with K.S.A. 1980 Supp. 39-930 or any amendments of that statute. (Authorized by K.S.A. 39-932; implementing K.S.A. 39-927 and K.S.A. 1980 Supp. 39-930; effective, T-83-4, Jan. 7, 1982.)

28-39-78. Resident rights; rights standard. (a) The

licensee shall assure the residents their rights as persons and citizens which include:

(1) Rates and charges. The resident shall be fully informed in writing, before or at the time of admission, of the services available in the facility. The licensee shall inform the resident of any changes in daily or monthly charges or services which occur after admission, at least 30 days in advance of the effective date of the change;

(2) Medical information and treatment. The resident shall be informed by a physician of his or her medical condition, unless it is medically contraindicated as documented by the physician in the medical record. The resident shall be given the opportunity to participate in the planning of medical treatment. The resident has the right to refuse examination or treatment. The resident shall give informed, written consent to participate in experimental research;

(3) Transfer and discharge. The resident shall be transferred or discharged from the facility involuntarily only for medical reasons or for the welfare of the resident or others, or for nonpayment of the rates and charges imposed by the adult care home. Except in emergencies, the resident or legal guardian shall be given written notice at least 15 days in advance of a transfer or discharge of the resident;

(4) Exercising rights. The resident shall be provided the opportunity to exercise rights as a resident and a citizen. The resident shall have the right to voice grievances and recommend changes in policies and services to facility staff or outside representatives of the resident's choice, without restraint, interference, coercion, discrimination, or reprisal;

(5) Financial affairs. The resident may manage his or her personal financial affairs;

(6) Freedom from abuse. The resident shall be free from mental or physical abuse;

(7) Freedom from restraints. The resident shall be free from restraints unless the restraints are authorized by a physician for a specified and limited period of time or when necessary to protect the resident from injury to self or others;

(8) Confidentiality. The resident shall be assured confidential treatment of personal and medical records and may approve or refuse their release to any individual outside the facility, except in the case of transfer to another health care institution or as required by law;

(9) Privacy. The resident shall be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs. Residents shall have access to an area for reading, meditation, solitude, or privacy with visitors or other residents;

(10) Work. The resident shall not be required to perform services for the facility that are not included for therapeutic purposes in the plan of care;

(11) Correspondence. The resident shall be permitted to associate and communicate privately with persons of his or her choice and send and receive personal mail unopened, unless medically contraindicated as documented by the resident's physician in the medical record. All outgoing resident's mail shall be mailed promptly;

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(12) Freedom of participation. The resident shall be permitted to participate in social, religious, and community group activities at his or her discretion, unless medically contraindicated as documented by the resident's physician in the medical record;

(13) Possessions. The resident shall be permitted to retain and use personal clothing and possessions unless doing so would infringe upon the rights of other residents or unless medically contraindicated as documented by the resident's physician in the medical record;

(14) Marital privacy. If married, the resident shall be assured privacy for visits by the spouse. If both are residents of the facility, they shall be permitted to share the same room unless medically contraindicated as documented by the resident's physician in the medical record; and

(15) Choice of pharmacy. The resident shall have the right to choose the pharmacy where prescribed medications are purchased. When the facility uses a unit dose or similar medication distribution system, the resident shall have the right to choose among pharmacies that offer or are willing to offer the same or similar system as that used in the facility.

(b) Policies and procedures. The licensee shall establish and implement written policies and procedures regarding the rights of residents. They shall:

(1) Prohibit abuse, neglect, or exploitation of residents;

(2) Assure that the resident or the legal guardian of the resident is fully informed of the rights and all rules and regulations governing resident conduct prior to signing the written admission agreement;

(3) Provide for written, signed acknowledgment of this information from the resident or the legal guardian of the resident before or at time of admission; and

(4) Assure that all staff of the facility is trained and involved in the implementation of the policies and procedures. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-82. Administration. The skilled nursing home and intermediate nursing care home shall be operated in a manner to ensure the delivery of all required administrative services including those prescribed in K.A.R. 28-39-83 to K.A.R. 28-39-85 inclusive. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-83. Administration; management standard. (a) The licensee shall have full authority and responsibility for the operation of the facility and for compliance with licensing requirements.

(b) Policies and procedures. The licensee shall adopt and enforce written policies and procedures relative to:

(1) The health care, safety, psychosocial, and self-esteem needs of the residents;

(2) Protection of personal and property rights of residents;

(3) Review. All policies and procedures of the facility shall be revised as necessary and reviewed at least annually; and

(4) Availability. Policies and procedures shall be available, on request, to all persons during normal

business hours. Notice of availability shall be posted in a conspicuous location in the facility.

(c) Administrator. The licensee shall adopt a written job description for, and shall employ, a licensed administrator full-time, who is responsible for the overall management of the facility, including:

(1) Planning, organizing, and directing the operation of the facility as authorized by the licensee;

(2) Implement operational policies and procedures for the facility; and

(3) Authorizing, in writing, a responsible employee 18 years old or older to act on the administrator's behalf in his or her absence.

(d) Advisory committee. The facility shall have an advisory committee, including, but not limited to a physician, a nurse, and a religious advisor. The advisory committee shall:

(1) Give advice and counsel to the administrator;

(2) Review resident care policies at least annually;

(3) Meet at least once every 6 months; and

(4) Record and retain minutes of the meetings.

(e) Admission. The licensee shall have written policies regarding admission of residents which include the following requirements:

(1) The facility shall admit only those persons whose nursing care and physical needs can be met;

(2) Each resident admitted shall be under the care of a physician licensed to practice in Kansas;

(3) Upon admission or within 48 hours of admission, referral information shall be obtained by the facility. Referral forms shall include medical history, diagnosis, personal and social data, and activities permitted;

(4) Before admission, the prospective resident or the legal guardian of the resident shall be informed, in writing, of the rates and charges and the resident's obligations regarding payment, including the refund policy of the facility;

(5) At the time of admission, the licensee shall execute a written agreement with the resident or the legal guardian of the resident, which describes in detail the goods and services which the resident shall receive and which sets forth the obligations which the resident has toward the facility; and

(6) The facility shall not admit persons with an infection or disease in communicable stage; children under the age of 16 years; women who are pregnant or within 3 months following pregnancy; or persons in need of active treatment for alcoholism, mental condition, or drug addiction.

(f) Transfer and discharge. The facility shall have written policies regarding transfer and discharge of residents which include the following requirements:

(1) Immediate arrangements shall be made to transfer a resident when, in the written judgment of the resident's attending physician, changes in the physical or mental condition of the resident necessitate care which the facility is not capable of providing;

(2) When a resident develops a communicable disease or infection that cannot be managed in the facility, immediate arrangements shall be made for the transfer

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of the resident to an appropriate hospital or other facility. The development of a communicable disease or infection after admission shall be reported to the local health department; and

(3) Except in an emergency, a resident shall not be transferred or discharged from the facility for medical reasons without a written order from the attending physician and prior notification to the resident or the legal guardian of the resident as prescribed in K.A.R. 28-39-78(a)(3). A summary of administrative, social, medical, and nursing information shall accompany the resident if transferred to another facility or hospital.

(g) Transfer agreement. The facility shall have on file and in effect a transfer agreement with 1 or more hospitals which provides the basis for effective working arrangements under which inpatient hospital care or other hospital services are available promptly to the facility's residents when needed. A hospital and the facility shall be considered to have a transfer agreement in effect if, by reason of a written agreement between them, or in case the 2 institutions are under common control, by reason of a written understanding by the person or body who controls both institutions, there is reasonable assurance that:

(1) Transfer of residents will be effected between the facilities, without delay, whenever a transfer is medically appropriate as determined by the attending physician;

(2) There will be an interchange of medical and other information necessary or useful in the care and treatment of individuals transferred between the facilities and in determining whether these individuals can be adequately cared for otherwise than in either of the facilities; and

(3) There will be arrangements made for the transfer of personal effects, particularly money and valuables, and for the transfer of information related to these items when necessary.

(h) Outside resources. The facility shall provide services to residents according to their needs either by staff or by the use of qualified outside resources. These services shall be provided as follows:

(1) When a facility does not have on staff a qualified professional to provide a specific required service, it shall make arrangements to have the service provided by a qualified person or agency through direct services to residents or as a consultant to the facility;

(2) The terms of the agreement, including financial arrangements and charges, shall be delineated in writing and signed by an authorized representative of the facility and the person or agency providing the service; and

(3) The outside resource, when acting as a consultant, shall apprise the administrator of recommendations, plans for implementation, and continuing assessment through dated, signed reports which shall be retained by the facility.

(i) Resident possessions.

(1) The facility shall have written policies which ensure the security of residents' personal possessions.

(2) A written inventory of each resident's personal possessions, signed by the resident, or by the resident's

legal guardian, shall be completed at the time of admission and be updated annually.

(3) If a resident deposits personal possessions with the facility for safekeeping, a written record shall be maintained and a receipt given to the resident.

(j) Resident funds.

(1) If the facility accepts a resident's funds for safekeeping or assumes responsibility for a resident's financial affairs, the resident shall agree in writing to the transfer of responsibility to the facility.

(2) The facility shall utilize an accounting system which ensures an accurate accounting of receipts and disbursements made to, or on behalf of, a resident.

(3) The facility shall designate in writing the person responsible for the accounting system.

(4) Receipts shall be signed by the resident or the legal guardian of the resident for all transactions.

(5) The facility shall make a written quarterly accounting of transactions to the resident and shall advise the resident of the current balance of the resident's funds.

(k) Power of attorney and guardianship. A power of attorney from or legal guardianship for a resident shall not be accepted by anyone employed by or having a financial interest in the facility unless the person is related by marriage or blood within the second degree to the resident.

(l) Reports. The administrator shall submit to the licensing agency, not later than 10 days following the period covered, a quarterly report of residents and employees. The report shall be submitted on forms provided by the licensing agency. The administrator shall submit any other reports as required by the licensing agency.

(m) Telephone. The facility shall maintain at least 1 non-cooperated telephone accessible to residents or employees for use in emergencies. Names and telephone numbers of persons or places commonly required in emergencies shall be posted adjacent to the telephone. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-84. Administration; resident care policies and procedures standard. (a) The licensee shall have and implement written resident care policies and procedures for meeting the total medical, nursing, nutritional and psychosocial needs of residents.

(b) Scope of policies. These policies and procedures shall govern the overall care of residents, including admission procedures, the resident care plan, all areas of service and functions provided by the facility, and transfer and discharge procedures.

(c) Responsibility. The licensee shall appoint in writing a physician, or licensed nurse to be responsible to the administrator for the execution of resident care policies and procedures and resident care plans for all the residents. If the responsibility for the day-to-day execution of resident care policies and procedures has been delegated to a licensed nurse, the physician on the advisory committee shall be available to render medical guidance to the licensed nurse.

(d) Resident care plan. There shall be a written,

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overall care plan, individualized for each resident, which shall:

(1) State the objective of the plan which, as a minimum, shall be to attain or maintain the optimal physical, intellectual, social, and vocational functioning of which the resident is presently or potentially capable;

(2) Be developed from an interdisciplinary assessment of the resident consisting of medical, nursing, dietary, activities, and psychosocial diagnoses or evaluations;

(3) Set forth an integrated program to achieve measurable resident goal(s);

(4) Identify the service responsible to assist the resident in the attainment of each goal(s); and

(5) Be reviewed at least quarterly and revised if necessary. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-85. Administration; personnel policies and staff development standard. (a) The administrator shall develop, implement and maintain written personnel policies, procedures, job descriptions, and a staff development policy and procedure for all employees to assure effective delivery of services to residents.

(b) Records. Personnel records shall be current and shall contain documentation of the employee's qualifications for the position to which the employee is assigned.

(c) Control of disease.

(1) Written policies and procedures for control of communicable disease shall be in effect to ensure that employees with symptoms or signs of communicable disease shall not be permitted to work.

(2) All employees shall have a physical examination before employment which shall consist of appropriate examinations, including a chest x-ray or tuberculosis skin test. Subsequent physical examinations or health assessments shall be given in accordance with facility policies.

(3) Documentation of the examination, signed by a physician, shall be maintained in the employee's personnel record.

(4) In case of an emergency where the care of residents would suffer without the immediate employment of an individual, the individual may be employed without the examination required above, provided the examination is completed within 10 days of the date of employment.

(d) Employee complaints. There shall be written policies and procedures that provide for the registration and disposition of employee complaints to the administrator or licensee or to regulatory agencies, without threat of discharge or reprisal.

(e) Staff development. There shall be an ongoing staff development program which is planned and conducted for the improvement of skills for all employees as follows:

(1) The facility shall regularly conduct and document an orientation program for new employees that includes review of facility policies;

(2) The facility shall plan and conduct an in-service staff development program for all personnel. The program shall include as a minimum:

(A) For all employees: annual training in fire pre-

vention and safety, accident prevention, confidentiality of resident information, psychosocial needs of residents, infection control, and resident rights; and

(B) For nursing and other health care delivery personnel: annual training in restorative nursing techniques and dental care and hygiene.

(3) Unlicensed employees giving direct, individual care to residents shall participate in at least 12 hours of staff development programs per year. All other employees shall participate in at least 8 hours of staff development programs per year; and

(4) Written records shall be maintained which indicate the content of staff development programs and attendance. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-86. Health services. The skilled nursing home and intermediate nursing care home shall provide organized health services with qualified personnel to meet the health needs of the residents and shall meet the health services requirements prescribed in K.A.R. 28-39-87 to K.A.R. 28-39-92 inclusive. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-87. Health services; nursing services standard. (a) The facility shall provide programs and personnel to meet the nursing needs of the residents.

(b) Supervision.

(1) Skilled nursing home facilities. Immediate supervision of the nursing services shall be provided by a director of nursing services who is employed, full-time, on the day shift. If the director of nursing services has other institutional responsibilities, a registered nurse shall be designated to serve as the assistant to the director and shall act on behalf of the director during absences of the director.

(2) Intermediate nursing care facilities. Immediate supervision of the nursing services shall be provided by a health services supervisor who is employed, full-time, on the day shift. If the health services supervisor has other institutional responsibilities, a licensed nurse shall be designated to serve as the assistant to the supervisor and shall act on behalf of the supervisor during absences of the supervisor. When a licensed practical nurse serves as health services supervisor in an intermediate care facility, the facility shall arrange for consultation from a registered nurse. The consultant shall assist in setting standards of nursing practice and in nursing staff development and shall provide consultation in nursing functions. Consultation shall be given in the facility a minimum of 4 hours per week, during periods when the health services supervisor is on duty.

(3) The health services supervisor or director of nursing services shall have written administrative authority, responsibility, and accountability for the functions and activities of the nursing services staff.

(c) Staffing. The facility shall employ qualified personnel to ensure that resident needs are met 24 hours a day. The following requirements shall be met:

(1) The facility shall provide a registered nurse or licensed practical nurse on the day shift 7 days a week for each nursing unit. The health services supervisor

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may be included to meet this requirement. In intermediate nursing care facilities, there shall be a licensed nurse on call for emergencies at any time when a licensed nurse is not on duty in the facility. In skilled nursing home facilities, there shall be a licensed nurse on each shift for each nursing unit, including the services of a registered nurse at least during the day shift, 7 days a week. If a licensed practical nurse is on duty on the evening or night shift, there shall be a registered nurse on call to assist if necessary;

(2) Nursing personnel shall be assigned duties consistent with their education and experience. All nurse aide trainees who provide direct, individual care to residents shall be under the direct on site supervision of a licensed nurse. The nurse aide trainee shall become a certified nurse aide within 6 months of employment. Nursing personnel shall not be assigned housekeeping duties;

(3) Schedules of staffing shall be maintained and kept on file in the facility for 12 months and shall include the hours actually worked and classification of nursing personnel who work in each nursing unit on each shift;

(4) Personnel shall be immediately accessible to all residents to assure prompt, necessary action in case of injury, illness, fire, or other emergency;

(5) Direct, individual resident care shall be provided by nursing personnel, activities director, and social services designee, in accordance with the following minimum requirements per resident per 24 hour period which shall be calculated as follows:

(A) Skilled nursing home facilities: 2.0 hours per resident per 24 hours on a weekly basis, and no less than 1.85 on a daily basis.

(B) Intermediate nursing care facilities: 1.75 hours per resident per 24 hours on a weekly basis and no less than 1.60 on a daily basis.

(6) Two nursing personnel, 1 of whom shall be a licensed nurse or a certified medication aide, shall be on duty at all times. The ratio of nursing personnel to residents at no time shall be less than 1 nursing personnel for each 30 residents or for each fraction of that number of residents.

(7) The licensing agency may require an increase in the number of nursing personnel above minimum levels under certain circumstances not necessarily limited to quality of nursing care administered. Other considerations include location of residents, locations of nurses' stations, and the knowledge that residents' needs for welfare, health, and safety are not being met.

(d) Charge person. At all times there shall be a charge person designated by the health services supervisor or director of nursing who shall be responsible for supervision of all nursing activities in the facility during the assigned shift. In skilled nursing home facilities, there shall be a charge nurse for each shift who is a registered nurse or licensed practical nurse. The health services supervisor or director of nursing may serve as a charge nurse in facilities with average daily occupancies of 60 residents or less.

(e) Restraints. There shall be a signed physician's order for any restraint, including justification, type of restraint, and duration of application. A resident shall

not be restrained unless, in the written opinion of the attending physician, it is required to prevent injury to the resident or to others, and alternative measures have failed.

(f) Resident care and hygiene. The facility shall provide supportive services to maintain the residents' comfort and hygiene as follows:—

(1) Residents confined to bed shall receive a complete bath every other day and more often as needed;

(2) Incontinent residents shall be checked at least every 2 hours and shall have partial baths and clean linens promptly when the bed or clothing is soiled;

(3) Pads shall be used to keep the resident dry and comfortable;

(4) Rubber, plastic, or other types of protectors shall be kept clean, completely covered, and not in direct contact with the resident;

(5) Soiled linen and clothing shall be removed immediately from the resident's room to prevent odors;

(6) There shall be available fresh water for all residents. For all non-ambulatory residents, fresh water or other fluids shall be available at the bedside at all times unless fluids are restricted by physician's order;

(7) Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be taken to prevent dry, cracked lips; and

(8) There shall be a written ongoing program for skin care implemented as follows:

(A) Bony prominences and weight-bearing parts, such as heels, elbows, and back, shall be bathed and given care frequently to prevent discomfort and the development of pressure sores;

(B) Treatment for pressure sores shall be given according to written physician's orders;

(C) The position of residents confined to bed shall be changed at least every 2 hours during the day and night;

(D) Residents shall be positioned in good body alignment; and

(E) Precautions shall be taken to prevent foot drop in bed residents.

(g) Oxygen.

(1) Precautions shall be taken during administration of oxygen in the facility to ensure the safety of residents and staff;

(2) Oxygen shall be administered only upon the written order of the attending physician;

(3) The health services supervisor or director of nursing shall be responsible to see that the staff administering oxygen are trained and competent to do so and that equipment is properly functioning;

(4) Oxygen shall only be administered in private or semi-private rooms;

(5) A sign shall be posted on the corridor side of the door which reads "Oxygen—No Smoking;"

(6) Before the use of oxygen, all smoking materials, matches, lighters, or any item which could cause a spark or flame shall be removed from the room; and

(7) Oxygen containers shall be anchored to prevent them from tipping or falling over.

(h) Supervision of resident nutrition.

(1) Nursing personnel shall monitor food and fluid

(continued)

intake of residents and shall assist when necessary in the feeding of residents;

(2) Procedures shall be established to inform the dietetic services department of physicians' diet orders and of residents' dietetic problems; and

(3) Food and fluid intake of residents shall be observed, recorded, and reported to the charge person.

(i) Restorative nursing care.

(1) The facility shall have a written program of restorative nursing care which shall be an integral part of nursing services and shall be directed toward assisting the resident to achieve and maintain an optimal level of self-care and independence;

(2) There shall be evidence of a regular staff development in restorative nursing techniques for all nursing personnel to promote ambulation, aid in activities of daily living, assist in activities, assist in bladder and bowel retraining, self-help, maintenance of normal range of motion, and chair and bed positioning, and prevent or reduce incontinence; and

(3) Written records shall be maintained of all restorative nursing services performed. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-88. Health services; physician services standard. (a) The facility shall have policies and procedures which state that the resident is admitted to the facility on the written order of a physician, and remains under a physician's care during the residency at the facility.

(b) Admission documents. The facility shall obtain from the resident's physician, before or at the time of admission, orders for the immediate care of the resident. Within 48 hours of admission, the facility shall obtain from the resident's physician additional resident information including current medical findings, diagnoses, rehabilitation potential, and summary of prior treatment.

(c) Physician supervision. The health care of the resident shall be under the supervision of a physician. The facility shall obtain from each resident's physician a plan for the care of the resident. The facility shall ensure, to the fullest extent possible, that the following requirements are met:

(1) The resident's physician sees the resident whenever necessary;

(2) A written progress note is prepared and signed by the physician at the time of visits, and all orders are signed by the physician; and

(3) Annually, there is a physical examination for each resident including tests as deemed necessary by the attending physician. The results shall be entered in the medical record.

(d) Emergency physician. At the nurses station, written procedures shall be available which provide for having a physician to furnish necessary medical care in case of emergency.

(e) Procedure in the event of death. A body shall not be removed from the facility until a physician has given permission.

(f) Medical director.

(1) In skilled nursing home facilities, there shall be a written agreement with a physician to serve as medi-

cal director on a part-time or full-time basis, depending on the needs of the facility;

(2) The medical director shall be a physician duly licensed to practice medicine or osteopathy in Kansas. The medical director may be designated for a single facility or multiple facilities through arrangements with a group of physicians, the local medical society, a hospital medical staff, or other qualified source;

(3) The medical director shall be responsible for the overall coordination of medical care in the facility;

(4) The medical director shall participate in the development of policies and procedures for medical care, including delineation of the responsibilities of attending physicians, and shall be responsible for the execution of resident care policies; and

(5) The medical director shall review records of accidents that occur on the premises to identify hazards to health and safety. He or she shall give necessary information to the administrator to help ensure a safe and sanitary environment for residents, personnel, and visitors. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-89. Health services; pharmacy services standard. (a) The facility shall ensure safe and accurate ordering, storage, distribution, administration, review, and recording of all medications and biologicals and shall have written policies and procedures for pharmacy services.

(b) Pharmacist supervision. A pharmacist shall be responsible for developing, coordinating, and supervising all pharmacy services as follows:

(1) The facility shall have a written agreement with a pharmacist for general supervision of pharmacy services;

(2) The services provided shall include written documentation of at least monthly review of methods, procedures, storage, administration, disposal, record keeping of drugs and biologicals, and other areas of importance;

(3) The pharmacist shall devote a sufficient number of regularly scheduled hours to carry out the responsibilities above; and

(4) A monthly, written report shall be prepared by the pharmacist and submitted to the administrator.

(c) Ordering and labeling.

(1) All medications shall be obtained pursuant to a written order issued by the resident's attending physician;

(2) Each prescription medication container shall be labeled by the dispensing pharmacist in accordance with K.A.R. 68-7-14;

(3) Over-the-counter medications may be obtained. The medication shall be delivered to the facility in the original, unbroken manufacturer's package. The medication shall have the full name of the resident placed on the container by the pharmacist, director of nursing or health services supervisor, or charge nurse. If over-the-counter medications are removed from the original, unbroken manufacturer's package, the medication shall be labeled as required for prescription medications; and

(4) Verbal orders for medications may be made.

(continued)

Physician's verbal orders for medications shall be given to a licensed nurse, pharmacist, or physician. Verbal orders for medications shall be immediately recorded in the medical record and shall be signed by the person receiving them, and shall be countersigned by the attending physician within 5 days.

(d) Automatic stop orders. Medications not specifically limited as to time or number of doses when ordered shall be controlled by automatic stop orders or other methods in accordance with written policies of the facility. The attending physician shall be notified of an automatic stop order before administering the last dose so that the physician may decide if additional medication is to be obtained.

(e) Storage. The pharmacist shall ensure that all medications are stored according to state and federal laws. In all areas of the facility, all medications and biologicals shall be securely stored and maintained in a locked room. Only persons authorized to administer medications shall have access to the keys to the medication room. Separately locked, permanently affixed compartments shall be provided for the storage of controlled substances listed in schedule II in the comprehensive drug abuse prevention and control act of 1970 as in effect on July 1, 1981, and other drugs, which in the opinion of the pharmacist, are subject to abuse.

(f) Administration of medications. The facility shall ensure that all medications are administered to residents in a safe and accurate manner and in accordance with a physician order and requirements of law. The following requirements shall be met:

(1) All medications shall be administered by physicians, licensed nursing personnel, or by other personnel who have completed a state-approved training program in medication administration. Injectables shall be administered only by physicians or licensed nurses;

(2) Self-administration of medication by residents shall be permitted only with the written permission of the resident's attending physician;

(3) Medications shall be prepared and immediately administered by the same person; and

(4) Medications shall be checked against physician's orders, the resident shall be identified prior to administration, and the dose of the medication administered to the resident shall be recorded on the resident's individual medication record by the person who administers the medication.

(g) Accountability and disposition. Medications shall be controlled and disposed of in a manner that ensures resident safety as follows:

(1) Records of receipt and disposition of all controlled substances shall be maintained in sufficient detail to enable an accurate reconciliation. The pharmacist shall determine that medication records are in order and that an account of all controlled substances is maintained and reconciled;

(2) During the scheduled monthly review, the pharmacist shall identify for destruction all deteriorated or discontinued medications and those unused medications remaining from a discharged or deceased resident. The pharmacist shall destroy these medications

at the facility and in the presence of 1 witness who is a licensed staff person. A record of the date, drug name, and quantity destroyed shall be kept on file at the facility; and

(3) Medications, which have been recalled, shall be returned to the dispensing pharmacy and documentation shall be kept in the facility.

(h) Medication review. In skilled nursing home facilities, the pharmacist shall review the drug regimen of each resident at least monthly and report any irregularities to the medical director, the administrator, and the pharmacy services committee. The pharmacist shall document the review in the residents' medical record. Every 90 days, in intermediate nursing care facilities, the pharmacist shall conduct a drug regimen review of all residents and report any irregularities to the attending physician and to the pharmacy services committee and document the review in the medical record. The physician shall be notified when, in the opinion of the pharmacist, changes are appropriate. In intermediate nursing care facilities, the registered nurse shall review all residents' medications monthly to determine that the drugs ordered by the physician are actually given. Any deviation between drugs ordered and given shall be reported to the pharmacy services committee. The attending physician shall review medications quarterly in intermediate nursing care facilities.

(i) Experimental medications. Medications intended solely for study or experimental use shall not be administered unless authorized by and in compliance with the regulations of the United States food and drug administration as in effect on July 1, 1981, and then only with the written informed consent of the resident involved.

(j) Pharmacy services committee. All adult care-homes shall have a pharmacy services committee comprised of at least the pharmacist, a licensed nurse, the administrator, and a physician. The committee shall assist in the development of all policies and procedures relating to medication control and accountability. The committee shall oversee pharmacy services and training in drug administration in the facility, make recommendations for improvement and monitor the service to ensure its accuracy and adequacy. The committee shall meet at least quarterly and shall document its activities, findings, and recommendations.

(k) Emergency medication kits. Each skilled nursing home facility shall have an emergency medication kit and each intermediate nursing care home facility may have an emergency medication kit. The pharmacy services committee shall determine the need for an emergency medication kit in an intermediate nursing care home facility. The determination shall be made in writing and be signed by committee members and dated. The basis of the committee's determination shall be stated. The emergency medication kit shall be in compliance with K.A.R. 68-7-10(d). (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-90. Health services; special services standard.

(a) The facility shall ensure that residents have avail-

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able special health services, including diagnostic, dental, and specialized rehabilitation services as follows:

(b) Diagnostic services.

(1) The facility shall have written policies, procedures, and contracts as necessary to ensure the availability of diagnostic and dental services to residents; and

(2) The facility shall have the following provisions for promptly obtaining required laboratory, x-ray, and other diagnostic services:

(A) If the facility provides its own clinical laboratory and x-ray services, these shall meet the applicable statutory and regulatory requirements for the operation of the services;

(B) If the facility itself does not provide the services, written arrangements shall be made for obtaining the services from a physician's office, a participating hospital or other facility, or a portable x-ray supplier or independent laboratory approved by an appropriate agency to provide the services;

(C) All services shall be provided only on the written orders of the attending physician;

(D) The physician shall be promptly notified of the findings. The signed and dated clinical reports shall be filed in the resident's medical record; and

(E) The facility shall assist the resident, if necessary, in arranging for transportation to and from the source of the service.

(c) Dental care.

(1) The facility shall have arrangements to assist residents to obtain routine and emergency dental care;

(2) The facility shall have a cooperative written agreement with a dental service, and shall maintain a list of dentists in the community for residents who do not have a dentist;

(3) An advisory dentist shall participate yearly in the staff development program for nursing and other involved personnel and shall recommend oral hygiene policies and procedures for the care of residents; and

(4) The facility shall assist the resident, if necessary, in arranging for transportation to and from the dentist's office.

(d) Specialized rehabilitation services.

(1) In addition to restorative nursing services, the facility shall provide or arrange for specialized rehabilitation services by qualified personnel as needed by residents to improve and maintain functioning;

(2) Rehabilitative needs shall be met either through services provided directly by the facility or by arrangements with qualified outside resources;

(3) Services shall be provided by qualified persons in at least the areas of physical therapy, speech pathology, audiology, and occupational therapy;

(4) Services shall be provided upon the written order of the resident's physician;

(5) Safe and adequate space and equipment shall be available commensurate with the services offered;

(6) Rehabilitative services performed shall be recorded in the resident's record and shall be signed and dated by the person providing the service;

(7) Written policies and procedures shall be developed for specialized rehabilitative services with input

from qualified therapists and representatives of the medical, administrative, and nursing staffs; and

(8) Rehabilitative services shall be provided under a written plan of care initiated by the attending physician and developed in consultation with the therapist(s) involved and with nursing service. A report of the resident's progress shall be communicated to the attending physician within 2 weeks of the initiation of the service. Thereafter, the resident's progress shall be reviewed and revised not less than quarterly. In skilled nursing home facilities, the plan shall be reviewed not less than every 30 days following the initial report. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-91. Health services; medical records standard.

(a) The facility shall maintain an organized resident medical record system in accordance with this rule and regulation and accepted professional standards and practices.

(b) General requirements.

(1) Records shall be maintained on all residents;

(2) The facility shall have written policies and procedures governing the record system, which cover access to, duplication of, and dissemination of information from the residents' records. The policies shall include a provision to make the records available to professional and other staff directly involved with the resident and to authorized representatives of federal, and state governments;

(3) Resident records shall be the property of the facility;

(4) Information contained in the resident's record shall be privileged and confidential. Written consent of the resident or a legal agent acting on the resident's behalf shall be required for release of information, except in case of transfer to another facility or as required by law. Relatives of the resident shall not have access to the resident's record, except under the above condition of written consent;

(5) The facility shall maintain equipment and storage space to provide security against destruction, fire, theft, loss, or unauthorized use;

(6) Records shall be maintained for a minimum of 5 years following a resident's discharge or death;

(7) Medical records of current residents and those of discharged residents shall be completed promptly. All clinical information pertaining to a resident's stay shall be centralized in the resident's medical record; and

(8) When a facility closes, resident medical records shall be transferred with the resident if the resident is transferred to another facility. Otherwise, the licensee shall make provisions for the safekeeping and confidentiality of all medical records.

(c) Content. As a minimum, the resident record shall include: physician's orders, observation and progress notes, nurses' notes, medical and nursing history, physical examination reports, identification information, admission data, documented evidence of assessment of resident's needs, establishment of treatment plan, plans of care and services provided, hospital diagnoses authentication (discharge summary, report from attending physician, or transfer form), diagnostic

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and therapeutic orders, reports of treatments, clinical findings, medication records, and discharge summary, including final diagnosis and prognosis, or cause of death. The information shall be accurately documented and sufficient to identify the resident and shall state clearly the basis for the diagnosis and treatment. All incidents, symptoms, and other indications of accident, illness or injury, including the date, time and action taken, shall be recorded.

(d) Physician documentation. Only physicians shall enter or authenticate in medical records any opinions that require medical judgment. Physicians shall sign their own entries or entries instructed by them to be written in the medical record.

(e) Nurses' notes. The nurses' notes in a resident's medical record shall meet the following requirements:

(1) Medications or treatments administered to residents shall be recorded;

(2) Observations made concerning the condition of critically or acutely ill residents shall be recorded daily on each shift;

(3) Observations made concerning the condition of residents who are not critically or acutely ill shall be recorded, in summary form, at least once per month for each shift;

(4) Nurses' notes shall be written in chronological order and shall be signed and dated by the person making the entry;

(5) Nurses' notes shall include, but not be limited to, observations made concerning general condition of the resident, any change in physical or mental condition, any incident or accident, and significant items of care; and

(6) Erasures or white-outs shall not be used. Errors shall be lined through and the word "error" added. Errors shall be signed and dated by the person making the correction. Entries shall not be recopied.

(f) Staffing. Overall supervisory responsibility for preparing and maintaining residents' medical records shall be assigned to a full-time employee of the facility. The facility shall provide sufficient supportive personnel competent to carry out the functions of the medical record service. If the medical record supervisor is not a qualified medical record practitioner, consultation shall be provided through written agreement with a person so qualified.

(g) Indexing. In skilled nursing home facilities, residents' medical records shall be indexed according to name of resident and final diagnosis in order to facilitate acquisition of statistical medical information and retrieval of records for research or administrative action. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-92. Health services; dietetic services standard. (a) The facility shall provide a hygienic dietetic services system that meets the daily nutritional needs of residents, ensures that special dietetic needs are met, and provides palatable and attractive meals. A facility that has a contract with an outside food management company may be found to be in compliance, provided the company meets the requirements listed below.

(b) Policies and procedures. There shall be written policies and procedures which include all functions of

the dietetic services department. The policies and procedures shall be available for use in the department.

(c) Supervision. Overall supervisory responsibility for the dietetic services shall be assigned to a dietetic services supervisor who shall be a dietitian or who has consultation from a dietitian. Sufficient support personnel shall be provided to assure adequate time for supervision.

(d) Nutrition and menu planning.

(1) Menus shall be planned and followed to meet the nutritional needs of residents in accordance with physicians' orders, the residents' nutritional care plans, and to the extent medically possible, the current recommended daily allowances of the food and nutrition board of the national research council, national academy of sciences, as in effect on July 1, 1981;

(2) Menus shall be written at least 2 weeks in advance;

(3) Records of the meals served shall be kept on file for 30 days and shall be available for review;

(4) When substitutions are necessary, they shall be of similar nutritive value, recorded, and available for review; and

(5) Records which show the amounts and kinds of food purchased shall be retained for 3 months.

(e) Diets.

(1) All diets shall be prescribed by the attending physician;

(2) A current diet manual, approved by the dietitian, shall be readily available to attending physicians, nurses, and dietetic service personnel. The manual shall be used as a guide for writing menus for therapeutic diets;

(3) The facility shall provide food or nourishments as needed for prescribed diets; and

(4) Tube feedings shall be prepared and served according to the individual diet order for each resident. Tube feeding formula and equipment shall be handled in a sanitary manner and the formula used within 24 hours. Formula shall be labeled with the resident's name and the date it is prepared.

(f) Meal schedules.

(1) At least 3 meals per day or their equivalent shall be served at regular hours;

(2) There shall not be more than a 14 hour span between substantial evening meal and the first substantial meal served on the following day;

(3) If a 4 or 5 meal plan is used, the nutritional value provided shall meet the recommended daily allowances specified in this rule and regulation. The evening meal shall include foods that are good sources of protein, 20 percent of the total calories for the day and 3 items other than beverage; and

(4) To the extent medically possible, bedtime nourishments shall be available and offered routinely to all residents.

(g) Preparation and service.

(1) Foods shall be prepared by methods that conserve the nutritive value, flavor, and appearance and shall be attractively served at the proper temperature;

(2) Standardized recipes adjusted to the number served shall be used;

(continued)

- (3) Ice shall be available for meal and room service;
- (4) The facility shall provide self-help eating devices as needed;
- (5) Dining room service shall be available for all residents;
- (6) The dietetic services department shall be provided with current written information from nursing services regarding residents' diet orders and other pertinent information;
- (7) A current record of all diet orders, food preferences, and limitations for each resident shall be maintained in the dietetic services department;
- (8) A method shall be developed and followed to identify trays and plates by resident's name, location, and diet order; and
- (9) Nourishments shall be available between scheduled meals. Ice shall be provided for resident service and handled in a sanitary manner to prevent contamination. If ice is accessible to the residents, it shall be provided by ice-dispenser units.
- (h) Storage.
- (1) Food shall be stored, prepared, displayed, transported, and served under sanitary conditions;
- (2) Food transported for room service and to dining rooms not adjacent to the dietetic services department shall be covered;
- (3) Potentially hazardous foods shall be kept at a temperature of 45° F. (7° C.) or lower or at a temperature of 140° F. (60° C.) or higher during dishing and service;
- (4) The preparation or serving of food from damaged or unlabeled containers shall be prohibited;
- (5) Only pasteurized, fresh milk shall be used for beverage and shall be served to a glass directly from the milk dispenser or container as delivered from the dairy;
- (6) Dry or staple foods shall be stored at least 6 inches (15 centimeters) above the floor on clean surfaces in a way that permits cleaning the storage area and that protects the food from contamination.
- (7) Cold food storage equipment shall be provided with a numerically scaled indicating thermometer, accurate to 3° F. (-16° C.) and located to measure the air temperature in the warmest part of the equipment; and
- (8) Containers of poisonous compounds or cleaning supplies shall be kept in areas separate from those used for food storage, preparation, or serving.
- (i) Sanitation.
- (1) Dietetic services personnel shall practice hygienic food handling techniques;
- (2) A lavatory with hot and cold running water, soap, and single service towels or mechanical hand drying device, shall be provided in the dietetic services department and shall be used only by the dietetic services personnel;
- (3) Only authorized persons shall be allowed in the dietetic services area;
- (4) The food preparation area shall not be used as a dining area;
- (5) Cleaning procedures shall be established for all work areas, serving areas, and equipment;
- (6) Mechanical cleaning and sanitizing of equipment shall be done by immersion, by spray-type, or by

low-temperature (chemical) dishwashing machines according to manufacturer's directions. Rinse temperature in hot water machines at a minimum shall be 180° F. (82° C.) for 12 seconds at manifold level;

(7) All tableware, kitchenware, and equipment shall be air dried;

(8) Mops and mop pails shall be provided for exclusive use in the dietetic services area; and

(9) Waste shall be disposed of in a sanitary manner. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-93. Other resident services. The skilled nursing home and intermediate nursing care home shall provide other organized resident services to meet the psychosocial needs of residents including those prescribed in K.A.R. 28-39-94 and K.A.R. 28-39-95. The facility may provide services as prescribed in K.A.R. 28-39-96. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-94. Other resident services; social services standard. (a) The facility shall have methods for identifying the medically-related psychosocial needs of the resident. The medically-related psychosocial needs of the resident shall be identified by qualified staff of the facility or by referral to a qualified outside resource through established procedures.

(b) If the facility offers social services, a member of the staff shall serve as social services designee. If the social services designee is not a social worker, a written agreement shall be made with a social worker or recognized social agency for consultation, on a scheduled basis, regarding these services. If the facility does not offer social services, it shall have written procedures for referring residents to qualified outside resources.

(c) The facility, as part of the resident care plan, shall assist each resident to adjust to the social and emotional aspects of the resident's illness, treatment, and stay in the facility. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-95. Other resident services; activities services standard. (a) The facility shall provide activities services designed to meet the needs and interests of the residents.

(b) Staffing. The facility shall have an activities director and such other staff as is necessary to properly implement the activities services.

(c) Provision of services. The activities director shall develop a schedule for group and independent activities. There shall be opportunities for residents to participate in activities of interest inside and outside the facility through educational, social, recreational, and religious resources. Necessary supplies and equipment shall be available for these activities. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-96. Other resident services; day care service standard. (a) The facility may provide adult day care services which shall be in accordance with adopted policies and procedures. The facility shall have written policies and procedures which describe the day care program objectives and govern provision of services.

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(b) The facility shall notify the licensing agency in writing if day care services are provided. The information shall include:

(1) Identification of specific day care services provided;

(2) Maximum number of persons to be served; and

(3) Hours of operation.

(c) The licensing agency shall be notified when there is any change in the program. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-97. Environmental sanitation and safety. The skilled nursing home and intermediate nursing care home shall provide staff and services to ensure a clean, safe, and comfortable environment for residents and shall meet the environmental sanitation and safety requirements prescribed in K.A.R. 28-39-98 to K.A.R. 28-39-102, inclusive. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-98. Environmental sanitation and safety; infection control standard. (a) The facility shall provide a sanitary environment and shall follow proper techniques of asepsis, sterilization, and isolation.

(b) The facility shall have written policies and procedures for aseptic and isolation techniques. The policies and procedures shall be followed by all employees. If the facility does not have the capability of caring for a resident with an infectious disease, the written policies shall include provisions for handling the case until arrangements can be made to transfer the resident to an appropriate facility.

(c) The facility shall have written procedures to insure safe disposal of infectious waste and materials.

(d) The facility shall have written procedures to maintain surveillance of the health status of all employees.

(e) Ice storage containers shall be kept clean and ice shall be handled in a sanitary manner to prevent contamination. Ice scoops shall be handled in a sanitary manner. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-99. Environmental sanitation and safety; housekeeping standard. (a) Housekeeping services shall be provided to maintain a safe, sanitary, and comfortable environment for residents, and to help prevent the development or transmission of infections.

(b) The facility shall have written policies and procedures for the functions and responsibilities of the housekeeping staff.

(c) The facility shall be kept free of insects, rodents, and vermin.

(d) The grounds shall be free from accumulation of rubbish and other health or safety hazards.

(e) The interior and exterior of the building shall be maintained in a clean, safe, and orderly manner.

(f) Provisions shall be made for the disposal of soiled dressings and any biologically contaminated items in a safe and sanitary manner.

(g) Wastebaskets shall be located at all handwashing facilities and the refuse container in the dietary department shall have a tight fitting cover when not in continuous use. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-100. Environmental sanitation and safety; laundry standard. (a) Laundry services shall be provided for institutional linens and residents' personal laundry.

(b) Laundry services shall be provided in the facility or by contract with an outside laundry service.

(c) Measures shall be taken to ensure that residents' personal laundry is marked or otherwise identifiable.

(d) If laundry is processed on site, there shall be staff to ensure clean laundry sufficient to meet the resident's needs available at all times.

(e) Minimum water temperature of 160° F. (71° C.), measured in the washing machine, shall be supplied so that temperature may be maintained over the entire wash and rinse period.

(f) If laundry services are provided by an outside service, clean laundry supply on hand shall be at least 3 times the resident census. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-101. Environmental sanitation and safety; maintenance standard. (a) The facility shall establish a written preventive maintenance program to ensure that equipment is operative and that the interior and exterior of the building are safe, clean, and orderly.

(b) All buildings shall be maintained in good repair and free from hazards.

(c) All electrical and mechanical equipment shall be maintained in good repair and in safe operating condition.

(d) Resident care equipment for personal care and treatments shall be maintained in a safe and sanitary condition.

(e) Building and equipment supplies shall be stored in areas not accessible to residents. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-102. Environmental sanitation and safety; disaster preparedness standard. (a) The facility shall have a written plan with procedures to be followed if a disaster, such as fire, tornado, explosion, or flood, occurs inside or outside the facility. The facility shall ensure that the staff are prepared for a disaster.

(b) The disaster plan shall be available and posted for residents and staff.

(c) The plan shall include evacuation routes and procedures to be followed in case of fire, tornado, explosion, flood, or other disaster. The plan shall include procedures for the transfer of residents, casualties, medical records, medications, and notification of next-of-kin and other persons.

(d) The plan shall be coordinated with area government plans and agencies.

(e) A minimum of 1 tornado or general disaster drill shall be held annually involving residents and staff.

(f) The plan shall be reviewed with staff at least annually. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-103. Physical environment; existing facilities. The skilled nursing home and intermediate nursing care home shall provide a physical environment that promotes the health, safety, and well-being of resi-

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dents and employees and which meets the requirements prescribed in K.A.R. 28-39-104 to K.A.R. 28-39-107 inclusive. Facilities licensed before the effective date of these regulations shall have 12 months from the effective date of this regulation to comply with the physical environment requirements. Any existing facility which is in compliance with the rules and regulations for adult care homes that became effective January 1, 1963, or the rules and regulations for adult care homes that became effective February 15, 1977, shall continue to comply with those rules and regulations regardless of the minimums established under these regulations. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-104. Physical environment; existing facilities; general requirements standard. (a) The facility shall contain the following units, areas, and rooms prescribed by this rule and regulation. If minimum space requirements are not specified for a required unit, area, or room, the unit, area, or room shall be sufficient in size to accommodate or accomplish the function or activity to be performed in the unit, area, or room.

(b) Nursing unit. A nursing unit shall contain the following rooms and areas.

(1) Resident rooms. At least 1 resident room shall be a private room equipped with a private toilet and bathing facilities. Each resident room shall:

(A) Accommodate a maximum of no more than 4 residents;

(B) Have a minimum square footage, exclusive of toilet rooms, closets, lockers, wardrobes, other built-in fixed items, alcoves, or vestibules, of 100 square feet (9.29 square meters) in 1-bed rooms and 80 square feet (7.43 square meters) per bed in multi-bed rooms. Notwithstanding the other requirements of this section, facilities licensed prior to January, 1963, shall provide a minimum floor area per bed as follows: 1-bed rooms, 90 square feet (8.5 square meters) per bed; 2-bed rooms, 80 square feet (7.43 square meters) per bed; 3 to 4-bed rooms, 70 square feet (6.4 meters) per bed;

(C) Provide the resident access to toilet and bathing facilities from the general corridor or direct access from the resident room to toilet and bathing facilities;

(D) Provide a fixed closet or wardrobe with a shelf and hanging rod; and

(E) Provide visual privacy for each resident in multi-bed rooms, with cubicle curtains suspended on a ceiling-mounted track or on a wall-mounted telescoping device. Visual screening shall be provided between each bed and between the corridor door viewpoint and each bed. Curtain material shall be launderable and shall be flame retardant.

(2) Service areas or rooms. The service areas or rooms required in this rule and regulation shall be located in each nursing unit and shall be accessible directly from the general corridor without passage through an intervening room or area, except medicine preparation rooms. A service area or room shall not serve more than 1 nursing unit, except as otherwise indicated. The service areas and rooms specified below shall provide space and equipment as prescribed in this rule and regulation.

(A) A nurses' station shall provide space for charting,

records, a telephone, and a nurses' call system signal register.

(B) A medicine preparation room shall be provided, with work counter, lavatory or countertop sink, refrigerator, and shelf space for separate storage and maintenance of residents' medications. The door to the medication preparation room shall be under the visual control of the nurses' station, except in facilities licensed before January, 1963, and shall be equipped with locking hardware and automatic closure. A separate locked compartment shall be provided within the room for controlled drug and narcotic storage with the exception of the unit dose system. One medicine preparation room may serve more than 1 nursing unit.

(C) A clean workroom shall be provided for preparation, handling, storage, and distribution of clean or sterile materials and supplies. The room shall contain a work counter with sink or separate handwashing lavatory and adequate shelving and cabinets for storage. A sterilizer shall be provided unless sterile disposables are used or unless a contractual agreement exists between the facility and another licensed facility for sterilization services. One sterilizer may serve more than 1 nursing unit.

(D) A soiled workroom shall be provided for disposal of wastes, collection of contaminated material, and the cleaning and sanitizing of resident care utensils. This soiled workroom shall contain a flushing rim clinic sink with bedpan rinsing device, a work counter, a sink, a storage cabinet with lock for sanitizing solutions and cleaning supplies, a waste receptacle, and a soiled linen receptacle. Clean supplies and material shall not be stored in this room.

(E) An area for the storage of clean linen shall be provided, with adequate shelving, cabinets or cart space, and may be located in the clean workroom required by subsection (b)(2)(C) of this rule and regulation.

(F) Resident bathing facilities shall be provided at the rate of 1 for each 15 beds which are not otherwise served by bathing facilities within resident rooms. Bathing facilities shall include showers, tubs, or approved mechanical bathing systems. Bathing facilities shall be located in rooms or areas which have direct access to a toilet and lavatory, without entering the general corridor system. The toilet and lavatory shall be accessible to and usable by the physically handicapped and may serve handicapped visitors. Each bathing facility and toilet shall be located within a visually enclosed area for privacy. Showers shall be designed to permit use by a wheelchair resident. A cabinet, with a lock, shall be provided in the bathing area for storage of supplies.

(c) Living, dining, and recreation areas. Living, dining, and recreation areas shall be provided for residents. Space for living, dining, and recreation areas shall be provided at a rate of 20 square feet (1.8 square meters) per resident capacity of the facility. At least half of this space shall be utilized as dining area.

(d) Physical therapy room. A room for the administration and implementation of a physical therapy program shall be provided in each facility. One physical

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therapy room may serve more than 1 nursing unit. Provision shall be made for a lavatory and enclosed storage area for therapeutic devices.

(e) Activities room. An activities room or area shall be provided for crafts and occupational therapy. One activities room or area may serve more than 1 nursing unit. The room or area shall be provided with a work counter and storage cabinet. A handwashing facility shall be accessible to residents who use this room or area.

(f) Personal care room. A separate room or area shall be provided for hair care and grooming of residents. At least 1 shampoo sink, space for 1 hair dryer, and work space shall be provided.

(g) Administration and public areas. The facility shall provide the following administration and public areas:

(1) Entrance at grade level able to accommodate the handicapped in wheelchairs;

(2) 1 public toilet and lavatory;

(3) 1 toilet and lavatory accessible and usable by physically handicapped visitors;

(4) Public telephone accessible to wheelchair use; and

(5) General office for administration.

(h) General storage. A general storage room or rooms shall be provided for resident care equipment, bulk supplies and resident belongings.

(i) Outside storage. If tools, supplies, and equipment used for yard and exterior maintenance are stored at the facility, a room shall be provided which opens to the outside or which is located in a detached building.

(j) Dietary areas. Dietary areas shall be provided which are adequate to the needs of the residents and non-residents served by the facility. A facility shall provide the following elements in size and location appropriate for the food service system employed:

(1) A control area for receiving food supplies;

(2) Storage space adequate for 4 days' food supply, including cold storage;

(3) A food preparation area, which includes space and equipment for preparing, cooking, baking, and serving;

(4) A sink for vegetable preparation;

(5) Handwashing facilities in the food preparation area;

(6) Space for resident meal service, tray assembly and distribution;

(7) Warewashing facilities located to prevent contamination of food preparation and serving areas. The area shall include commercial-type dishwashing equipment. Space shall be provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the areas for use or storage;

(8) A 3 compartment sink for potwashing;

(9) Waste storage area in a separate room or an outside area which is readily accessible for direct pickup or disposal;

(10) Office or workspace for the dietetic service supervisor; and

(11) Toilet and lavatory accessible to the dietary staff.

(k) Laundry facilities. The facility shall provide or provide for laundry areas and equipment appropriate to the needs of residents and non-residents served by the facility as follows:

(1) On site laundry. If laundry is to be processed on the site, the following shall be provided:

(A) Laundry processing room with space for receiving, holding, and sorting soiled laundry, with equipment capable of processing 7 days' laundry needs within a regularly scheduled work week. Functional separation shall be provided between soiled and clean laundry;

(B) Space for holding soiled laundry shall be exhausted to the outside;

(C) Handwashing facilities shall be provided within the area; and

(D) Clean laundry holding and storage rooms.

(2) Off site laundry. If laundry is to be processed off the site, the following shall be provided:

(A) Soiled laundry holding room, exhausted to the outside; and

(B) Clean laundry processing and storage rooms;

(1) Janitors' closets. A janitors' closet shall contain a floor receptor or service sink, and storage space for janitorial equipment and supplies.

(m) Waste processing services. Space and equipment shall be provided for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, removal, or by a combination of these techniques. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-105. Physical environment; existing facilities; details and finishes standard. (a) The facility shall contain details and finishes which minimize the risk of accidents.

(b) Details.

(1) If rooms containing bathing facilities, toilets, or lavatories are furnished with doors having locking hardware, the doors shall be capable of being opened from the outside;

(2) The minimum width of all doors to resident rooms shall permit passage of occupied beds. Doors to resident use areas shall be of sufficient width to permit passage of occupied wheelchairs;

(3) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be swing type;

(4) A maximum of 5 percent of doors from resident bedrooms to the corridor may be "dutch door" cut for physician-prescribed restraint of residents. A manual bolt lock shall be mounted on the corridor side of the lower section and shall be operable without a key. A positive latch shall be provided to connect both top and bottom sections to function as a single section. The joint between the 2 sections shall be equipped with a steel astragal of a minimum 12 gauge thickness;

(5) Windows and outer doors which may be left in an open position shall be provided with insect screens. Windows shall be designed to prevent accidental falls when open or shall be provided with security screens;

(6) Doors shall not swing into corridors in a manner that might obstruct traffic flow or reduce the required

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corridor width, except doors to spaces such as small closets which are not subject to occupancy. Large walk-in closets shall be considered as occupiable spaces;

(7) Doors, sidelights, borrowed lights, and windows in which the glazing is within 18 inches (46 centimeters) of the floor shall be glazed with safety glass, wire glass, or plastic glazing material that will resist breaking and will not create dangerous cutting edges if broken. If glazing in any area does not meet the above requirement, protective barriers or railings shall be provided. Safety glass or plastic glazing materials as described above shall be used for shower doors and bath enclosures;

(8) Grab bars shall be provided at all residents' toilets, showers, tubs, and sitz baths. The bars shall have 1½ inch (3.8 centimeters) clearance to walls and shall have sufficient strength and anchorage to sustain a concentrated load of 250 pounds (113.4 kilograms);

(9) Handrails shall be provided on both sides of corridors used by residents. A clear distance of 1½ inches (3.8 centimeters) shall be provided between the handrail and the wall. Ends of handrails and grab bars shall be returned to the wall at each termination. Handrails shall not be considered an obstruction in measuring the clear width of corridors;

(10) Paper towel dispensers or mechanical hand drying devices shall be provided at all handwashing facilities except those located in resident care areas;

(11) Suspended tracks, rails, and pipes located in the path of normal traffic shall be not less than 6 feet 8 inches (2.03 meters) above the floor; and

(12) Rooms containing heat producing equipment (such as boiler or heater rooms and laundries) shall be insulated and ventilated to prevent any floor surface above the area from exceeding a temperature of 10° F. (6° C.) above the ambient room temperature.

(c) Finishes.

(1) Wall bases in kitchens, soiled workrooms, and other areas which are frequently subject to wet cleaning methods shall be tightly sealed, and constructed without voids that can harbor insects;

(2) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant. Finish, trim, wall, and floor constructions in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects;

(3) Floor and wall penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed; and

(4) Ceilings in the dietary, food preparation and food storage areas shall be washable and shall have a finished ceiling covering all overhead pipes and duct work. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-106. Physical environment; existing facilities; mechanical requirements standard. (a) The facility shall meet mechanical requirements which insure the safety and comfort of residents and other occupants.

(b) Thermal and acoustical insulation. Thermal or

acoustical insulation shall be provided in areas and on equipment as follows:

(1) Thermal insulation shall be provided on all ducts, pipes, and equipment having outside surface temperatures below ambient dew point when in use;

(2) Insulation shall be installed on all hot water and steam condensate piping that are subject to contact by residents; and

(3) Insulation or cold surfaces shall include an exterior vapor barrier.

(c) Steam and hot water systems.

(1) Boilers shall have the capacity, based upon the net ratings, "Boiler Ratings and Efficiencies", May 1, 1981, published by the hydronics institute;

(2) Boiler feed pumps, heating circulating pumps, condensate return pumps, and fuel oil pumps shall provide for normal and standby service; and

(3) Supply and return mains of cooling, heating, and process systems shall be valved as required to isolate major sections of each system. Pieces of equipment shall be provided with isolation valves to allow removal of equipment without interfering with the operation of the remainder of the system.

(d) Heating, air-conditioning, and ventilating systems. Heating, air-conditioning, and ventilation system design conditions shall be as follows:

(1) The system shall be designed to maintain a year-round indoor temperature range in resident care areas of 70° F. (21° C.) to 85° F. (29° C.) with a relative humidity range of 30 to 60 percent. The winter outside design temperature of the facility shall be -10° F. (-23° C.) dry bulb and the summer outside design temperature of the facility shall be 100° F. (38° C.) dry bulb;

(2) All central ventilation or air-conditioning systems shall be equipped with filters having a minimum efficiency of 25 percent; and

(3) Hoods over cooking ranges shall be equipped with grease filters and fire extinguishing systems.

(e) Plumbing and piping systems. Plumbing and piping systems shall meet the following requirements:

(1) Shower bases and tubs shall provide non-slip surfaces;

(2) Backflow prevention devices (vacuum breakers) shall be installed on bedpan flushing attachments and on fixtures to which hoses or tubing can be attached;

(3) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. Temperature of hot water shall range between 98° F. (36° C.) and 115° F. (46° C.) at shower, bathing, and handwashing facilities throughout the system;

(4) Hot water heating equipment shall have sufficient capacity to supply hot water at the temperatures indicated below. Water temperature shall be taken at the hot water point of use or inlet to processing equipment;

	Clinical	Dietary	Laundry
Temperature (° F.)	115 (Maximum)	140 (Minimum)	160 (Minimum)
Temperature (° C.)	46	60	71

(5) Building sewers shall discharge into a community sewerage system or a sewerage system having a

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permit from the department of health and environment; and

(6) If used, nonflammable medical gas system installations and storage shall be in accordance with the requirements of National Fire Protection Association (NFPA) standards 56 A and 56 F as in effect on July 1, 1981. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-107. Physical environment; existing facilities; electrical requirements standard. (a) The facility shall meet electrical requirements which insure the safety, comfort, and convenience of residents and other occupants.

(b) Lighting. Lighting in the facility shall meet the following requirements:

(1) All spaces occupied by persons, machinery, equipment within the buildings, approaches to buildings, and parking lots shall have lighting;

(2) Residents' rooms shall have general lighting and night lighting. A reading light shall be provided for each resident;

(3) Minimum lighting intensity levels shall be as required in Table 1;

(4) Portable lamps shall not be accepted for light source except as specifically permitted in Table 1;

(5) Corridors and stairways shall remain lighted at all times; and

(6) All lights shall be equipped with shades, globes, grids, or glass panels that prevent direct glare to the residents' eyes.

TABLE 1. ARTIFICIAL LIGHT REQUIREMENTS

Place	Light Measured in Foot Candles	Where Measured
Kitchen and other food preparation and serving areas	30	Counter level
Dining room	25	Table level
Living room and/or recreation room		
General	15	Three feet above floor
Reading and other specialized areas (may be portable lamp)	50	Chair or table level
Nurse's station and office		
General	20	Three feet above floor
Desk and charts	50	Desk level
Clean workroom	30	Counter level
Central bath and showers	30	Three feet above floor
Resident's room		
General	10	Three feet above floor
Bed	30	Mattress top level
Laundry	30	Three feet above floor
Janitor's closet	15	Three feet above floor
Storage room		
General	5	Three feet above floor
Disinfectant or cleaning agent storage area	15	Three feet above floor
Corridors	10	Floor level
Stairways	20	Step level
Exits	5	Floor level
Heating plant space	5	Floor level

(c) Receptacles. Resident rooms shall have at least one (1) duplex-grounding type receptacle.

(d) Equipment installation in hydrotherapy areas. The electrical circuit(s) to fixed or portable equipment in hydrotherapy units shall be provided with 5 milliamperere ground fault interrupters.

(e) Nurses' calling system. The facility shall provide a nurses' calling system which meets the following requirements:

(1) Each resident bed shall be provided with nurses' call button which shall register at the nurses' station with an audible signal and a visual signal. A visual signal also shall be located at the resident room corridor door. Visual signals shall be provided in clean workrooms, soiled workrooms, and in medicine preparation rooms;

(2) An emergency nurses' call button shall be provided in resident toilets, bath and shower rooms, and other toilet rooms accessible to residents; and

(3) Nurses' calling systems may include 2 way voice communication. When a 2 way system is used, it shall include all functions required in (1) and (2) above and shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the valve circuit is operating.

(f) Emergency electric service. The facility shall provide an emergency source of electrical power to operate the following:

(1) Lighting for all means of egress, exit signs, and exit directional signs;

(2) Equipment to maintain fire detection, alarm, and extinguishing systems; and

(3) If available, life support systems (this source shall be provided only by a generator set located on the premises).

(g) Exterior door monitor. All exterior doors from the building accessible to residents shall be equipped with a signal system or devices to alert personnel at the nurses' station of the operation of the exterior door. A system may be switched to permit total or selective disabling of the monitors during peak staffing periods or other special circumstances. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-108. Physical environment; new facilities and modifications. The skilled nursing home and intermediate nursing care home shall provide a physical environment that promotes the health, safety, and well-being of residents and employees and shall meet the requirements prescribed in K.A.R. 28-39-109 to K.A.R. 28-39-113 inclusive. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-109. Physical environment; new facilities and modifications; general requirements standard. (a) The facility shall consist of at least the following units, areas, and rooms, all within a single building under 1 roof. The only allowable exception will be detached boiler and equipment room, laundry, and storage spaces for yard and maintenance equipment and supplies, and flammables.

(b) Nursing unit. A nursing unit shall contain the following units, areas, and rooms. At least 80 percent of the beds shall be located in rooms designed for 1 or 2 beds. At least 5 percent of the beds shall be located in

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1-bed rooms, each equipped with private toilet and at least 2 equipped with bathing facilities.

(1) Resident room. A resident room shall meet the following requirements:

(A) Maximum room capacity shall be 4 residents;

(B) Minimum room area, exclusive of toilet rooms, closets, lockers, wardrobes, other built-in fixed items, alcoves, or vestibules, shall be 100 square feet (9.29 square meters) in 1-bed rooms and 80 square feet (7.43 square meters) per bed in multi-bed rooms;

(C) A room shall have a window which can be opened without a tool. Window area shall not be less than 12 percent of gross floor area of the resident room. Interior window stool height shall not exceed 3 feet (91.4 centimeters) above the floor and shall be at least 2 feet 6 inches (76.2 centimeters) above exterior grade;

(D) Room configuration shall be adequate to permit the beds to align parallel to the exterior wall with a minimum of 3 feet (91.4 centimeters) clearance from sides and foot of the beds to the nearest obstruction. Beds shall not be located more than 2 deep from the exterior window wall;

(E) A resident room shall have access to a toilet room without entering a general corridor area. A toilet room shall not serve more than 4 beds. A toilet room shall contain a water closet and a lavatory, unless a lavatory is provided in each resident room. The minimum dimensions of a toilet room serving a resident room shall be 5 feet (1.52 meters) by 6 feet (1.83 meters);

(F) An individual space in a fixed closet or wardrobe with doors shall be provided for each bed. Closets shall have, for each bed, minimum floor area of 5 square feet (46.45 square centimeters), minimum depth of 1 foot 10 inches (55.9 centimeters) and separated shelf and hanging rod of not less than 2 feet 6 inches (76.2 centimeters). At least 1 foot 3 inches (38.1 centimeters) of the hanging rod shall have sufficient clearance for full length garments;

(G) Full visual privacy shall be provided for each resident in multi-bed rooms with cubicle curtains suspended on a ceiling mounted track or on a wall mounted telescoping device. Curtain material shall be launderable and shall be flame retardant; and

(H) A resident room shall not be located more than 150 feet (45.72 meters) from any 1 of the service areas or rooms required by K.A.R. 28-39-109(b)(2). Distance shall be measured from 1 foot (30.48 centimeters) outside resident room door along the shortest line in the general corridor within 1 foot (30.48 centimeters) of the door to each service area or the nurses' station.

(2) Service areas and rooms. The service areas and rooms required below shall be located in each nursing unit. Service areas or rooms shall have doors opening from the general corridor allowing direct access without passage through an intervening use area, except medication preparation rooms.

(A) A nurses' station shall be provided with space for nurses' charting and physicians' charting, a work counter, desk, telephone, and nurses' call system signal register. The nurses' station shall be located so that the corridors outside the doors of resident rooms are visi-

ble from that location. A nurses' station shall serve not more than 60 beds.

(B) A medicine preparation room shall be provided, with work counter, lavatory or countertop sink, refrigerator, and shelf space for separate storage and maintenance of residents' medications. The door to the medication preparation room shall be visible from the nurses' station and shall be equipped with locking hardware. A separate, locked compartment shall be provided within the room for controlled drug and narcotic storage. A medicine preparation room shall serve not more than 60 beds, except in facilities using a unit dose or similar system.

(C) A clean workroom shall be provided for preparation, handling, storage, and distribution of clean or sterile materials and supplies. The room shall contain a work counter with sink or separate handwashing lavatory and adequate shelving and cabinets for storage. A sterilizer shall be provided unless sterile disposables are used or unless a contractual agreement exists between the facility and another licensed medical facility for sterilization services. One sterilizer may serve more than 1 nursing unit. Food or beverage storage or preparation shall not be permitted in the clean workroom. Clean linen supplies may be stored in this room if sufficient shelving, cabinets, or cart parking space is provided. Minimum room area shall be 80 square feet (7.43 square meters), with a minimum length or width of 6 feet (1.83 meters). Additional rooms for the storage of clean materials or supplies may be provided. These additional rooms shall not be required to have a counter or handwashing facilities.

(D) A soiled workroom shall be provided for disposal of wastes, collection of contaminated material, and the cleaning and sanitizing of resident care utensils. The soiled workroom shall contain a flushing rim clinic sink with bedpan rinsing device, a work counter, a 2 compartment sink, a storage cabinet with lock for sanitizing solutions and cleaning supplies, a waste receptacle, and a soiled linen receptacle. Minimum room area shall be 80 square feet (7.43 square meters) with a minimum length or width of 6 feet (1.83 meters). Clean supplies and material shall not be stored in the soiled workroom.

(E) Clean linen storage shall be provided, with adequate shelving, cabinets or cart space, and may be located in the room required by the provisions of subsection (b)(2)(C) of this rule and regulation.

(F) A nourishment area shall be provided, and shall contain a sink equipped for handwashing, equipment for serving nourishments between scheduled meals, and a refrigerator and storage cabinets. Ice shall be provided for resident service and handled in a sanitary manner to prevent contamination. If ice is physically accessible to the residents, it shall be provided only by dispenser units. The nourishment area function may be provided by a station adjacent to the dietetic service area. One nourishment area may serve more than 1 nursing unit.

(G) An equipment storage room shall be provided for the storage of equipment, such as intravenous

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stands, inhalators, air mattresses, walkers, and other resident care equipment for intermittent use. This room shall have a minimum space of 120 square feet (1.86 square meters) plus 1 square foot (929 square centimeters) for each resident bed in the nursing unit.

(H) Wheelchair parking space shall be provided within the nursing unit and shall be out of the path of normal traffic. This space shall not be included in determining the minimum required corridor width.

(I) Resident bathing facilities shall be provided at the rate of 1 for each 15 beds which are not otherwise served by bathing facilities within resident rooms. Bathing facilities shall include showers, tubs, or approved mechanical bathing systems. At least 1 tub and 1 shower shall be provided in each nursing unit. Bathing facilities shall be located in room or areas with access to a water closet and handwashing lavatory without entering the general corridor system. The water closet and lavatory shall be accessible to and usable by the physically handicapped and may serve handicapped visitors. Each bath or toilet shall be located within a visually enclosed area for privacy in use. Bathing facilities shall be located within enclosures which provide privacy of use of the fixtures, for drying, and for dressing with an attendant and wheelchair. Showers within central bathing facilities shall be at least 4 feet (1.22 meters) by 4 feet, without curbs, and designed to permit use by a wheelchair resident. A cabinet shall be provided in the bathing facility for storage of supplies.

(J) A training toilet shall be provided for toilet training, which is accessible from the nursing unit corridor. Clearance of 3 feet (91 centimeters) from the front and both sides of the water closet shall be provided. The room in which the training toilet is located shall contain a lavatory. The training toilet function may be provided by a toilet located in a central bathing room if required clearances exist.

(K) A janitor's closet shall be provided, with floor receptor or service sink, hot and cold water, shelf and mop-hanging provision.

(L) Drinking fountains accessible to the handicapped.

(M) Nurses' toilet room with water closet and lavatory.

(c) Living, dining, and recreation areas.

(1) Space for living, dining, and recreation areas shall be provided at a rate of 27 square feet (2.51 square meters) per resident. At least 14 square feet (1.3 square meters) of this space shall be utilized for dining area.

(2) Window area shall be provided for living and dining areas at a minimum of 12 percent of gross floor area of the living and dining area. Window sill height shall not exceed 3 feet (91.4 centimeters) above the floor for at least 1 half of the total window area.

(d) Quiet room. A quiet room, with a minimum floor area of 80 square feet (7.43 square meters), shall be provided for each facility, unless all rooms in the facility are 1-bed rooms. Residents shall have access to the quiet room for reading, meditation, solitude, or privacy with family or other residents.

(e) Examination room. An examination room shall be provided unless all resident rooms are 1-bed rooms.

One examination room may serve more than 1 nursing unit. Room area shall be a minimum of 120 square feet (11.15 square meters) with a minimum length and width of 10 feet (3.05 meters). The room shall contain a lavatory or counter and sink equipped for handwashing, an examination table, and a desk or shelf for writing. The examination room function may be served in the physical therapy room by provision of cubicle curtains around the space and facilities listed above.

(f) Physical therapy room. A room for the administration and implementation of a physical therapy program shall be provided in each facility. One physical therapy room may serve more than 1 nursing unit. Provision shall be made for a handwashing lavatory and enclosed storage area for therapeutic devices. The physical therapy room shall be a minimum of 200 square feet (19 square meters) for facilities of 60 beds or less. Facilities over 60 beds shall provide 200 square feet plus 2 square feet for each additional bed over 60 to a maximum of 655 square feet.

(g) Activities room. An activities room shall be provided for crafts and occupational therapy. One activities room may serve more than 1 nursing unit. The room shall be provided with a work counter with sink equipped for handwashing, and with storage cabinet area for supplies and projects. The activities room shall be a minimum of 200 square feet (19 square meters) for facilities of 60 beds or less. Facilities over 60 beds shall provide 200 square feet plus 2 square feet for each additional bed over 60.

(h) Personal care room or beauty shop. A separate room shall be provided for hair care and grooming of residents. Size of the room shall be appropriate to the number of residents served and with schedule limitations of services. At least 1 shampoo sink, space for 1 hair dryer, and work space shall be provided. Room air shall be exhausted to the outside.

(i) Administration and public areas. The facility shall provide the following administration and public areas:

(1) Entrance at grade level, sheltered from the weather and able to accommodate the handicapped in wheelchairs;

(2) Lobby with communication to reception area, information desk, or similar provision;

(3) At least 1 public toilet shall be provided for facilities of 60 beds or less. Facilities of more than 60 beds shall provide 1 female and 1 male public toilet;

(4) Public telephone accessible to wheelchair use;

(5) General office for business transactions, resident records, and facility record;

(6) Administrator's office; and

(7) Storage for supplies and office equipment.

(j) General storage. General storage room or rooms shall be provided with not less than 5 square feet (9.29 square centimeters) per bed. Storage shall be concentrated generally in 1 area.

(k) Outside storage. A room shall be provided, which opens to the outside or which is located in a detached building, for storage of tools, supplies, and equipment used for yard and exterior maintenance.

(l) Dietary service area. Dietary service areas shall

(continued)

be provided which are adequate to the needs of the size of the facility. New construction, equipment, and installation shall comply with the standards specified in health, education and welfare (HEW) publication No. FDA 78-2081, "Food Service Sanitation Manual." Food service facilities shall be designed and equipped to meet the requirements of the narrative program. The program may consist of a conventional food preparation system, a convenience food service system, or an appropriate combination of the 2. A facility shall provide the following elements in a size appropriate to the implementation of the type of food service system employed:

- (1) Control station for receiving food supplies;
 - (2) Storage space adequate for 4 days' supply, including cold storage;
 - (3) Food preparation facilities as required by the program. Conventional food preparation systems shall include space and equipment for preparing, cooking, baking, and serving. Convenience food service systems, such as frozen prepared meals, bulk packaged entrees, individual packaged portions, or systems using contractual commissary services, shall include space and equipment for thawing, portioning, cooking, and baking;
 - (4) 2 compartment sink for vegetable preparation;
 - (5) Handwashing facilities in the food preparation area;
 - (6) Space for resident meal service, tray assembly, and distribution;
 - (7) Dining area for residents, including those in wheelchairs, staff, and visitors;
 - (8) Warewashing area apart from, and located to prevent contamination of, food preparation and serving areas. The area shall include commercial-type dishwashing equipment. Space shall be provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the using areas. A lavatory shall be conveniently available;
 - (9) A 3 compartment deep sink for potwashing;
 - (10) Sanitizing provision for cans, carts, and mobile tray conveyors;
 - (11) Waste storage area in a separate room or an outside area which is readily accessible for direct pickup or disposal;
 - (12) Office or suitable workspace for the dietitian or the dietetic service supervisor;
 - (13) Toilet and lavatory accessible to the dietary staff; and
 - (14) Janitor's closet located within the dietary department, which shall contain a floor receptor or service sink, and storage space for housekeeping equipment and supplies.
- (m) Laundry facilities. The facility shall provide laundry areas and equipment appropriate to the needs of the residents and non-residents served by the facility as follows:
- (1) On site laundry. If laundry is to be processed on the site, the following shall be provided:
 - (A) Laundry rooms shall not open onto the nursing unit;
 - (B) Soiled laundry receiving, holding, and sorting room accessible from the corridor or from the outside

and furnished with containers with tight fitting lids for soiled laundry;

(C) Laundry processing room with commercial-type equipment with the capability to process laundry sufficient to meet the residents' needs at all times. Handwashing equipment shall be provided in the processing area. Physical separation shall be provided between the processing room, soiled, and clean laundry room;

(D) Storage for laundry supplies;

(E) Clean laundry handling, storage, issuing, mending, and holding room with egress which does not require passing through the processing or soiled laundry room; and

(F) Janitor's closet containing a floor receptor or service sink, and storage space for housekeeping equipment and supplies within the laundry area.

(G) Exhaust ventilation shall conform to K.A.R. 28-39-112(e), Table C.

(2) Off site laundry. If laundry is to be processed off the site, the following shall be provided:

(A) Soiled laundry holding room and containers with tight fitting lids for soiled laundry; and

(B) Clean laundry receiving, holding, inspection, and storage room.

(n) Employees' service areas. In addition to employees' service areas, such as locker rooms, lounges, toilets, or showers called for in certain departments, a sufficient number of these areas and services shall be provided to accommodate the needs of all personnel and volunteers.

(o) Janitors' closets. In addition to the janitors' closets required in certain departments, sufficient janitors' closets shall be provided throughout the facility to maintain a clean and sanitary environment. A janitor's closet shall contain a floor receptor or service sink, and storage space for housekeeping equipment and supplies.

(p) Engineering service and equipment areas. The facility shall be equipped with the following areas:

(1) Equipment room or separate building for boilers, mechanical equipment, and electrical equipment;

(2) Maintenance shop; and

(3) Storage room for building maintenance supplies. The storage room may be a part of the maintenance shop in facilities of 120 beds or less.

(q) Waste processing services. Space and equipment shall be provided for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, removal, or by a combination of these techniques.

(r) Site requirements. The location and development of a site upon which a facility is to be constructed, or an existing facility expanded, or an existing building converted for use as an adult care home shall meet the following physical requirements:

(1) Site location. The general location of the site shall be:

(A) Served by all-weather roads or streets;

(B) Accessible to physician services, fire, and other emergency services, medical facilities, churches, and population centers where employees can be recruited and retained;

(continued)

(C) Sufficiently remote from noise sources which would cause maximum day/night average sound level to exceed 65 decibels. The average day/night sound level is the A-weighted energy equivalent sound level for a 24 hour period with an additional 10 decibel weighting imposed on the equivalent sound level occurring during the night-time hours of the following day (10:00 p.m. to 7:00 a.m.). The term decibel is a unit for measuring the volume of a sound equal to 20 times the logarithm to the base 10 of the ratio of the pressure of sound measured to the reference pressure which is 20 micropascals. Fast time averaging and A-measurements shall be made 4 feet 11 inches (1.5 meters) above ground level at a site location, 6 feet 7 inches (2 meters) from the exterior wall of the existing or proposed building, on that side nearest the predominant noise source. Where the proposed building location is unknown, measurements shall be made at a point 6 feet 7 inches (2 meters) beyond the building setback line in the direction of the predominant noise source. Noise measurements submitted for review shall have been performed at the site within 180 days immediately before the date of application for site approval. Consideration shall be given to the presence of time varying or seasonal noise sources during the selection of measurement periods so as to provide an accurate assessment of the noise environment of the site. The 24 hour measurement periods shall be selected to be representative of the maximum noise source activities likely to be encountered during any weekly period;

(D) Free from noxious or hazardous fumes;

(E) A minimum of 3,000 feet (914 meters) from concentrated livestock operations, such as feedlots, shipping areas, or holding pens;

(F) Free of flooding for a 20 year period; and

(G) Sufficient in area and configuration to accommodate the facility, drives, parking, sidewalks, recreational area, and community zoning restrictions.

(2) Site development. Development of the site shall conform to the following:

(A) Final grading of the site shall provide topography for positive surface drainage away from the building and positive protection and control of surface drainage and freshets from adjacent areas;

(B) Off-street parking shall be provided at a rate of 6 parking spaces for the first 3,000 square feet (279 square meters) of gross floor area of the facility, plus 1 additional parking space for each additional 1,000 square feet (93 square meters) of gross floor area of the facility. Parking spaces, sized and signed as reserved for the physically handicapped, conforming to American National Standards Institute (ANSI) A117.1, Section 4.2, as in effect July 1, 1981, shall be provided at the rate of 1 parking space for each 50 beds of capacity or fraction of it;

(C) All drives and parking areas shall be surfaced with concrete, asphalt, or equivalent, smooth all-weather finish. Unsealed gravel surfaces shall not be used; and

(D) Except for lawn or shrubbery which may be used in landscape screening, an unencumbered outdoor area of at least 50 square feet (4.65 square meters) per bed shall be provided for recreational use and shall

be so designated on the plot plan. The licensing agency may approve equivalent facilities provided by terraces, roof gardens, or similar provisions for facilities located in high density urban areas. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-110. Physical environment; new facilities and modifications; details and finishes standard. (a) The facility shall provide a high degree of safety for the occupants, and shall contain details and finishes which minimize the incidence of accidents.

(b) Details.

(1) All rooms containing bathtubs, sitz baths, showers, and water closets, subject to occupancy by residents, shall be equipped with doors and hardware which will permit access from outside the room in any emergency. The doors to all rooms shall be capable of opening outward or be designed to allow ingress to the room without the need to push against a resident who may have collapsed in the room.

(2) The minimum width of all doors to rooms needing access for beds or stretchers shall be 3 feet 8 inches (111.7 centimeters). Doors to resident toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of 3 feet (91.4 centimeters).

(3) Doors on all openings between corridors and rooms or spaces subject to occupancy, except elevator doors, shall be swing type.

(4) A maximum of 5 percent of doors from resident bedrooms to the corridor may be "dutch door" cut for physician-prescribed control of disoriented residents. The doors shall have the joint or meeting rails located between 4 feet 8 inches (1.4 meters) and 5 feet (1.52 meters) above the floor. A manual bolt lock shall be mounted on the corridor side of the lower leaf, 8 inches (20.3 centimeters) above the floor, and shall be readily operable without a key. A positive latch shall be provided to connect both top and bottom leaves to function as a single leaf. The joint between the 2 sections shall be equipped with a steel astragal of a minimum 12 gauge thickness, to prevent smoke and fire penetration.

(5) The minimum clear width of corridors in all resident use areas shall be 8 feet (2.44 meters). The minimum clear width of corridors in service use areas shall be 6 feet (1.82 meters).

(6) Windows and outer doors which may be left in an open position shall be provided with insect screens. Windows shall be designed to prevent accidental falls when open or shall be provided with security screens.

(7) Doors shall not swing into corridors in a manner that might obstruct traffic flow or reduce the required corridor width, except doors to spaces such as small closets which are not subject to occupancy. Large walk-in closets shall be considered as occupiable spaces.

(8) Doors, sidelights, borrowed lights, and windows in which the glazing is within 18 inches (46 centimeters) of the floor, thereby creating the possibility of accidental breakage by pedestrian traffic, shall be glazed with safety glass, wire glass, or plastic glazing material that will resist breaking and will not create

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dangerous cutting edges if broken. Similar materials shall be used in wall openings of recreation rooms and exercise rooms unless required otherwise for fire safety. Safety glass or plastic glazing materials as described above shall be used for shower doors and bath enclosures.

(9) Grab bars shall be provided at all residents' toilets, showers, tubs, and sitz baths. The bars shall have 1½ inch (3.8 centimeters) clearance to walls and shall have sufficient strength and anchorage to sustain a concentrated load of 250 pounds (113.4 kilograms).

(10) Recessed soap dishes shall be provided in showers and bathrooms.

(11) Handrails shall be provided on both sides of corridors used by residents. A clear distance of 1½ inches (3.8 centimeters) shall be provided between the handrail and the wall. Ends of handrails and grab bars shall be returned to the wall at each termination. Handrails shall not be considered an obstruction in measuring the clear width of corridors.

(12) Paper towel dispensers or mechanical hand drying devices shall be provided at all handwashing fixtures except those located in resident care areas.

(13) Ceiling heights shall be as follows:

(A) Boiler rooms shall have ceiling clearances not less than 2 feet 6 inches (76 centimeters) above the main boiler header and connecting piping;

(B) Rooms containing ceiling-mounted equipment shall be of sufficient height to accommodate the proper functioning, repair, and servicing of the equipment; and

(C) All other rooms shall have a ceiling height of not less than 8 feet (2.44 meters), except that corridors, storage rooms, toilet rooms, and other minor rooms may not be less than 7 feet 8 inches (2.34 meters) in height. Suspended tracks, rails, and pipes located in the path of normal traffic shall be not less than 6 feet 8 inches (2.03 meters) above the floor.

(14) Recreation rooms, exercise rooms, and similar spaces where impact noises may be generated shall not be located directly over resident bed areas, unless special provisions are made to minimize these noises.

(15) Rooms containing heat producing equipment (such as boiler or heater rooms and laundries) shall be insulated and ventilated to prevent any floor surface above the area from exceeding a temperature of 10° F. (6° C.) above the ambient room temperature.

(16) Noise reduction criteria for partitions, floors, and ceiling construction in resident areas shall meet the requirements as prescribed in "Minimum Requirements of Construction and Equipment For Hospitals and Medical Facilities" published by United States Department of Health, Education and Welfare, Publication No. (HRA) 79-14500, Section 8.16, Table 6, as in effect on July 1, 1981.

(c) Finishes.

(1) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. Floors in areas used for food preparation or food assembly shall be water resistant and grease proof. Joints in tile and similar material in food areas shall be resistant to food acids. In all areas subject to frequent wet cleaning methods, floor materials shall not be

physically affected by germicidal and cleaning solutions. Floors that are subject to traffic while wet (such as showers and bath areas, kitchens, and similar work areas) shall have a non-slip surface.

(2) Wall bases in kitchens, soiled workrooms, and other areas which are subject to frequent wet cleaning methods shall be made integral and coved with the floor, tightly sealed, and constructed without voids that can harbor insects.

(3) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant. Finish, trim, and wall and floor constructions in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects.

(4) Floor and wall penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

(5) Ceilings shall be easily cleanable. Ceilings in the dietary and food preparation areas shall be washable and shall have a finished ceiling covering all overhead pipes and duct work. Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces unless required for fire protection purposes.

(6) Acoustical ceilings shall be provided for corridors in resident areas, nurses' stations, day room, recreation rooms, dining areas, and waiting areas. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-111. Physical environment; new facilities and modifications; construction requirements standard. (a) The facility shall be constructed in such a way as to insure the safety and comfort of residents and other occupants.

(b) Codes and standards. Nothing stated here shall relieve the facility from compliance with building codes, ordinances, and regulations which are enforced by city, county, or state jurisdictions. Where these codes, ordinances, and regulations are not in effect, the owner shall consult one of the national building codes generally used in the area for all components of the building type which are not specifically covered by these minimum requirements, provided that the requirements of the national code are consistent with the minimum requirements set forth here as determined by the licensing agency. New construction, modifications, and equipment shall conform with the following codes and standards:

(1) American National Standards Institute specifications for making buildings and facilities accessible to and usable by physically handicapped people (ANSI) A117.1, 1980 edition, published by: American National Standards Institute (ANSI), 1430 Broadway, New York, New York 10018; and

(2) "Food Service Sanitation Manual," health, education and welfare (HEW) publication No. FDA 78-2081, as in effect on July 1, 1981, published by: Superintendent of Documents, U.S. government printing office, Washington, D.C. 20402.

(c) Interior finishes. Interior finish materials shall

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comply with the flame-spread limitations and the smoke production limitations prescribed by the National Fire Protection Association (NFPA) No. 101, "Life Safety Code," 1973 edition. If a separate underlayment is used with any floor finish materials, the underlayment and the finish material shall be tested as a unit or equivalent provisions shall be made to determine the effect of the underlayment on the flammability characteristics of the floor finish material.

(d) Insulation materials. Building insulation materials, unless sealed on all sides and edges, shall have a maximum flame spread rating as prescribed by the National Fire Protection Association (NFPA) No. 101, "Life Safety Code" 1973 Edition.

(e) Freestanding buildings. Separate freestanding buildings housing the boiler plant, laundry, shops, or general storage may be of unprotected non-combustible construction, protected non-combustible construction, or fire-resistive construction.

(f) Elevators. Buildings which have residents' services (such as bedrooms, dining rooms, or recreation areas) or critical or treatment services (such as diagnostic or therapy) located on other than the main entrance floor shall have electric or electrohydraulic elevators as prescribed below:

(1) The number of elevators shall be determined as follows:

(A) At least 1 hospital-type elevator shall be installed where 1 to 60 resident beds are located on any floor other than the main entrance floor;

(B) At least 2 elevators (1 of which shall be hospital-type) shall be installed where 61 to 200 resident beds are located on floors other than the main entrance floor or where the major inpatient services are located on a floor other than those containing resident beds. Elevator service may be reduced for those floors which provide only partial resident services;

(C) At least 3 elevators (1 of which shall be hospital-type) shall be installed where 201 to 350 resident beds are located on floors other than the main entrance floor or where the major resident services are located on a floor other than those containing resident beds. Elevator service may be reduced for those floors which provide only partial resident services; and

(D) For facilities with more than 350 resident beds, the number of elevators shall be determined by the licensing agency from a study of the facility plan and the estimated vertical transportation requirements.

(2) Cars of hospital-type elevators shall have inside dimensions that will accommodate a resident bed and 2 attendants and shall be at least 5 feet (1.52 meters) wide by 7 feet 6 inches (2.29 meters) deep. The car door shall have a clear opening of not less than 3 feet 8 inches (1.12 meters);

(3) Elevators shall be equipped with an automatic leveling device of the 2 way automatic maintaining type with an accuracy of ½ inch (1.3 centimeters);

(4) Elevators, except freight elevators, shall be equipped with a 2 way special service switch to permit cars to bypass all landing button calls and be dispatched directly to any floor;

(5) Elevator controls, alarm buttons, and telephones shall be accessible to wheelchair occupants;

(6) Elevator call buttons, controls, and door safety stops shall be of a type that will not be activated by heat or smoke; and

(7) Inspections and tests shall be made and the owner shall be furnished written certification that the installation meets the requirements set forth in this section and all applicable safety regulations and codes.

(g) Architectural responsibility. All construction, including new work, addition, alteration, or remodeling which costs in excess of \$10,000 or involves primary structural elements of cost, shall be executed with construction documents and inspection of the work under the immediate supervision of a registered architect currently licensed to practice in the state of Kansas. All project documents including design development drawings, working drawings, specifications, and certificate of completion in accordance with the construction documents, shall bear the official seal or stamp of the responsible architect. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-112. Physical environment; new facilities and modifications; mechanical requirements standard. (a) The facility shall meet mechanical requirements which insure the safety, comfort, and convenience of residents and other occupants.

(b) Testing and documentation. Before completion and acceptance of the facility, all mechanical systems shall be tested, balanced, and operated to demonstrate to the owner or his representative that the installation and performance of the systems conform to the requirements of the plans and specifications. Upon completion of the contract, the owner shall be furnished with a complete set of manufacturers' operating, maintenance, and preventive maintenance instructions, parts list with numbers, and description for each piece of equipment. The owner shall be provided with instructions in the use of systems and equipment.

(c) Thermal and acoustical insulation. Thermal or acoustical insulation shall be provided in areas and on equipment as follows:

(1) Thermal insulation shall be provided for the following within the building:

(A) Boilers, smoke breeching, and stacks;

(B) Steam supply and condensate return piping;

(C) Hot water piping 120° F. (49° C.) or above and all hot water heaters, generators, and converters;

(D) Chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point;

(E) Water supply and drainage piping on which condensation may occur; and

(F) Air ducts and casings with outside surface temperatures below ambient dew point.

(2) Insulation may be omitted from hot water and steam condensate piping not subject to contact by residents.

(3) Insulation or cold surfaces shall include an exterior vapor barrier;

(4) Insulation, including finishes and adhesives on the exterior and interior surfaces of ducts and on pipes and equipment, shall have a maximum flame-spread

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rating as prescribed by the National Fire Protection Association (NFPA) No. 101, "Life Safety Code" 1973 Edition; and

(5) Linings in air ducts and equipment shall meet erosion test methods prescribed in underwriters' laboratories publication No. 181 "Factory Made Air Duct Material and Air Duct Connectors".

(d) Steam and hot water systems.

(1) Boilers shall have the capacity to supply the normal requirements of all systems and equipment based upon the net ratings, "Boiler Ratings and Efficiencies," May 1, 1981, published by the hydronics institute.

(2) The number and arrangement of boilers shall be such that when 1 boiler breaks down or routine maintenance requires that 1 boiler be temporarily taken out of service, the capacity of the remaining boiler or boilers shall be at least 70 percent of the total required capacity, except that in areas with a design temperature of 20° F. (-7° C.) or more, the remaining boiler or boilers shall not be required to include boiler capacity for space heating;

(3) Boiler feed pumps, heating circulating pumps, condensate return pumps, and fuel oil pumps shall be connected and installed to provide normal and standby service; and

(4) Supply and return mains of cooling, heating, and process systems shall be valved as required to isolate major sections of each system. Pieces of equipment shall be provided with isolation valves to allow removal of equipment without interfering with the operation of the remainder of the system.

(e) Heating, air-conditioning, and ventilation system design conditions shall be as follows:

(1) The system shall be designed to maintain a year-round indoor temperature range in resident care areas of 70° F. (21° C.) to 85° F. (29° C.) with a relative humidity range of 30 to 60 percent. The winter outside design temperature of the facility shall be -10° F. (-23° C.) dry bulb and the summer outside design temperature of the facility shall be 100° F. (38° C.) dry bulb; and

(2) All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in Table C shall be the minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates. The system shall meet the following requirements:

(A) Outdoor air intakes shall be located as far as practical and not less than 25 feet (7.62 meters), from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vent stacks, or from areas which may collect vehicular exhaust or other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical, and not less than 6 feet (1.83 meters) above ground level, or if installed above the roof, not less than 3 feet (91 centimeters) above roof level;

(B) The ventilation system shall be designed to provide the pressure relationship shown in Table C;

(C) The bottoms of ventilation openings shall not be

less than 3 inches (7.6 centimeters) above the floor of any room;

(D) Corridors shall not be used to supply air to, or exhaust air from, any room except that air from corridors may be used to ventilate bathrooms, toilet rooms, janitors' closets and small electrical or telephone closets opening directly on corridors;

(E) All central ventilation or air-conditioning systems shall be equipped with filters having minimum efficiencies of 25 percent. All filter efficiencies shall be average dust spot efficiencies tested in accordance with "American Society Of Heating, Refrigerating, And Air-conditioning Engineers", (ASHRAE), standard 52-76, as in effect on July 1, 1981. Filter frames shall be durable and carefully dimensioned and shall provide an air-tight fit with the enclosing ductwork. All joints between filter segments and the enclosing ductwork shall be gasketed or sealed to provide a positive seal against air leakage.

(F) Air handling duct systems shall meet the requirements of National Fire Protection Association (NFPA) standard 90 A, as in effect on September 1, 1981. Fire and smoke dampers shall be constructed, located, and installed in accordance with the requirements of National Fire Protection Association (NFPA) standard 90 A, as in effect on September 1, 1981, except that all systems, regardless of size, which serve more than 1 smoke or fire zone, shall be equipped with smoke detectors which shut down fans automatically as delineated in paragraph 1003 of that standard. Access for maintenance shall be provided at all dampers. Supply and exhaust ducts which pass through a required smoke barrier and through which smoke can be transferred to another area shall be provided with dampers at the barrier, controlled to close automatically to prevent flow of air or smoke in either direction when the fan which moves the air through the duct stops. Dampers shall be equipped with remote control reset devices except that manual reopening shall be permitted if dampers are conveniently located;

(G) A return air duct which passes through a required smoke barrier shall be provided with a damper at the barrier which is actuated by a detector of smoke or products of combustion other than heat. The damper shall also be operated by detectors used to actuate door closing devices in the smoke partition or by detectors located to sense smoke in the return air duct from the smoke zone;

(H) Exhaust hoods in food preparation areas shall have a minimum exhaust rate of 50 cfm per square foot (.025 cubic meters per second per square meter) of face area. Face area shall be the open area from the exposed perimeter of the hood to the average perimeter of the cooking surfaces. Hoods over cooking ranges shall be equipped with grease filters and fire extinguishing systems. Clean-out openings shall be provided every 20 feet (6.10 meters) or less in horizontal exhaust duct systems serving these hoods;

(I) Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperatures in working stations to not more than 97° F. (36° C.) effective temperature (E.T.); and

(continued)

(J) Air handling units shall be located to permit access for service and filter maintenance. Mechanically operated air handling units shall not be located in

attics, interstitial space above ceilings, or other difficult access areas. Motor or fan devices shall not be installed in attic spaces.

**TABLE C. PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN AREAS
LONG-TERM CARE FACILITIES**

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour Supplied to Room	Minimum Total Air Changes Per Hour Supplied to Room	All Air Exhausted Directly to Outdoors	Recirculated Within Room Units
Resident Room	Equal	2	2	Optional	Optional
Resident Area Corridor	Equal	Optional	2	Optional	Optional
Examination and Treatment Room	Equal	2	6	Optional	Optional
Physical Therapy	Negative	2	6	Optional	Optional
Activities Room	Negative	2	6	Optional	Optional
Soiled Workroom	Negative	2	10	Yes	No
Medicine Preparation and Clean Workroom	Positive	2	4	Optional	Optional
Toilet Room	Negative	Optional	10	Yes	No
Bathroom	Negative	Optional	10	Yes	No
Janitors' Closets	Negative	Optional	10	Yes	No
Linen and Trash Chute Rooms	Negative	Optional	10	Yes	No
Food Preparation Center	Equal	2	10	Yes	No
Warewashing Room	Negative	Optional	10	Yes	No
Dietary Dry Storage	Equal	Optional	2	Yes	No
Laundry, Processing Room	Equal	2	10	Yes	No
Soiled Linen Sorting and Storage	Negative	Optional	10	Yes	No
Clean Linen Storage	Positive	Optional	2	Optional	Optional
Personal Care Room	Negative	2	6	Yes	No

(f) Plumbing and piping systems shall meet the following requirements:

(1) The material used for plumbing fixtures shall be of nonabsorptive, acid-resistant material;

(2) The water supply spout for lavatories and sinks required in resident care areas shall be mounted so that the discharge point is a minimum distance of 5 inches (12.7 centimeters) above the rim of the fixture. Fixtures used by medical and nursing staff shall be trimmed with valves which can be operated without the use of hands. Where blade handles are used, the blades shall not exceed 6 inches (15.2 centimeters) on clinical sinks and 4½ inches (11.4 centimeters) in all other areas;

(3) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface;

(4) Shower bases and tubs shall provide non-slip surfaces; and

(5) Water supply systems shall meet the following requirements:

(A) Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods;

(B) Water service mains, branch mains, risers, and branches to groups of fixtures shall be valved. Stop valves shall be provided at fixtures;

(C) Backflow prevention devices (vacuum breakers) shall be installed on hose bibbs, janitors' sinks, bedpan flushing attachments, and on fixtures to which hoses or tubing can be attached;

(D) Flush valves installed on plumbing fixtures shall be of a quiet operating type, equipped with silencers; and

(E) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. Maximum variation of 95° F. (35° C.) to 115° F. (46° C.) is acceptable at shower, bathing, and handwashing facilities in resident use areas.

(6) Hot water heating equipment shall have sufficient capacity to supply hot water at the temperatures and amounts indicated below. Water temperature shall be taken at the hot water point of use or inlet to processing equipment;

	Clinical	Dietary	Laundry
Gallons per hour per bed	6.5	4	4.5
Temperature (° F.) 115 (Maximum)	140 (Minimum)	160 (Minimum)	
Temperature (° C.)	46	60	71

(7) Building sewers shall discharge into a community sewerage system or a sewerage system having a permit from the department of health and environment; and

(8) If used, nonflammable medical gas system installations and storage shall be in accordance with the requirements of National Fire Protection Association (NFPA) standards 56 A and 56 F, as in effect on July 1, 1981. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-113. Physical environment; new facilities and
(continued)

modifications; electrical requirements standard. (a) The facility shall meet electrical requirements which insure the safety, comfort, and convenience of residents and other occupants.

(b) Materials. All materials including equipment, conductors, controls, and signaling devices shall be installed to provide a complete electrical system with the characteristics and capacity to supply the electrical equipment shown in the specifications or indicated on the plans. All materials shall be listed as complying with available standards of underwriters' laboratories, inc., or other similarly established standards.

(c) Switchboards and power panels. Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panel boards shall be enclosed or guarded to provide a dead-front type of assembly. The main switchboard shall be located in a separate enclosure. Switchboards, power panels, safety switches, panelboards, and other electrical distribution equipment shall be located in spaces accessible only to authorized persons or shall have locking fronts. Switchboards shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in dry ventilated space free of corrosive fumes or gases. Overload protective devices shall be suitable for operating properly in ambient temperature conditions.

(d) Panelboards. Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement does not apply to emergency system circuits.

(e) Lighting.

(1) All spaces occupied by persons, machinery, equipment within the buildings, approaches to buildings, and parking lots shall have lighting.

(2) Residents' rooms shall have general lighting and night lighting. A reading light shall be provided for each resident. At least 1 light fixture for night lighting shall be switched at the entrance to the residents' room. All switches for control of lighting in resident areas shall be of the quiet operating type.

(3) Minimum lighting intensity levels shall be as required in Table D.

(4) Portable lamps shall not be accepted for light source except as specifically permitted in Table D.

(5) Corridors and stairways shall remain lighted at all times.

(6) All lights shall be equipped with shades, globes, grids, or glass panels that prevent direct glare to the residents' eyes.

TABLE D. ARTIFICIAL LIGHT REQUIREMENTS

Place	Light Measured in Foot Candles	Where Measured
Kitchen and Other Food preparation and serving areas	30	Counter level
Dining room	25	Table level
Living room and/or recreation room		
General	15	Three ft. above floor
Reading and other specialized areas		
(May be portable lamp)	50	Chair or table level

Nurse's station and office		
General	20	Three ft. above floor
Desk and Charts	50	Desk level
Clean workroom	30	Counter level
Central bath and showers	30	Three ft. above floor
Resident's room		
General	10	Three ft. above floor
Bed	30	Mattress top level
Laundry	30	Three ft. above floor
Janitor's closet	15	Three ft. above floor
Storage room		
General	5	Three ft. above floor
Disinfectant or cleaning agent storage area	15	Three ft. above floor
Corridors	10	Floor level
Stairways	20	Step level
Exits	5	Floor level
Heating plant space	5	Floor level

(f) Receptacles.

(1) Each resident room, at a minimum, shall have duplex-grounding type receptacles (convenience outlets) as follows: 1 receptacle at each side of the head of each bed, 1 receptacle for television, and 1 receptacle on another wall.

(2) Duplex receptacles for general use shall be installed approximately 50 feet (15.24 meters) apart in all corridors and a maximum of 25 feet (7.62 meters) from the ends of corridors.

(g) Equipment installation in hydrotherapy areas. The electrical circuit(s) to fixed or portable equipment in hydrotherapy units shall be provided with 5 milliampere ground fault interrupters.

(h) Nurses' calling system.

(1) Each resident bed shall be provided with nurses' call button which shall register at the nurses' station with a common audible signal and a visual signal indicating the resident room number. A visual signal shall be located at the resident room corridor door. Visual and audible signals shall be provided in clean and soiled workrooms and in the medicine preparation room. In multi-corridor units, additional visible signals shall be installed at corridor intersections.

(2) A nurses' call emergency button shall be installed next to each toilet, shower, and bathtub used by and accessible to the residents. The system shall be of the type operated by a cord pull which, when activated, turns on a red lamp over the door at the site of the emergency and a white, rapidly flashing light, and a repeating audible signal at the nurses' station, in clean workrooms, soiled workrooms, and in medication preparation rooms. The signal produced shall be obviously different from that produced by the nurses' regular call. The system continues to operate until it is manually reset at the site of origin by a nurse who answers the call.

(3) Nurses' calling systems may include 2 way voice communication. When a 2 way system is used, it shall include all functions required in 1 and 2 above and shall be equipped with an indicating light at each calling station which lights and remains lighted as long as the value circuit is operating.

(i) Emergency electric service.

(1) An emergency source of electricity shall be provided and connected to certain circuits for lighting and power, to provide electricity during interruption of the normal electric supply.

(continued)

(2) The source of the emergency electric service shall be 1 or both of the following:

(A) An emergency generator set, when normal service is supplied by 1 or more central station transmission lines; or

(B) Battery supplies within the limitation of National Fire Protection Association (NFPA) No. 101, "Life Safety Code," 1973 edition.

(3) Emergency electric service shall be provided to the distribution systems of the following:

(A) Illumination for means of egress as required in National Fire Protection Association (NFPA) No. 101, "Life Safety Code," 1973 Edition;

(B) Illumination for exit signs and exit directional signs as required in National Fire Protection Association (NFPA) No. 101, "Life Safety Code," 1973 Edition;

(C) Nurses' calling system;

(D) Equipment necessary for maintaining telephone service;

(E) Elevator service capable of reaching all resident floors when resident rooms are located on other than the ground floor. Throwover capability shall be provided to allow temporary operation of elevators for release of persons trapped between floors;

(F) Fire pump, if installed;

(G) General illumination and selected receptacles in the vicinity of the generator set;

(H) Paging or speaker systems if intended for communication during emergency;

(I) Alarm systems including fire alarms activated at manual stations, water flow alarm devices or sprinkler system if electrically operated, fire and smoke detecting systems, and alarms required for nonflammable medical gas systems if installed; and

(J) Equipment for heating resident rooms, except where the facility is served by 2 or more electrical services supplied from separate generators or a utility distribution network having multiple power input sources and arranged to provide mechanical and electrical separation so that a fault between the facility and the generating sources will not likely cause an interruption of its service feeders.

(4) Emergency lighting shall be in operation within 10 seconds after the interruption of normal electric power supply. Emergency service to receptacles and equipment may be delayed automatic or manually connected. Receptacles connected to emergency power shall be distinctly marked. Fuel storage for the generating unit shall be provided unless the unit is operated by fuel which is normally piped underground to the site from a utility distribution system.

(j) Exterior door monitor. All exterior doors from the building accessible to residents shall be equipped with a signal system or devices to alert personnel at the nurses' station of the operation of the exterior door. A system may be switched to permit total or selective disabling of the monitors during peak staffing periods or other special circumstances. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-114. Administration. The personal care home shall be operated in a manner to ensure the delivery of

all required administrative services including those prescribed in K.A.R. 28-39-115 to K.A.R. 28-39-116 inclusive. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-115. Administration; management standard.

(a) The licensee shall have full authority and responsibility for the operation of the facility and for compliance with licensing requirements.

(b) Policies and procedures. The licensee shall adopt and enforce written policies and procedures relative to:

(1) The health care, safety, psychosocial, and self-esteem needs of the residents;

(2) Protection of personal and property rights of residents;

(3) Review. All policies and procedures of the facility shall be revised as necessary and reviewed at least annually; and

(4) Availability. Policies and procedures shall be available, on request to all persons during normal business hours. Notice of availability shall be posted in a conspicuous location in the facility.

(c) Administrator. The licensee shall adopt a written job description for, and shall employ, a licensed administrator, full-time, who is responsible for the overall management of the facility, including:

(1) Planning, organizing, and directing the operation of the facility as authorized by the licensee;

(2) Implement operational policies and procedures for the facility; and

(3) Authorizing, in writing, a responsible employee 18 years old or older to act on the administrator's behalf in his or her absence.

(d) Admission. The licensee shall have written policies regarding admission of residents which include the following requirements:

(1) The facility shall admit only those persons whose nursing care and physical needs can be met;

(2) Each resident admitted shall be under the care of a physician licensed to practice in Kansas;

(3) Upon admission or within 48 hours of admission, referral information shall be obtained by the facility. Referral forms shall include medical history, diagnosis, personal and social data, and activities permitted;

(4) Before admission, the prospective resident or the legal guardian of the resident shall be informed, in writing, of the rates and charges and the resident's obligations regarding payment, including the refund policy of the facility;

(5) At the time of admission, the licensee shall execute a written agreement with the resident or the legal guardian of the resident which describes in detail the goods and services which the resident shall receive and which sets forth the obligations which the resident has toward the facility; and

(6) The facility shall not admit persons with an infection or disease in communicable stage; children under the age of 16 years; women who are pregnant or within 3 months following pregnancy; or persons in need of active treatment for alcoholism, mental condition, or drug addiction.

(continued)

(e) Transfer and discharge. The facility shall have written policies regarding transfer and discharge of residents which include the following requirements:

(1) Immediate arrangements shall be made to transfer a resident when in the written judgment of the resident's attending physician changes in the physical or mental condition of the resident necessitate care which the facility is not capable of providing.

(2) When a resident develops a communicable disease or infection that cannot be managed in the facility, immediate arrangements shall be made for the transfer of the resident to an appropriate hospital or other facility. The development of a communicable disease or infection after admission shall be reported to the local health department; and

(3) Except in an emergency, a resident shall not be transferred or discharged from the facility for medical reasons without a written order from the attending physician and prior notification to the resident or the legal guardian of the resident as prescribed in K.A.R. 28-39-79(a)(3). A summary of administrative, social, medical, and nursing information shall accompany the resident if transferred to another facility or hospital.

(f) Resident possessions.

(1) The facility shall have written policies which ensure the security of residents' personal possessions.

(2) A written inventory of each resident's personal possessions, signed by the resident, or the legal guardian of the resident, shall be completed at the time of admission and be updated annually.

(3) If a resident deposits personal possessions with the facility for safekeeping, a written record shall be maintained and a receipt given to the resident.

(g) Resident funds.

(1) If the facility accepts a resident's funds for safekeeping or assumes responsibility for a resident's financial affairs, the resident shall agree in writing to the transfer of responsibility to the facility.

(2) The facility shall utilize an accounting system which ensures an accurate accounting of receipts and disbursements made to, or on behalf of, a resident.

(3) The facility shall designate in writing the person responsible for the accounting system.

(4) Receipts shall be signed by the resident or the legal guardian of the resident for all transactions.

(5) The facility shall make a written quarterly accounting of transactions to the resident and shall advise the resident of the current balance of the resident's funds.

(h) Power of attorney and guardianship. A power of attorney from or legal guardianship for a resident shall not be accepted by anyone employed by or having a financial interest in the facility unless the person is related by marriage or blood within the second degree to the resident.

(i) Reports. The administrator shall submit to the licensing agency, not later than 10 days following the period covered, a quarterly report of residents and employees. The report shall be submitted on forms provided by the licensing agency. The administrator shall submit any other reports as required by the licensing agency.

(j) Telephone. The facility shall maintain at least 1

noncoin operated telephone accessible to residents or employees for use in emergencies. Names and telephone numbers of persons or places commonly required in emergencies shall be posted adjacent to the telephone. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-116. Administration; personnel policies and staff development standard. (a) The administrator shall develop, implement and maintain written personnel policies, procedures, job descriptions, and a staff development policy and procedure for all employees to assure effective delivery of services to residents.

(b) Records. Personnel records shall be current and shall contain documentation of the employee's qualifications for the position to which the employee is assigned.

(c) Control of disease.

(1) Written policies and procedures for control of communicable disease shall be in effect to ensure that employees with symptoms or signs of communicable disease shall not be permitted to work.

(2) All employees shall have a physical examination prior to employment which shall consist of appropriate examinations, including a chest x-ray or tuberculosis skin test. Subsequent physical examinations or health assessments shall be given in accordance with facility policies.

(3) Documentation of the examination, signed by a physician, shall be maintained in the employee's personnel record.

(4) In case of an emergency where the care of residents would suffer without the immediate employment of an individual, the individual may be employed without the examination required above, provided the examination is completed within 10 days of the date of employment.

(d) Employee complaints. There shall be written policies and procedures that provide for the registration and disposition of employee complaints to the administrator or licensee or to regulatory agencies, without threat of discharge or reprisal.

(e) Staff development. There shall be an ongoing staff development program which is planned and conducted for the improvement of skills for all employees as follows:

(1) The facility shall regularly conduct and document an orientation program for new employees that includes review of facility policies;

(2) The facility shall plan and conduct an in-service staff development program for all personnel. The program shall include, as a minimum, annual training in fire prevention and safety, accident prevention, confidentiality of resident information, psychosocial needs of residents, infection control, and resident rights; and

(3) Written records shall be maintained which indicate the content of staff development programs and attendance. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-117. Health services. The personal care home shall provide organized health services with qualified personnel to meet the health needs of the residents.

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including those health services prescribed in K.A.R. 28-39-118 to K.A.R. 28-39-122 inclusive. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-118. Health services; medical and dental services standard. Residents shall provide for their own medical services through personal physicians and for dental service by their personal dentists. In emergencies, the facility shall arrange for or provide transportation for residents to and from medical or dental facilities. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-119. Health services; supportive services standard. (a) The facility shall provide or assist the resident in obtaining support services necessary to meet his or her needs.

(b) The facility shall provide sufficient nurse aides to meet the needs of residents. Nursing personnel shall provide direct individual care to residents.

(c) Personnel shall be available immediately to all residents to assure prompt necessary action in case of injury, illness, fire or other emergency.

(d) At all times, there shall be a minimum of 2 nursing personnel on duty who are awake and clothed.

(e) The facility shall make arrangements with local health departments to provide professional consultation on matters of personal and environmental health.

(f) The facility shall arrange home health care services or services of a licensed nurse for residents where available and when requested by the resident's attending physician.

(g) The facility shall arrange for social services to be provided to residents when requested by the resident's attending physician. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-120. Health services; medications standard. (a) The facility shall ensure that all medications are administered to residents in a safe and accurate manner and in accordance with a physician's order and requirements of law.

(b) Prescription medications shall be obtained from a licensed pharmacy and shall be labeled in compliance with K.A.R. 68-7-14.

(c) Administration of medications.

(1) Residents shall be allowed to self-administer medications unless otherwise indicated in writing by the attending physician.

(2) All medications which are not self-administered shall be administered by physicians, licensed nursing personnel, or by other personnel who have completed a state-approved training program in medication administration. Injectables shall be administered only by physicians or licensed nurses;

(3) Medications shall be prepared and immediately administered by the same person; and

(4) Medications shall be checked against physician's orders, the resident shall be identified prior to administration, and the dose of the medication administered to the resident shall be recorded on the resident's individual medication record by the person who administers the medication.

(d) The facility shall provide locked storage area for

medications dispensed by the facility and for medications of residents who self-administer and who choose to keep their medications in the locked area.

(e) Medications shall be controlled and disposed of in a manner that ensures resident safety. Medications shall be disposed of or destroyed when:

(1) The label is mutilated or indistinct;

(2) It has exceeded the expiration date; and

(3) Unused portions remain after the death or discharge of the resident, or discontinuance of the medication is ordered by the resident's physician. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-121. Health services; records standard. (a) Resident's records shall be maintained with pertinent information regarding care of the resident.

(b) Resident records shall include name, date of admission, birth-date, nearest relative, attending physician, whom to notify in case of illness or accident, religious preference, medical history and social information as needed to assist the resident. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-122. Health services; dietetic services standard. (a) The facility shall provide a hygienic dietetic services system that meets the daily nutritional needs of residents, ensures that special dietetic needs are met, and provides palatable and attractive meals. A facility that has a contract with an outside food management company may be found to be in compliance, provided the company meets the requirements listed below.

(b) Policies and procedures. There shall be written policies and procedures which include all functions of the dietetic services department. The policies and procedures shall be available for use in the department.

(c) Supervision. A dietetic services supervisor shall have overall responsibility for supervision of dietetic services.

(d) Nutrition and menu planning.

(1) Menus shall be planned and followed to meet the nutritional needs of residents in accordance with physicians' orders, and the current recommended daily allowances of the food and nutrition board of the national research council, national academy of sciences as in effect on July 1, 1981.

(2) Menus shall be written at least 2 weeks in advance.

(3) Records of meals, as served, shall be kept on file for 30 days and shall be available for review.

(4) When substitutions are necessary, they shall be of similar nutritive value, recorded, and available for review.

(5) Records which show the amounts and kinds of food purchased shall be retained for 3 months.

(e) Diets. All diets shall be prescribed by the attending physician. A current diet manual, approved by the dietitian, shall be readily available to attending physicians and dietetic service personnel. The manual shall be used as a guide for writing menus for therapeutic diets.

(f) Meal schedules. At least 3 meals per day or their

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equivalent shall be served at regular hours. There shall not be more than a 14 hour span between substantial evening meal and the first substantial meal on the following day.

(g) Preparation and service.

(1) Foods shall be prepared by methods that conserve the nutritive value, flavor, and appearance and shall be attractively served at the proper temperature.

(2) Standardized recipes adjusted to the number served shall be used.

(3) Dining room service shall be available for all residents.

(4) A current record of all diet orders, food preferences, and limitations for each resident shall be maintained in the dietetic services department.

(h) Storage. The facility shall meet the requirements of K.A.R. 28-39-92(h).

(i) Sanitation. The facility shall meet the requirements of K.A.R. 28-39-92(i). (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-123. Other resident services; resident activities standard. The personal care home facility shall provide activities services designed to meet the needs and interests of the residents. A schedule for group and independent activities shall be developed. There shall be opportunities for residents to participate in activities of interest, inside and outside, the facility through educational, social, recreational, and religious resources. Necessary supplies and equipment shall be available for scheduled activities. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-124. Other resident services; day care service standard. (a) The personal care home facility may provide adult day care services which shall be in accordance with adopted policies and procedures. The facility shall have written policies and procedures which describe the day care program objectives and govern provision of services.

(b) The facility shall notify the licensing agency in writing if day care services are provided. The information shall include:

(1) Identification of specific day care services provided;

(2) Maximum number of persons to be served; and

(3) Hours of operation.

(c) The licensing agency shall be notified when there is any change in the program. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-125. Environmental sanitation and safety. The personal care home shall provide staff and services to ensure a clean, safe, and comfortable environment for residents and shall meet the environmental sanitation and safety requirements prescribed in K.A.R. 28-39-126 to K.A.R. 28-39-129, inclusive. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-126. Environmental sanitation and safety; housekeeping standard. (a) Housekeeping services shall be provided to maintain a safe, sanitary, and

comfortable environment for residents, and to help prevent the development or transmission of infections.

(b) The facility shall have written policies and procedures for the functions and responsibilities of the housekeeping staff.

(c) The facility shall be kept free of insects, rodents, and vermin.

(d) The grounds shall be free from accumulation of rubbish and other health and safety hazards.

(e) The interior and exterior of the building shall be maintained in a clean, safe, and orderly manner.

(f) Provisions shall be made for the disposal of soiled dressings and any biologically contaminated items in a safe and sanitary manner.

(g) Wastebaskets shall be located at all handwashing facilities and the refuse container in the dietary department shall have a tight fitting cover when not in continuous use. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-127. Environmental sanitation and safety; laundry standard. (a) Laundry services shall be provided for institutional linens and residents' personal laundry.

(b) Laundry services shall be provided in the facility or by contract with an outside laundry service.

(c) Measures shall be taken to ensure that residents' personal laundry is marked or otherwise identifiable.

(d) If laundry is processed on site, there shall be staff to ensure clean laundry sufficient to meet the residents' needs available at all times.

(e) Minimum water temperature of 160° F. (71° C.) measured in the washing machine shall be supplied so that temperature may be maintained over the entire wash and rinse period.

(f) If laundry is provided by an outside service, clean laundry supply on hand shall be at least 3 times the resident census. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-128. Environmental sanitation and safety; maintenance standard. (a) The facility shall establish a written preventive maintenance program to ensure that equipment is operative and that the interior and exterior of the building are safe, clean, and orderly.

(b) All buildings shall be maintained in good repair and free from hazards.

(c) All electrical and mechanical equipment shall be maintained in good repair and in safe operating condition.

(d) Resident care equipment for personal care and treatments shall be maintained in a safe and sanitary condition.

(e) Building and equipment supplies shall be stored in areas not accessible to residents. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-129. Environmental sanitation and safety; disaster preparedness standard. (a) The facility shall have a written plan with procedures to be followed if a disaster, such as fire, tornado, explosion, or flood, occurs inside or outside the facility. The facility shall ensure that the staff are prepared for a disaster.

(continued)

(b) The disaster plan shall be available and posted for residents and staff.

(c) The plan shall include evacuation routes and procedures to be followed in case of fire, tornado, explosion, flood, or other disaster. The plan shall include procedures for the transfer of residents, casualties, medical records, medications, and notification of next-of-kin and other persons.

(d) The plan shall be coordinated with area government plans and agencies.

(e) A minimum of 1 tornado or general disaster drill shall be held annually involving residents and staff.

(f) The plan shall be reviewed with staff at least annually. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-130. Physical environment; existing facilities. The personal care home shall provide a physical environment that promotes the health, safety, and well-being of residents and employees and which meets the physical environment requirements prescribed in K.A.R. 28-39-86 to K.A.R. 28-39-102, inclusive, with the exception of K.A.R. 28-39-104(d). (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-131. Physical environment; new facilities and modifications. The personal care home facility shall provide a physical environment that promotes the health, safety, and well-being of residents and employees and which meets the physical environment requirements prescribed in K.A.R. 28-39-109 to K.A.R. 28-39-113, inclusive, with the exception of K.A.R. 28-39-109(b)(2)(J) and K.A.R. 28-39-109(e) and (f). (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-132. One and two bed adult care home; licensure procedure. (a) A completed application form as prescribed by the licensing agency shall be submitted to the licensing agency.

(b) The capabilities of the facility to provide a class of care shall be based on information in the application and an on-site evaluation.

(c) The applicant and all employees shall have a physical examination which shall consist of appropriate examinations, including a chest x-ray or tuberculosis skin test. Documentation of the examination, signed by a physician, shall be on file in the facility. Subsequent physical examination or health assessments shall be given at least every three years.

(d) The licensee shall apply for renewal of an existing license on forms prescribed by the licensing agency not less than 120 days before the existing license expires.

(e) The renewal of a license shall be contingent upon evidence of substantial compliance with all applicable statutes, rules and regulations.

(f) Initial application for license and renewal applications shall be accompanied by a license fee as required by K.S.A. 1980 Supp. 39-930, or amendments of this statute. (Authorized by and implementing K.S.A. 39-932; implementing K.S.A. 39-927 and K.S.A. 1980 Supp. 39-930; effective, T-83-4, Jan. 7, 1982.)

28-39-133. Administration. The one and two bed adult care home shall be operated in a manner to ensure the delivery of all services which meet the health needs of the residents and shall meet the requirements prescribed in K.A.R. 28-39-133 to K.A.R. 28-39-137, inclusive. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1981.)

28-39-134. Administration; management. (a) The licensee shall have full authority and responsibility for the operation of the one bed and two bed adult care home and for compliance with licensing requirements.

(b) The licensee shall admit only those persons whose health needs can be met.

(c) The facility shall provide services in compliance with the requirements of K.S.A. 39-923 for the class of care prescribed by the attending physician.

(d) A resident shall have a physical examination report and diagnosis available and on file in the home prior to admissions.

(e) The facility shall not admit persons with an infection or disease in communicable stage.

(f) When a resident develops a communicable disease or infection that cannot be managed in the facility, immediate arrangements shall be made for the transfer of the resident to an appropriate hospital or other facility. The development of a communicable disease or infection after admission shall be reported to the local health department.

(g) A written inventory of each resident's personal possessions, signed by the resident, or by the resident's legal guardian, shall be completed at the time of admission and be updated annually.

(h) If the resident deposits personal possessions with the facility for safekeeping, a written record shall be maintained and a receipt given to the resident.

(i) If the facility accepts a residents' funds for safekeeping or assumes responsibility for a resident's financial affairs, the resident shall agree in writing to transfer the responsibility to the facility. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-135. Resident care. (a) Residents admitted shall be under the care of a physician licensed to practice in Kansas.

(b) Resident records shall be maintained with pertinent information regarding care of the resident. The record shall include as a minimum name, date of admission, birthdate, nearest relative, attending physician, whom to notify in case of illness or accident, and physical examination report.

(c) Personnel shall be available to residents to assure prompt, necessary action in case of injury, illness, fire, or other emergency.

(d) The facility shall provide a responsible person on duty awake and clothed during the night when there is a nonambulatory resident.

(e) Residents shall be allowed to self-administer medications unless otherwise indicated in writing by the attending physician.

(f) The licensee shall ensure that all medications are administered to residents in a safe and accurate manner.

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(g) All medications shall be obtained pursuant to a written order issued by the resident's attending physician.

(h) Prescription medications shall be obtained from a licensed pharmacist and shall be labeled in compliance with K.A.R. 68-7-14.

(i) When medication is administered to a resident, an individual medication record shall be maintained. The record shall include date and time of administration, the name and dose of the medication, and the name of the person who gave the medication.

(j) The facility shall provide locked storage area for medications dispensed by the facility and for medications of residents who self-administer and who choose to keep their medication in the locked area.

(k) Medications shall be disposed of or destroyed when the label is mutilated or indistinct, it has exceeded the expiration date, or unused portions remain due to death, discharge, or discontinuance.

(l) Residents shall be assisted with baths, oral hygiene, hair care, manicure, pedicure, and shaving to maintain comfort, and personal hygiene.

(m) Restraints. There shall be a signed physician's order for any restraint including justification, type of restraint, and duration of application. A resident shall not be restrained unless in the written opinion of the attending physician it is required to prevent injury to resident or to others, and alternative measures have failed.

(n) Restraints shall not be used or applied in such a manner as to cause injury to the resident.

(o) The resident's physician, family, or guardian shall be immediately notified of any change in the resident's condition or in the event of an accident. If the resident cannot be managed, immediate arrangements shall be made by the physician for the transfer of the resident to an appropriate facility.

(p) The facility shall make arrangement with the local health department to provide professional consultations on matters of personal and environmental health.

(q) The facility shall arrange home health care service or services of a licensed nurse for residents when available and when requested by the resident's physician.

(r) Residents shall be encouraged to participate in community activities, and personal relationships of their choice. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-136. Dietary. (a) Menus shall be planned and followed to meet the nutritional needs of residents in accordance with physician's orders, and to the extent medically possible, the current recommended daily allowances of the food and nutrition board of the national nutrition council, national academy of sciences as in effect on July 1, 1981.

(b) Menus for therapeutic diets shall be planned by a dietitian.

(c) Menus shall be written at least 1 week in advance. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-137. Environmental sanitation and safety. (a) The facility shall provide a physical environment that

promotes the health, safety, and well-being of residents.

(b) Housekeeping and maintenance services shall be provided to maintain a sanitary, safe, and comfortable environment.

(c) Laundry services shall be provided for residents' personal laundry. (Authorized by and implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

28-39-224. (Authorized by K.S.A. 39-932; effective May 1, 1979; amended, E-81-29, September 10, 1980; amended May 1, 1981; revoked, T-83-4, Jan. 7, 1982.)

28-39-225. Physical environment and complete construction; 15 beds or fewer. (a) General provisions. The following provisions describe the physical environment and complete construction requirements for facilities (or residential components of facilities) in which not more than 15 residents are housed in 1 building. The facility (or residential component of facilities) shall provide for a safe, sanitary environment and for the safety and comfort of the residents. All residents shall be currently certified by a physician or psychologist as ambulatory, engaged in active treatment, and capable of following directions and taking appropriate action for self-preservation under emergency conditions. The facility shall meet the provisions of the "Life Safety Code" of the National Fire Protection Association (NFPA), 21st edition, 1967, Chapter II, Section 11-5, which apply to the lodging or rooming houses.

(b) A residential building shall consist of at least the following units, areas, and rooms all within a single building under 1 roof.

(1) A bedroom unit which shall consist of not more than 15 beds. All beds shall be located in rooms designed for not more than 4 beds. At least 1 single-bed room shall be provided. Resident bedroom shall meet the following requirements:

(A) Minimum room areas, excluding toilet rooms, closets, lockers, wardrobes, other built-in fixed items, alcoves, or vestibules, shall be 80 square feet in single-bed rooms and 60 square feet per bed in multi-bed rooms;

(B) Toilet rooms shall contain at least a water closet and a lavatory but not more than 2 water closets. The lavatory may be omitted if the toilet adjoins bedrooms containing a lavatory. There shall be not less than 1 water closet for each 5 residents;

(C) Resident rooms shall be provided with a fixed closet or free-standing wardrobe with doors. A shelf and hanging rod shall be provided;

(D) Bedrooms shall be equipped with furnishings required to meet the developmental needs of the residents; and

(E) The bedroom shall not be located more than 75 feet from a toilet room and not more than 150 feet from any one of the other resident use areas contained within the residential building (excepting other bedrooms). Distance shall be measured from 1 foot outside resident room door along the shortest line in the general corridor within 1 foot of corners to 1 foot of the door to each service area.

(2) Service areas required below shall be located in

(continued)

all residential buildings. All service areas shall have doors opening from the general corridor system for direct access without passing through any intervening use area. Exceptions include adjoining use areas which have closely related functions (e.g., pantry and kitchen). Large open or central living areas, such as lounges, living rooms, and dens, may be considered as corridors;

(A) An administrative area with space for charting, records, and telephone;

(B) A room with water closet and lavatory for staff and visitors, accessible without passing through a resident bedroom;

(C) A locked medication storage area with space for separate storage of each residents' medication. A separate locked compartment shall be provided within the area for controlled drugs and narcotic storage;

(D) Space for storage of clean linen separate from the soiled linen area;

(E) Space for holding of soiled laundry with provisions to prevent odors, contamination of clean linen or spread of disease. In residential buildings where laundry processing is done, commercial or household type washing and drying machines shall be provided to process soiled laundry in the workroom area. The workroom shall contain a flushing rim clinic sink, a work counter, and a storage cabinet for supplies. In residential buildings for 8 or less residents, the flushing rim clinic sink shall not be required. Clean supplies and materials shall not be stored in this area;

(F) Space for storage of equipment for the facility's use. This space may be part of the janitor's closet;

(G) Bathing units at the rate of 1 bathtub or shower per 5 residents. There shall be separate bathing units for each-sex. Bathing units shall be located in rooms or areas with access to a water closet and handwashing lavatory without entering the general corridor. Bathing units shall be located within enclosures which provide for privacy.

(H) Janitor's closet with a utility sink, hot and cold water, shelf, and mop hanging provision. In residential buildings for 8 or less residents, the janitor's closet shall not be required if other provisions are made for sanitary storage of housekeeping equipment.

(I) Living, dining, and recreational areas at the rate of 27 square feet per bed. At least 14 square feet of this space shall be utilized for dining space;

(J) A separate quiet area unless all single-bed rooms are provided. Residents shall have access to this area for reading, meditation, private consultation with family, guests, or other residents;

(K) Public areas which include:

(i) An entrance at grade level which is designed to accommodate the handicapped in wheelchairs;

(ii) At least 1 public toilet accessible to and usable by the physically handicapped; and

(iii) A public telephone accessible for use from a wheelchair.

(L) Dietary (kitchen and pantry) areas in the size required to implement appropriate food service which include;

(i) Storage space for 4 days' supply of food, including cold storage;

(ii) Food preparation facilities to include equipment for thawing, portioning, cooking, and baking;

(iii) Two-compartment sink for vegetable preparation; and

(iv) A commercial or domestic type dishwasher with a sanitizing cycle for warewashing.

(M) Provision for disposal of waste by incineration, mechanical destruction, compaction, removal, or by a combination of these techniques. Stored waste shall be in water tight, closed containers;

(N) Equipment room(s) or separate building(s) for boilers, mechanical equipment and electrical equipment, and storage for building maintenance supplies; and

(O) If tools, supplies, or equipment used for yard or exterior maintenance are stored at the facility, a room which opens to the outside or which is located in a detached building.

(c) Details and finishes.

(1) Details.

(A) Rooms containing bathtubs, sitz baths, showers and toilets subject to occupancy by residents, shall be equipped with doors and hardware which will permit access from outside the room.

(B) Windows and outer doors left in an open position shall be provided with insect screens. Windows shall be designed to prevent accidental falls when open or shall be provided with security screens.

(C) Doors, sidelights, borrowed lights, and windows in which the glazing is within 18 inches (46 centimeters) of the floor shall be glazed with safety glass, wire glass, or plastic glazing material that will resist breaking and will not create dangerous cutting edges if broken. If glazing in any area does not meet the above requirement, protective barriers or railings shall be provided. Safety glass or plastic glazing materials as described above shall be used for shower doors and bath enclosures.

(D) Grab bars shall be provided at all residents' toilets, showers, tubs, and sitz baths. The bars shall have 1½ inch (3.8 centimeters) clearance to walls and shall have sufficient strength and anchorage to sustain a concentrated load of 250 pounds (113.4 kilograms).

(E) Shower bases and tubs shall have a non-slip surface.

(2) Finishes.

(A) Wall bases in kitchens, soiled workrooms, and other areas which are frequently subject to wet cleaning methods shall be tightly sealed, and constructed without voids that can harbor insects.

(B) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant. Finish, trim, wall, and floor constructions in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects.

(C) Floor and wall penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

(D) Ceilings in the dietary and food preparation areas shall be washable and shall have a finished ceiling covering all overhead pipes and duct work.

(continued)

(d) Mechanical requirements.

(1) Heating, air-conditioning, and ventilating systems.

(A) The system shall be designed to maintain a year-round indoor temperature range in resident care areas of 70° F. (21° C.) to 85° F. (29° C.) with a relative humidity range of 30 to 60 percent. The winter outside design temperature of the facility shall be -10° F. (-23° C.) dry bulb and the summer outside design temperature of the facility shall be 100° F. (38° C.) dry bulb.

(B) All central ventilation or air-conditioning systems shall be equipped with filters having a minimum efficiency of 25 percent.

(2) Plumbing and piping systems.

(A) Backflow prevention devices (vacuum breakers) shall be installed on bedpan flushing attachments and on fixtures to which hoses or tubing can be attached.

(B) Hot water shall be provided to meet the needs of the residents.

(e) Electrical requirements.

(1) All spaces occupied by persons, machinery, equipment within the buildings, approaches to buildings, and parking lots shall have lighting.

(2) Minimum lighting intensity levels shall be as required in Table 1.

(3) Portable lamps shall not be accepted for light source, except as specifically permitted in Table 1.

(4) Corridors and stairways shall remain lighted at all times.

(5) All lights shall be equipped with shades, globes, grids, or glass panels that prevent direct glare to the residents' eyes.

(f) Site location requirements. The facility shall be:

(1) Served by all-weather roads or streets.

(2) Free from noxious or hazardous smoke or fumes.

(3) A minimum of 3,000 feet (914 meters) from concentrated livestock operations, such as feedlots, shipping or holding pens.

(4) Free of flooding for a 20 year period.

(5) Sufficient in area and configuration to accommodate the facility, drives, parking, sidewalks, and a recreation area.

(g) Site development requirements:

(1) Final grading of the site shall provide topography for positive surface drainage away from the building and positive protection and control of surface drainage and freshets from adjacent areas.

(2) All drives and parking areas shall be surfaced with concrete, asphalt, or equivalent, smooth all-weather finish. Unsealed gravel surfaces shall not be used.

(3) Except for lawn or shrubbery which may be used in landscape screening, an unencumbered outdoor open area of at least 50 square feet per resident shall be provided for recreational use and so designated on the plot plan. The licensing agency may approve equivalent facilities provided by terraces, roof gardens, or similar provisions for homes located in high density urban areas. (Authorized by K.S.A. 39-932; implementing K.S.A. 39-932; effective, T-83-4, Jan. 7, 1982.)

(Approved by the State Rules and Regulations Board January 7, 1982.)

JOSEPH F. HARKINS
Secretary

Doc. No. 000014

TABLE 1. ARTIFICIAL LIGHT REQUIREMENTS

Place	Light Measured in Foot Candles	Where Measured
Kitchen and Other Food preparation and serving areas	30	Counter level
Dining room	25	Table level
Living room and/or recreation room		
General	15	Three ft. above floor
Reading and other specialized areas (May be portable lamp)	50	Chair or table level
Nurse's station and office		
General	20	Three ft. above floor
Desk and Charts	50	Desk level
Clean workroom	30	Counter level
Central bath and showers	30	Three ft. above floor
Resident's room		
General	10	Three ft. above floor
Bed	30	Mattress top level
Laundry	30	Three ft. above floor
Janitor's closet	15	Three ft. above floor
Storage room		
General	5	Three ft. above floor
Disinfectant or cleaning agent storage area	15	Three ft. above floor
Corridors	10	Floor level
Stairways	20	Step level
Exits	5	Floor level
Heating plant space	5	Floor level

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